



COOK COUNTY SHERIFF'S OFFICE COMMUNITY CORRECTIONS - ELECTRONIC MONITORING (EM) PROGRAM (GPS) INFORMATION SHEET

Sheriff's EM Contact Information: cookcountysheriff@bi.com
877-326-9198

The following generalized rules and regulations for the Sheriff's Electronic Monitoring Program are not intended to be all inclusive. Your signature affixed on the signature line below establishes that you have received notice of the Sheriff's EM Rules and Regulations, that you have reviewed them, and that you agree to abide by these rules and regulations. Your signature further indicates that you are aware that violations of the rules and regulations of the Cook County Sheriff's Office carry with them the risk of criminal prosecution and re-incarceration.

GENERALLY

1. Participants must comply with all rules and regulations set forth by the Cook County Sheriff's Office and the EM Program.
2. The Sheriff's EM program is a home detention program. Accordingly, you must remain inside your home twenty- four hours a day unless prior permission for movement has been authorized by the Circuit Court, through a court order, or by the Sheriff's Office, either through scheduled days to conduct basic activities or through one-time movement authorization for specific activities. You are not permitted to be in common areas of multi-unit buildings, including but not limited to vestibules, laundry facilities, mailrooms, or other units unless authorized.
3. Criminal activity is strictly prohibited. You may not possess or be in the presence of firearms or firearm ammunition. You may not be in the presence of other individuals who are in the possession of firearms or firearm ammunition.
4. Consuming excessive amounts of alcohol or lawful drugs is prohibited. Consuming or being in the presence of unlawful drugs in any amount is prohibited.
5. The Sheriff's Office Electronic Monitoring Center will contact you on a regular basis. These calls will be made to your home, place of employment, via your device, or school and may occur at any time. You must respond to these calls immediately as explained to you during your EM orientation.
6. You must update your phone number on file with the Sheriff's Office to be contacted by the Electronic Monitoring Unit within 48 hours of any change in phone number.
7. Sheriff's Office personnel shall be permitted entry into your Approved Residence (defined below) during your stay on the Program. Warrantless searches of your Approved Residence to ensure compliance with the Program rules and any applicable court orders as well as officer safety will occur unannounced.
8. If you are a registered sex offender or registered violent offender against youth you must register with Chicago Police Department or at the local police department. Registration must be done within three days of being placed on EM.
9. You must come into compliance with your FOID revocation status (if applicable) within 14 days, including but not limited to: surrendering your FOID card and/or any firearms as ordered by a court or as required by State or Federal law, completing a Firearm Disposition Record, or submitting any other required forms to the appropriate agency.

APPROVED RESIDENCE

10. Upon completion of your orientation to the Program and assignment of equipment to your person, you are expected to travel directly to the official residence approved for your placement (hereinafter "Approved Residence"). Specifically, you must arrive at your Approved Residence within the time frame allotted by EM staff. If a friend or family member is picking you up for delivery to the Approved Residence, he or she must present valid identification and verifiable documentation that he or she lives at the Approved Residence.
11. A residence will only be approved for placement of an EM Program Participant if the residence meets the following criteria:
 - a. The electronic monitoring equipment is able to successfully monitor in such a location and connect to the network;
 - b. Any Approved Residence must be a house, apartment or condominium;
 - c. The homeowner or leaseholder of the Approved Residence must consent to your placement at the location.
 - d. The Approved Residence must be located within Cook County, Illinois.
 - e. The residence must not be the same address as the participant's current or past victim of domestic violence-related or sex-related crime.
 - f. Location must meet livable conditions with operable utilities (e.g., gas, electricity, and running water).
 - g. Participant may self-host so long as they provide proof of their ownership/leaseholder status in the form of a valid mortgage or lease for the entire residence.If any of the criteria above are not satisfied, the Participant will be removed and relocated to the Department of Corrections pending another location being identified for placement.
12. If you are evicted from the Approved Residence, or if the homeowner or leaseholder revokes consent to have you placed there for any reason, you must notify the Sheriff's Office immediately.
13. If you do not have consent to live in a residence with a host or have no identified residence to live, you cannot be on home detention or monitored on Electronic Monitoring as ordered by the Court. If this situation occurs, you may be returned to the Cook County Jail and evaluated for alternative placement or until you find another suitable residence.
14. You must be in the Program for at least 30 days before you are able to request a relocation to a new Approved Residence. Such a request should be submitted to the EM Program in writing. Participants are only allowed to relocate once while on the program.
15. You cannot relocate to another residence until you have received approval from the Sheriff's Office. Even if an emergency arises, you must notify the Sheriff's Office prior to leaving your Approved Residence.

