Minimum Requirements

- Release date is less than three (3) years.
- No current or prior sex offense convictions (AS11.41.410, 420, 425, 427, 434, 436, 438, 440, 450, 455, 458, 460).
- No current domestic violence related convictions.
- Reside in and work in the Municipality of Anchorage, Mat-Su, Kenai, Ketchikan, or Fairbanks.
- Landline phone with basic service and long distance.
- Must be able to provide a "clean" urine sample.
- No firearms, alcohol, or controlled substances in the home.

The Electronic Monitoring (EM) program allows inmates who meet certain requirements to serve time at home. Inmates can maintain employment, access community-based treatment, perform community work service, address medical issues, and attend religious functions. There is a cost associated with the program. A fee of either $12.00 or $14.00 a day will be assessed plus a $10.00 urinalysis test fee is required. **DO NOT APPLY if the minimum requirements cannot be met. The current conviction, prior convictions, success on probation and parole, and involvement in treatment related programs will be considered.**

Telephone Requirements

- No calling features such as call waiting, caller ID, voice mail.
- Must have a long-distance carrier, no long distance charges will be incurred.
- Telephone must be cored.
- The telephone line must be clear of all electronic equipment – no fax machines, computers, answering machines, or dial-up internet connections.
- Cable modem and DSL Internet connections are acceptable.

Payment and Remand Information

- All payments are made by cash, money order or cashier's check only. Checks, credit cards and debit cards are **NOT** accepted.
- All installations take place Monday – Friday at 7:45 a.m. Be prepared to provide a UA and have $108 for the first week’s payment.
- All fees are subject to change.
Alaska Department of Corrections Electronic Monitoring Application

Fill in all information completely and please print very clearly; incomplete and/or illegible applications will be returned. Any false statements made to DOC staff or on this application may result in termination from the Electronic Monitoring Program.

Full legal name: ___________________________ Social Security Number: ______________

Current Offense(s): ________________________ Case Number(s): ________________________

Sentence Length: ___________ (List the actual sentence, i.e., 60 days with 20 days suspended, etc.)

Number of days or hours already served on this conviction? ____________

Court Ordered to report to jail by? ______________ Currently on Felony Supervision? Yes No

Date of Birth: _______ Age: ___ Sex: ___ Height: ___ Weight: ___ Hair Color: ___ Eye Color: ___

Tattoos: ____________________________________________

Physical Address: ____________________________________

All Telephone #s: ___________________________ Cell #: ______________________

Emergency Contact: ___________________________ Phone #: ______________________

List anyone who resides with you, or anyone that may visit overnight.

Full legal name: __________________ Date of Birth: _______ Gender: ___ Relationship: ______

_________________________ _________________________ ____________________

_________________________ _________________________ ____________________

_________________________ _________________________ ____________________

_________________________ _________________________ ____________________

List Pets:

__________________________________________________________________________

Employment:

Company Name: __________________ Work Site: _____________ Job Title: ______________

Company Address: ________________________ Telephone #: ______________________

Supervisor: _____________________________ Telephone #: ______________________
Work Schedule: Hours and Days of the Week

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Treatment:
If your crime involved substance abuse or violence, what steps have been taken to address this issue?
______________________________________________________________________________

If you are currently in treatment, list the name, address, and telephone number of the provider and your treatment schedule:
______________________________________________________________________________

Treatment Schedule:

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A clean UA sample must be provided prior to placement on EM. Can you do this now? Yes_____ No_____

Medical:
List all medications you take (prescription and over the counter):
______________________________________________________________________________

Telephone: ______________________________

You may not have any of the following: voice dialing, 3-way calling, call waiting, call forwarding, answering machine, voice mail, long distance block, 900 blocks, dial-up modem, caller ID, or cordless phone. Circle the ones that apply.

I certify that the above statements are true and correct to the best of my knowledge.

Signature _______________________________ Date __________

Submit Application to: Ruben Foster P.O. III, Kenai Probation Office, 120 Trading Bay Drive, Suite 290 Kenai, AK 99611. Telephone: (907) 283-3125 Fax: (907) 283-4544
Alaska Department of Corrections Electronic Monitoring Permission to Enter and Search

- I, [Offender Name], have been informed by [Officer Name] of my Constitutional Right not to have an entry made into/onto the premises and property owned by me and/or under my care, custody and control, without a warrant. I understand my waiver of this right is a condition of my Electronic Monitoring (EM).

- Knowing it is my lawful right to refuse to consent to such entry without a warrant, I willingly give my permission to the above named officer(s), and any other officer(s) appointed to assist, to complete an entry and search of my person, personal property, residence, or any vehicle in which I may be found, or are within my custody and control.

