



## San Francisco Sheriff's Department Electronic Monitoring Program Rules Sentenced Participants

Name: \_\_\_\_\_ SFNO: \_\_\_\_\_ Release Date: \_\_\_\_\_

We want you to succeed in this opportunity to serve your sentence in an alternative to incarceration. **Please review and indicate by your initial after each item that you understand your obligations.** If you do not follow the rules, you may be taken into custody by the Sheriff to serve the remainder of your sentence for any of the following:

- Failure to follow program rules and/or regulations
- Failure to call or come in when instructed to either replace or return troublesome or problematic equipment
- Any articulable adverse behavior that prevents your successful completion of the program

### **Program Rules: *Participant to review and initial each requirement***

1. I shall obey all orders given by any sworn employee or EM employee. \_\_\_\_\_
2. I shall obey all laws. \_\_\_\_\_
3. I shall notify an SFSD sworn employee of any arrest, citation or peace officer contact no later than the day after it occurs. \_\_\_\_\_
4. I shall immediately notify an SFSD sworn employee of any change in address or phone number \_\_\_\_\_
5. I shall submit to a search of my person, residence, automobile or property by any peace officer at any time. \_\_\_\_\_
6. I must submit to a drug or alcohol test when instructed to do so by sworn SFSD or EM staff. \_\_\_\_\_
7. I shall not possess any illegal weapons, drugs or alcohol. \_\_\_\_\_
8. I shall not tamper with, remove or cause the equipment to malfunction. Any of these acts is considered as an overt attempt to avoid monitoring or detection. Violation of this rule may result in my return to secure custody and filing of additional criminal charges. \_\_\_\_\_
9. I am responsible for all issued equipment.
  - a. I may be criminally charged with theft for failure to return any issued equipment. \_\_\_\_\_
  - b. I may be criminally charged with vandalism for damage to any issued equipment. \_\_\_\_\_
10. All participants must live within 50 driving miles of the San Francisco Sheriff's Department Community Programs office located at 70 Oak Grove Street, San Francisco, CA. Absent permission by SFSD I shall not travel farther than 50 driving miles from 70 Oak Grove Street, San Francisco, CA. \_\_\_\_\_
11. I am responsible to keep the device charged. Failure to do so is a violation the program. \_\_\_\_\_
12. I shall call in and report as directed to the office located at 70 Oak Grove Street, San Francisco, CA. Failure to do so is a violation of the program. \_\_\_\_\_
13. I acknowledge that my EM data may be shared with other criminal justice partners. \_\_\_\_\_
14. I agree to respond to all telephone calls from the Sheriff's Department and/or the Electronic Monitoring Program. \_\_\_\_\_



San Francisco Sheriff's Department
Electronic Monitoring Program Rules
Sentenced Participants

Name: \_\_\_\_\_ SFNO: \_\_\_\_\_ Release Date: \_\_\_\_\_

Program Rules continued: Participant to review and initial each requirement

- 15. I must remain within the interior premises of my residence during designated curfew hours. I am scheduled to be home at least 84 hours per week.
16. I may engage in only pre-approved activities during non-curfew hours.
17. Without prior permission, I may spend a maximum of 45 hours at a work-site.
18. I am granted 2.5 hours per week of errand time to attend personal needs such as church services or grocery shopping.
19. I may attend counseling, 12-step meetings and programmatic groups if they are scheduled and verified.
20. I must attend any interview as directed by either SFSD or EM employees.
21. I must request any change in schedule 48 hours in advance.
22. Any approved days spent out of zone will not be counted towards the completion of my sentence.
23. A review may be conducted to consider my termination from the program for any of the following:
a. Any three incidents of minor non-compliance.
b. One incident of serious non-compliance.
c. If a review is conducted, an SFSD supervisor will consider sanctions that may include termination of my program participation and placement in jail for the remainder of my sentence.

I have read and initialed each item to indicate understanding. I agree to comply with these rules and conditions of the SFSD Electronic Monitoring Program.

Participant Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

Sworn Staff Name: \_\_\_\_\_ Star: \_\_\_\_\_

Sworn Staff Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Community Programs Office Phone Number: 415-575-6461 - 24 HOURS A DAY
Location: 70 Oak Grove, San Francisco, CA, 94103 - 24 HOURS A DAY