SEARCH OF APPROVED RESIDENCE

16. You, your property, and/or your personal space within the Approved Residence may be subject to a warrantless search by representatives of the Program in order to ensure compliance with the terms of the Program and ongoing officer safety.

ESSENTIAL MOVEMENT

17. Participants will be given two days of essential movement per week to take care of basic activities on an assigned schedule at the discretion of the Cook County Sheriff's office, absent a court order specifying the days.
18. You must remain within the Cook County parameters when completing your basic activities on your assigned essential movement schedule.

19. Participants living in a contracted transitional housing site (e.g., A Safe Haven and Henry's Sober Living) are subject to the rules of the transitional housing site which may limit the movement of the participant.
20. You must contact the Sheriff's Office Electronic Monitoring Center at 877-326-9198 to verify your essential movement days.

APPROVED MOVEMENT

21. Participants must submit a written request for any and all movement outside of your Approved Residence that is not within your pre-assigned Essential Movement schedule. Participants seeking permission for movement or change of schedule must submit a written request at least seventy-two hours in advance. Please attach all necessary documentation including court orders to each request.
22. When movement is approved by the Sheriff's Office to go to a specific location, you are only authorized to go to and from that location. Any stops at any location or detours outside of approved movement is a Program violation.
23. The date and time of your court date is on your copy of your participant contract, the paper that you signed and received before being released on EM. For this court date and any and all subsequent court dates that you have, it is your responsibility to arrive at court on time and to return home immediately after completing your appearance. Monitoring equipment at the court records your appearance times.
24. Obtain and submit court orders with all movement requests, including but not limited to movement for court dates, employment, education, and medical appointments. For regular employment or classes, you must submit a weekly schedule and copies of your pay stubs each month to the Sheriff's EM Program.
25. You must make arrangement to allow Sheriff's personnel to visit your place of employment or school to verify your attendance.

EQUIPMENT

26. All EM with GPS Program participants are assigned electronic monitoring equipment, including but not limited to a monitoring bracelet. The bracelet device attached to your ankle is in constant contact with the Cook county Sheriff's Office via GPS and cellular towers. These devices notify the Sheriff's Office whenever you leave your home and your movements. Participants are responsible for the security and care of equipment assigned to them. It is your responsibility to keep your GPS ankle bracelet sufficiently charged at all times. Devices must be charged for at least 2 consecutive hours per day.
27. Any attempt to attempt to remove, disable, destroy, circumvent the operation of, or tamper with the ankle bracelet is a violation of the program rules and may subject you to prosecution for the crime of escape.
28. You must return all monitoring equipment issued to you upon being notified of your discharge from the Program or reimburse the monitoring company for any missing or damaged equipment. Failure to return issued monitoring equipment may subject you to prosecution for violating conditions of the program and/ or felony theft.
29. GPS devices are equipped with a two-way call feature, whereby EM staff are able to place a call to the Participant via the device. Participants must accept all incoming calls from the device. This feature will be utilized to communicate with Participants in the event an alert is triggered and requires affirmative acceptance of the communication from both EM staff and the participant.

RELEASE FROM THE PROGRAM

30. If the Court orders that you are no longer required to be on the Sheriff's EM program, you must contact the Sheriff's Office with this information as soon as possible by calling the EM Program at 877-326-9198. The Sheriff's Office will verify your case information and discharge you from the program if appropriate.

31. If you have satisfied your obligation to the court, such as found not guilty, sentenced to time considered served, probation, etc., it is your responsibility to notify the Sheriff's Office immediately after your court appearance. You will be asked to provide your name, Jail ID number, court location and a copy of the discharge order. You must have this information available when you call. Following confirmation, you will receive a return phone call from the Electronic Monitoring Center advising you if you are entitled to be discharged. If discharged, you will again be given instructions regarding what times you can return your Electronic Monitoring equipment.
32. ALL EM EQUIPMENT MUST BE RETURNED TO: 2538 S. California
 Chicago, Illinois 60608
 Between the hours of 9:00 a.m - 4:00 p.m. Monday-Friday
 Equipment Calls Only 773-696- 9448

ADDITIONAL INFORMATION

- You will be allowed to pick up your property from the Chicago Police on Tuesdays and Thursdays only with prior movement approval. If you were arrested by another agency, the Sheriff's Office must provide prior approval for you to pick-up your property.
- If you were ordered to pay a daily fee to participate in electronic monitoring, you must have paid the fee in full to the Clerk of the Circuit Court prior to being discharged from the program.
- If an emergency situation occurs that requires you to seek medical treatment, you should call 911 and then the Sheriff's Office phone number listed above as soon as practical.

I acknowledge receipt of the Cook County Sheriff's Office Electronic Monitoring Information Sheet and I understand that violation of any provision(s) of the Program may result in my removal from the Program, reincarceration, and potentially criminal prosecution or fine.

