

## Home Incarceration with Electronic Monitoring

Clients full name \_\_\_\_\_ Docket Number \_\_\_\_\_

GPS Provider \_\_\_\_\_ GPS Contact person \_\_\_\_\_

Email and phone number \_\_\_\_\_

By signing below, both the Monitoring Provider and Counsel for the accused agree and certify that we will provide 24 hour per day Home Incarceration with electronic monitoring, with an inclusion zone of 100 yards from the base monitor. Exclusions will be provided to the client only for preapproved appointments for legal, medical, treatment services, and court approved work zones and times. All violation reports shall be emailed in real time to the court at [dcarter@stpgov.org](mailto:dcarter@stpgov.org), to the District Attorney, to defense counsel upon request, and to the victim. The victim will be provided a receiver for alerts at the client's expense. **The electronic monitoring provider will email this compliance document to [dcarter@stpgov.org](mailto:dcarter@stpgov.org) before the client's release from the jail.**

Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_

Attorney Signature \_\_\_\_\_ Date \_\_\_\_\_ Time \_\_\_\_\_