- In the event DOC personnel who are supervising my placement determine that I have violated conditions of the placement, the above officer(s) and/or agent(s) appointed to assist, have my permission to enter my premises and remove me for transfer to an appropriate Correctional Facility/Community Residential Center.

- This written permission to enter and search without a warrant is given by me to the above officer(s) voluntarily without any threat or promise of any kind, at [Time] on this [Date] of [Month], 20[Year] shall last throughout the duration of my Electronic Monitoring.

EM Offender: [Printed Name]
Signature

EM Offender: [Printed Name]
Signature

Cohabitant: [Printed Name and Sign]
Cohabitant [Printed Name and Sign]

Cohabitant: [Printed Name and Sign]
Cohabitant [Printed Name and Sign]

Witnessed by EM Officer: [Printed Name]
Alaska Department of Corrections Electronic Monitoring Terms and Conditions

Offender Name: ______________________

I understand that my placement on Electronic Monitoring (EM) is a privilege which may be revoked by the Department of Corrections (DOC); I understand that any violation of EM terms and conditions or conduct or activity that reflects a disregard for the rights of others shall be sufficient cause to terminate my EM participation.

I understand and agree to the following conditions during my participation in EM:

1. I will only reside in my approved residence at: ________________________________

2. I will obey all state, federal, and local laws, ordinances, orders, and court orders. (Initial) ________

3. I will report to the EM office located at 12O Trading Bay Drive Suite 290, Kenai, AK 99611 weekly or otherwise as directed by EM officers. (Initial) __________

4. I will maintain full time work and/or school during my house arrest confinement period unless otherwise authorized by EM officers. I will notify EM officers of unplanned changes in employment status immediately. (Initial) ________

5. I will obtain prior approval from EM officers before changing my employment, required treatment, and/or my residence. (Initial) ______

6. I will not be the sole guardian, babysitter, or custodian/primary caregiver for any person(s), children, or pets without approval from EM officers. (Initial) ______

7. I understand the house arrest confinement restrictions will be enforced by the use of electronic technology. To ensure compliance, I understand I will be required to wear an ankle bracelet 24 hours a day for the entire length of my participation in EM. (Initial) ________

8. I will install and maintain a telephone line, high quality telephone, and a 110-volt current at my expense and further agree to keep said service and equipment in proper working order. I understand that caller ID, call waiting, call forwarding, voice mail and answering machines are strictly forbidden while on EM. (Initial) ______

9. I will not tamper with, disconnect, move or remove any of the monitoring equipment (including phone and power cords). (Initial) ______

10. I will abide by all schedules and restrictions placed on me while participating in EM. I agree to remain in my approved residence at all times, except for those hours approved by the EM officers to fulfill employment, school/training, medical/treatment programs, and/or special authorized leave. I agree to go directly to the place(s) authorized and return directly to my approved residence. (Initial) ________

11. I understand that unauthorized deviation from my approved schedule could result in termination from the program. In the event of an emergency (i.e. medical emergency, fire) I will contact EM officers as soon as possible, following the emergency situation. I understand I will be required to provide full documentation of the emergency situation. (Initial) ________

12. I agree to pay the cost of electronic monitoring. The total cost to be paid per day shall be $12 if alcohol is not a factor in your crime and $14 if it is, plus $10 per week for drug testing. The total cost then will be either $94 or $108 per week. I understand payments will be made to the Department of Corrections in
installments one week in advance and prior to installation. If removed from the program for a violation, I agree to forfeit all funds paid in advance. Money order, certified check and/or cash must be used to make payments. Personal checks will not be accepted. (Initial) 

13. I understand that I will be held responsible for damages (other than normal wear and tear) to the equipment. I further understand that if the equipment is not returned in good condition, I will be charged for replacement on release and hereby agree to pay for it. (Initial) 

14. I will report any problems with the electronic monitoring or alcohol testing equipment immediately to DOC staff. (Initial) 

15. I agree that the Department of Corrections and the vendor providing the electronic monitoring equipment are not liable for any damages and/or injuries as a result of wearing or tampering with the monitoring device. (Initial) 

16. I agree that the Department of Corrections, or its officers, have no responsibility to provide food, shelter, clothing, medical care, or dental care during my house arrest confinement period. (Initial) 

17. I will not drive a motor vehicle of any kind (includes cars, trucks, 4-wheelers, snow machines, motorcycles and boats) without prior written approval from EM staff. (Initial) 

18. I agree to have no non-employment-related contact with a convicted felon without the permission of EM officers. (Initial) 

19. I will allow DOC staff and/or police to enter my residence to install, maintain, repair or inspect the monitoring equipment and/or verify compliance with the terms and conditions of EM. (Initial) 