Signature: _____ **Date:** _____

Printed Name: _____

ID Number: _____

Address: _____

Investigator Signature

Star Number



**COOK COUNTY SHERIFF'S OFFICE
COMMUNITY CORRECTIONS – ELECTRONIC MONITORING (EM) PROGRAM (GPS)
PARTICIPANT AGREEMENT**

The Cook County Sheriff's Office is collecting "Sex Assigned at Birth" and "Gender Identity" information in order to effectively provide support services. The Cook County Sheriff's Office considers such information sensitive and will not share this information with third parties except where required by law or regulation.

PARTICIPANT INFORMATION

DATE:	BOOKING ID:	HOUSING:	PROGRAM CATEGORY:
LAST NAME:	FIRST NAME:	RACE:	PHONE NUMBER:
GENDER IDENTITY: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE <input type="checkbox"/> TRANSGENDER WOMAN/TRANSFEMININE <input type="checkbox"/> TRANSGENDER MAN/TRANSMASCULINE <input type="checkbox"/> NONBINARY/GENDER NONCONFORMING <input type="checkbox"/> OPTION (FILL IN) _____ <input type="checkbox"/> DECLINE TO ANSWER			
ALIAS 1:	ALIAS 2:	ALIAS 3:	

AGREEMENT INFORMATION

You have been court ordered to participate in the Cook County Sheriff's Electronic Monitoring Program (hereinafter the "Program") in lieu of being detained in the Cook County Department of Corrections. You do hereby agree to abide by the conditions of the Program. By affixing your initials to each program condition and your signature at the end of this contract, you do hereby agree that you fully understand this Agreement and agree to the conditions set forth herein:

INITIALS:	I agree to remain within the interior premises of my approved residence twenty-four hours per day. Address of residence:
INITIALS:	I understand that I am not permitted to leave my approved residence, which does not include common areas such as vestibules, laundry facilities, or mailrooms, or other units within multi-unit buildings, for any purpose unless Sheriff's Office Personnel have granted prior approval for movement.
INITIALS:	I agree to admit representatives of the Program into my approved residence twenty-four hours per day to ensure compliance with the conditions of the Program. Staff will be wearing Body Worn Camera (BWC).
INITIALS:	I agree to make necessary arrangements to allow for representatives of the Program to visit my place of employment, educational institution, or other locations for which I have requested movement for the purposes of verifying my compliance with the conditions of the Program.
INITIALS:	I understand the electronic monitoring of my person will use a global positioning system (GPS) and cellular towers to track my physical location and program compliance at all times.
INITIALS:	I understand that I will be assigned an electronic monitoring GPS device, worn as a bracelet. I will wear and maintain the device at all times and ensure its safety and security in my approved residence and on my person. I agree to accept incoming communication from the device in order to confirm my compliance with the terms of the Program.
INITIALS:	I understand that, if I receive a GPS bracelet, the GPS unit must be plugged into an active electrical outlet for a minimum of two consecutive hours every day. Failure to charge the GPS device is considered tampering and is a violation of program rules and will result in reincarceration.
INITIALS:	I understand that any attempt to remove, disable, destroy, circumvent the operation of, or tamper with the ankle bracelet, or any other device or equipment assigned to monitor me, is a violation of the Program and may subject me to prosecution for the crime of escape.
INITIALS:	I will not engage in any criminal activity while participating in the Program.
INITIALS:	I understand that I cannot consume excessive amounts of alcohol or lawful drugs, or be in the presence of unlawful drugs in any amount.
INITIALS:	I will not possess or be in the presence of firearms or firearm ammunition. I understand that I may not be in the presence of other individuals who are in possession of firearms or firearm ammunition.
INITIALS:	I understand that my person, my property, and/or my personal space within the Approved Residence may be subject to warrantless search by representatives of the Program in order to ensure compliance with the terms of the Program, any applicable court orders and on-going officer safety.
INITIALS:	I agree to pay a daily participation fee if ordered by the court to do so. I agree to pay the fee in full to the Clerk of the Circuit Court prior to the disposition of my case or completing my sentence.

