

KANAWHA COUNTY HOME CONFINEMENT PROGRAM
407 VIRGINIA STREET EAST
CHARLESTON, WEST VIRGINIA 25301
PHONE (304) 357-0532 FAX (304) 357-0476

AGREEMENT TO COMPLY WITH THE RULES OF SUPERVISION, KANAWHA COUNTY HOME CONFINEMENT PROGRAM

1. ____ I, _____, DO FREELY AND VOLUNTARILY AGREE TO PARTICIPATE IN THE KANAWHA COUNTY HOME CONFINEMENT PROGRAM.
2. ____ I AGREE THAT I WILL NOT VIOLATE ANY LAWS OF THE UNITED STATES, STATE OF WEST VIRGINIA, COUNTY LAW OR ANY MUNICIPAL CODES.
3. ____ I AGREE TO ABSTAIN FROM DRINKING ANY INTOXICATING BEVERAGES OR USING ANY DRUGS OR CHEMICAL SUBSTANCES DESCRIBED IN THE UNIFORM CONTROLLED SUBSTANCE ACT UNLESS PRESCRIBED BY A LICENSED PHYSICIAN. I ALSO UNDERSTAND THAT I **MUST SUBMIT TO A BREATH, URINE, OR SIMILAR PROCEDURE** AT MY OWN EXPENSE IF AND WHEN DIRECTED TO DO SO BY A HOME CONFINEMENT REPRESENTATIVE. FAILURE TO CONSENT WILL BE DEEMED A VIOLATION OF HOME CONFINEMENT. I MUST ALSO REPORT ANY PRESCRIPTION DRUG GIVEN BY A LICENSED PHYSICIAN WITHIN 24 HOURS.
4. ____ I UNDERSTAND THAT I MAY NOT LEAVE KANAWHA COUNTY WITHOUT WRITTEN CONSENT OF THE SUPERVISING OFFICER AND MAY NOT LEAVE THE STATE WITHOUT CONSENT OF THE PRESIDING COURT.
5. ____ WHEN NOT SCHEDULED TO LEAVE I WILL REMAIN AT MY APPROVED RESIDENCE, WHICH IS _____
6. ____ WHEN SCHEDULED TO LEAVE GO DIRECTLY TO YOUR APPROVED DESTINATION AND THEN RETURN DIRECTLY HOME. DO NOT MAKE ANY UNAPPROVED STOPS.
7. ____ I MUST MAINTAIN TELEPHONE AND ELECTRICAL SERVICE AT MY APPROVED RESIDENCE AND PERMIT SAME TO BE USED TO OPERATE MONITORING EQUIPMENT. THE TELEPHONE NUMBER IS _____
8. ____ I WILL REPORT TO MY SUPERVISOR WEEKLY AT A DESIGNATED TIME.
9. ____ I WILL ADVISE HOME CONFINEMENT OF ANY CHANGES OF EMPLOYMENT.
10. ____ I AGREE TO PAY THE APPROVED HOME CONFINEMENT FEES IN ADVANCE. **THERE ARE NO REFUNDS.**
11. ____ I UNDERSTAND I WILL BE CHARGED WITH A FELONY (GRAND LARCENY) IF I FAIL TO RETURN MONITORING EQUIPMENT AT HE TERMINATION OF THE HOME CONFINEMENT.
12. ____ I AGREE THAT A LOSS OF A RECEIVING SIGNAL, A SIGNAL INDICATING UNAUTHORIZED ABSENCE FROM MY HOME OR MY FAILURE TO RETURN HOME BEFORE THE PROPER TIME, EVIDENCE OF TAMPERING WITH THE TRANSMITTER, STRAP, APPLICATOR, OR EVIDENCE OF TAMPERING WITH THE MONITOR WILL CONSTITUTE PRIMA FACIA EVIDENCE THAT I HAVE VIOLATED THE RULES OF HOME CONFINEMENT.

13. _____ I AGREE THAT I WILL NOT ALLOW PERSONS OF DISREPUTABLE CHARACTER TO VISIT MY RESIDENCE DURING THE PERIOD OF HOME CONFINEMENT.

14. _____ I AGREE NOT TO CARRY, OR POSSESS IN MY APPROVED RESIDENCE ANY FIREARM OR DANGEROUS AND DEADLY WEAPON.

15. _____ I AGREE TO COMPLETE A DRUG/ALCOHOL PROGRAM AS ORDERED BY THE COURT.

16. _____ I UNDERSTAND THAT I **MUST** PERMIT VISITATION BY HOME CONFINEMENT OFFICIALS **WITHIN MY APPROVED RESIDENCE AT ANY UNANNOUNCED TIME.** FURTHER, I UNDERSTAND THAT HOME CONFINEMENT OFFICIALS ARE PERMITTED TO SEARCH MY RESIDENCE WITHOUT A WARRANT.

17. _____ I AGREE TO INDEMNIFY AND HOLD HARMLESS THE KANAWHA COUNTY COMMISSION, KANAWHA COUNTY SHERIFFS DEPARTMENT, KANAWHA COUNTY HOME CONFINEMENT, IT'S AGENTS, EMPLOYEES AND SERVANTS FOR ANY AND ALL BODILY INJURIES OR DEATH SUFFERED BY ANY PERSON INCLUDING MYSELF, ANY DAMAGES TO PROPERTY OR DEPREVATION OF ANY RIGHT OF ANY PERSON WHICH MAY ARISE OUT OF OR AS A RESULT OF MY PARTICIPATION IN THE HOME CONFINEMENT PROGRAM.

18. _____ I AGREE **THAT I WILL FAITHFULLY COOPERATE WITH HOME CONFINEMENT, ANSWER FULLY AND TRUTHFULLY ANY INQUIRY MADE OF ME AND WILL COMPLY WITH ANY INSTRUCTION OR DIRECTION GIVEN DURING MY SUPERVISION PERIOD.**

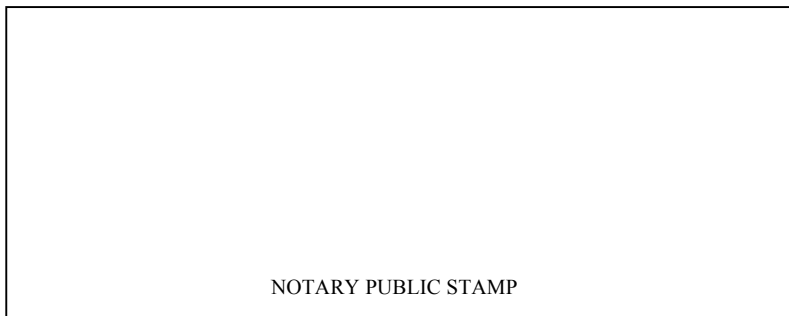
19. _____ **I UNDERSTAND THAT THE RANGE OF MY EQUIPMENT IS RESTRICTED TO THE INSIDE OF MY HOUSE UNLESS AUTHORIZED BY MY SUPERVISING OFFICER.**

I AGREE AND UNDERSTAND THE RULES OF SUPERVISION, KANAWHA COUNTY HOME CONFINEMENT

DATE

CLIENT SIGNATURE

SUPERVISORS SIGNATURE



NOTARY PUBLIC STAMP

NOTARY SIGNATURE

DATE