20. I will not consume or possess alcoholic beverages of any kind, nor enter any establishment where alcoholic beverages are sold, stored, or dispensed as the primary business of the establishment. Further, I agree not to use any personal hygiene products such as mouthwash, cologne, etc. that contain alcohol. Also, I will not use cleaning products such as Lysol™ that contain alcohol while enrolled in EM. (Initial) 

21. I will not consume or possess any controlled substances, prescribed or not, nor possess any drug paraphernalia, nor be in the presence of persons consuming or possessing the same. (Initial) 

22. I will submit to breath and urine tests for analysis for alcohol, drugs, or metabolites of drugs upon request of the EM officers. I understand that I am responsible for the cost of the drug screening. I understand refusal to submit to a breath or urine test upon request is a violation of the program. Any positive test for alcohol or drugs will result in termination from EM. A negative UA sample must be provided prior to placement on EM. (Initial) 

23. I will, upon requests by DOC staff, submit to a search of my person, personal property, residence, or any vehicle which I own or under which I have control for the presence of contraband. (Initial) 

24. I will not possess any firearms, ammunition, explosives, or deadly weapons on my person, within my approved residence, or within my vehicle. I certify that all these items have been removed from those areas before beginning EM, including home inspection. (Initial) 

25. I will immediately report all law enforcement contacts to EM officers. (Initial) 

26. I will not enter into any agreement or other arrangement with any law enforcement agency, which will place me in the position of violating any law or condition of EM. I understand that Department of Corrections’ policy prohibits me from working as an informant. (Initial) 

27. I understand any false information given to EM officers or law enforcement officers will result in immediate termination from the program. (Initial)
28. I understand that giving or offering any program staff a bribe or anything of value for a service or favor will result in immediate termination from the program. (Initial) __

29. I understand that my failure to successfully complete EM will result in my return to a correctional center for the remainder of my sentence. (Initial) __

30. I hereby waive any right to an extradition hearing if I leave the State of Alaska while on EM. (Initial) __

31. I agree that there will be no smoking while EM officers are in my residence. (Initial) ______

32. In accordance with local policy, a home inspection will be completed prior to installation to insure there are no weapons, alcohol, drugs, and drug paraphernalia. In addition, the home must be neat, clean, and not pose any officer safety concerns. (Initial) ______

I, ____________________________, hereby acknowledge that I have read or had read to me the terms and conditions of EM. I further certify that I understand the contents and agree to the terms and conditions of EM.

____________________________  ________________
Offender Signature            Date
ALASKA DEPARTMENT OF CORRECTIONS HOUSE ARREST ELECTRONIC MONITORING WORK RELEASE FORM

Offender’s Name: ___________________________ Date signed: ______________

During the course of the House Arrest Program (HAP), we would require you, the employer, to contact HAP Officers should any of the following occur:

1. The employee does not report to work.
2. The employee is late for work or is released from work prior to his/her normal quitting time.
3. The employee is terminated from his/her job.
4. The employee’s work hours are modified.
5. The employee leaves his/her place of employment during the workday.
6. The employee consumes any alcoholic beverages or drugs during the workday.
7. Any other unusual circumstances which may occur.

Occupations that require unpredictable travel and/or travel outside the area covered by the local EM office may not be approved for work release.

If the employee is required to work on a major holiday, the employer should notify the House Arrest Program by a company letter or by signed fax 3 working days prior to the holiday.

THE EMPLOYEE IS ONLY ALLOWED TO WORK A MAXIMUM OF 12 HOURS PER DAY, SIX DAYS A WEEK. ON THE EMPLOYER’S LETTERHEAD, LIST THE EMPLOYEE’S WORK SCHEDULE, INCLUDING HOURS AND DAYS TO BE WORKED. EXCEPTIONS TO THE WORK RULES MAY ONLY BE MADE BY HOUSE ARREST PROGRAM OFFICERS. A NOTICE OF 5 WORKING DAYS IS REQUIRED FOR ANY SCHEDULE CHANGE.

The House Arrest Program officers may make random checks in person or with a drive-by scanner to confirm the employee’s presence at work. Violation of work release may result in a loss of work privileges and/or incarceration at the nearest correctional center.

The House Arrest Program officers may be contacted at the following number: (907) 283-3125. If you are willing to accept these terms as to (offender) ____________, please sign and return it to the House Arrest Program. You make keep a copy for your records. No person may be granted a work release without this agreement signed by the employer.

Signature of Supervisor ________________________ Telephone Number ________________________ Hours you may be contacted ________________________

Name of Supervisor (Please Print) ______________ Name of Company/Business ________________________ Business Address ________________________

Scheduled hours

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FAX # 907-283-4544