INITIALS:	I agree to return all of the monitoring equipment issued to me upon being notified of my discharge from the Program. I understand that failure to return the equipment may subject me to arrest and/or fine for the cost of the missing or damaged equipment
INITIALS:	I agree that when movement is approved by the Sheriff's Office to go to a specific location, I am only authorized to go to and from that location. Any stops at any location or detours outside of my approved movement is a Program violation.
INITIALS:	I agree to register as a sex offender, violent offender against youth, and or a Chicago gun offender within three days of being placed on Electronic Monitoring if required to do so per state or municipal statute.
INITIALS:	I agree to come into compliance with my FOID revocation status (if applicable) within 14 days, including but not limited to: surrendering my FOID card and/or any firearms as ordered by a court or as required by State or Federal law, completing a Firearm Disposition Record, or submitting any other required forms to the appropriate agency.
INITIALS:	I understand that I cannot relocate to another residence until I have been a Program participant for at least 30 days. I understand that I can only relocate my Approved Residence once for the total duration of my time in the Program. I understand that, even if an emergency arises requiring my relocation, I must notify the Sheriff's Office prior to leaving my approved residence.
INITIALS:	I agree to participate in the following programming as a condition of my placement in the Sheriff's EM Program:

Your signature below indicates the following:

INITIALS:	That you have read and agree to the above conditions.
INITIALS:	That you have received the following equipment and that the equipment issued is in good condition with no visible damage: a GPS enabled ankle bracelet monitoring unit and charger.
INITIALS:	That the ankle bracelet(s) placed on you is properly fitted and is not causing any discomfort from tightness.
INITIALS:	That you have received a copy of the Participant Information Sheet and agree to follow and abide by all rules contained therein.
INITIALS:	That you understand that failure to comply with the rules and regulations may result in a warrant being issued for your arrest for violating your conditions of pre-trial release or for the crime of escape, or may result in your reincarceration into the Cook County Department of Corrections.
INITIALS:	That you have viewed the Electronic Monitoring new release participant video and received instructions on how to use the GPS unit.

PARTICIPANT SIGNATURE

PARTICIPANT SIGNATURE:	DATE:
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THIS SECTION TO BE COMPLETED BY ELECTRONIC MONITORING MEMBERS ONLY

The signature below indicates that I have witnessed the signature of the participant named above, and that I personally attest that all equipment issued is working properly and in good condition with no damage to the cases or cords.

ORIGINAL EQUIPMENT ISSUED: _____ Band Size: _____

GPS Ankle Monitor Number: _____ Device Serial Number: _____ Power Cord: YES NO

INVESTIGATOR SIGNATURE:	STAR NUMBER:	DATE:
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**COOK COUNTY SHERIFF'S OFFICE
COMMUNITY CORRECTIONS – ELECTRONIC MONITORING (EM) PROGRAM (GPS)
PARTICIPANT PLACEMENT – RESIDENTIAL CONSENT FORM**

PARTICIPANT NAME:	BOOKING ID NUMBER:
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CONSENTING INFORMATION

SELECT ONE:

- HOMEOWNER
 LEASEHOLDER
 RESIDENT
 ALTERNATE HOUSING

PLACEMENT INFORMATION

The Participant listed has been court-ordered to the Cook County Sheriff's Electronic Monitoring Program in lieu of being detained in the Cook County Department of Corrections. I have agreed to allow the Sheriff to place the Participant in my residence. By initialing below, I confirm that I have read and understand the following:

INITIALS:	Inquiries have been made regarding my safety and I have not revealed any safety concerns at this time regarding the placement of the Participant listed below in this home.
INITIALS:	I have been given a Participant Information Sheet that provides important information regarding the Sheriff's EM program requirements.
INITIALS:	I have had the opportunity to ask questions, and any questions have been answered to my satisfaction.
INITIALS:	I confirm that there are no firearms in the residence and no firearms will be allowed in the residence while the participant resides there.
INITIALS:	I understand that I can contact EM program staff at 877-326-9198 or cookcountysheriff@bi.com if I have any additional questions or concerns, or to notify program staff that the participant can no longer reside in this home.
INITIALS:	I consent to an officer conducting a safety tour of this home and understand that Sheriff's officers will visit this home as necessary during the duration of Participant's placement in the program. Sheriff's Officers will be wearing body-worn cameras when they visit.
INITIALS:	I understand that my property and/or residence may be subject to a warrantless search in order to ensure Participant's compliance with the terms of the Program, any applicable court orders and ongoing officer safety.
INITIALS:	I affirm that I am authorized to permit the Participant to reside in this home, and that neither my lease nor any other legal document or rule prohibits his or her placement here.
INITIALS:	I understand the requirements of the EM Program as explained to me and I agree to allow the Participant to reside in this home which they are being electronically monitored as a Program Participant.
INITIALS:	If applicable, I confirm that any protected individuals do not reside in this residence. Protected individuals:
INITIALS:	If applicable, I confirm that no children will be allowed at this residence.

HOST INFORMATION

HOST NAME:	DRIVER'S LICENSE / STATE ID / PASSPORT:		
ADDRESS:	CITY:	STATE:	ZIP CODE:
HOST SIGNATURE:			DATE:

THIS SECTION TO BE COMPLETED BY ELECTRONIC MONITORING MEMBERS ONLY

INVESTIGATOR SIGNATURE:	STAR NUMBER:	DATE:
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