



ELECTRONIC MONITORING AGREEMENT

You are hereby directed to participate in the Electronic Monitoring Program for one of the following reasons, if determined to meet eligibility requirements:

- Enhancement to supervision for sex offenders
- Authorization under the Extraordinary Medical Placement (EMP) program per DOC 350.270 Extraordinary Medical Placement
- Less Restrictive Alternative (LRA) pursuant to an order by the Court per DOC 380.370 Sexually Violent Predator/Less Restrictive Alternative
- As ordered by the Indeterminate Sentence Review Board (Board)
- As designated under the Community Parenting Alternative (CPA/FOSA) programming option
- As designated under the Graduated Reentry program
- As an imposed condition per Community Corrections Supervisor approval

If determined later you are not eligible, you will serve the remaining sanction/time in total confinement, if applicable. Any arrest while on electronic monitoring may make you ineligible. While participating in electronic monitoring, all court/DOC conditions of supervision remain in effect. You are directed to follow all rules and regulations as set forth in this electronic monitoring contract. You will be held financially responsible for any intentional damage or loss of equipment and may also face criminal charges. You are directed to return all equipment to your case manager upon their direction. Additionally, you are required to do the following:

- Abide by DOC 05-554A Electronic Monitoring Schedule as determined by your case manager
- Undergo monitoring of inclusion/exclusion zones

This agreement is effective: _____ and ends on _____.

I, _____, fully understand these requirements and agree to abide by them. I understand that a failure to comply with these directions may result in a return to total confinement and /or additional sanctions. Furthermore, I fully understand that if I abscond from supervision while on electronic monitoring, I may face criminal charges of ESCAPE in Superior Court.

Signature

Date

DOC number

Case manager

Signature

Date

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

ORIGINAL - Case manager file **COPY** - Supervised individual