



King County
Department of Adult and Juvenile Detention
Community Corrections Division
500 – 5th Avenue Seattle, WA 98104
Phone: (206) 296-1240 / Fax (206) 296-1797

Electronic Home Detention Program Enrollment Packet

*Name: _____ Last Name: _____

Orientation Date: ____/____/____

Time: 8:00 AM PM

Report to King County Yesler Building 400 Yesler Way 2nd Floor, Room 260

You must make every effort to keep your scheduled Intake appointment. Failure to do so may result in a delay in processing your admission to Electronic Home Detention.

- Attached are forms which you must bring to your intake interview. Please fill out these forms as completely and accurately as you can. Bringing the completed packet along with other information noted below will help ensure the enrollment process goes smoothly.
- Please bring all paperwork given to you by the court, including a copy of the commitment order to EHD and the signed Conditions of Conduct Order.
- Please bring your most recent pay stub from your employer if you are employed.
- If you have been ordered to treatment, please be prepared to provide the type of treatment, the name of your treatment provider, their telephone number and fax number. Please be prepared to sign a Release of Information.
- At the intake interview:
 - We will review your personal information and eligibility.
 - We will provide and review with you the EHD Participant Information and Guidebook.
 - You will be given a report date to report to the EHD office.
(Which will be on or before the date ordered by the Court).
- **DO NOT bring children to your interview, as they are not allowed inside the EHD offices.**



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NOTICE TO ALL POTENTIAL EHD APPLICANTS

Washington State Law requires DAJD to conduct random in person visits on all EHD participants. We do not go inside your home, nor do we knock on your door.

If accepted to the program, you are expected to cooperate with the home/work random visits. Your assigned caseworker will explain this in more detail once accepted to the EHD program.



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Personal Information Sheet

Client Name:	Phone #:
Street Address / Apt:	
City / State:	ZIP:

Spouse / Partner:	Phone #:
Street Address / Apt:	
City / State:	ZIP:

Relative Name / Relationship:	Phone #:
Name	
Street Address / Apt:	
City / State:	ZIP:

Personal Reference of Someone You See Regularly:	Phone #:
Street Address / Apt:	
City / State:	ZIP:

Personal Reference of Someone You See Regularly:	Phone #:
Name:	
Street Address / Apt:	
City / State:	ZIP:

Providing insufficient, inaccurate, or false information is cause for ineligibility, denial and/or removal from the program.

Participant attests:

Date:

Witnessed:



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Electronic Home Detention Participant Escape Agreement

Escaping from Electronic Home Detention is considered a crime and is taken seriously. Summaries of the escape laws that are applicable to EHD participants are set forth below. Electronic Home Detention is a partial confinement alternative to jail under state law. Custody means restraint pursuant to an order of the court. Therefore, if you escape from EHD, you are escaping from custody. If you are away from your residence on an authorized pass, you are still in custody for purposes of the law. If you fail to come back to your residence at your designated curfew, or you leave your residence without authorization, you may be deemed to have escaped from custody.

RCW 9A.76.110 Escape in the 1st Degree

- If you knowingly **escape from custody** or a detention facility while being detained pursuant to a conviction of a felony offense.
- Escape in the first degree is a class B felony.

RCW 9A.76.120 Escape in the 2nd Degree

- If you knowingly escape from a detention facility (detained pretrial or convicted of a misdemeanor or gross misdemeanor), or
- **If you knowingly escape from custody while being held pretrial and have been charged with a felony.**
- Escape in the second degree is a class C felony.

RCW 9A.76.130 Escape in the 3rd Degree

- **If you escape from custody while being held pretrial and have been charged with a misdemeanor or gross misdemeanor, or**
- **If you knowingly violate the terms of your electronic monitoring program.**
- Escape in the third degree is a misdemeanor unless you have previously been convicted of Escape (then it could be a gross misdemeanor or class C felony).

I, _____, as a participant in the King County Electronic Home Detention program, hereby acknowledge that I fully understand the rules of the EHD program, what it means to escape from the Electronic Home Detention program, and the consequences thereof. I also acknowledge that I have read and understand the above RCWs (9A.76.110, 9A.76.120, and 9.A.76.130). I understand that if I fail to comply, I will be charged with Escape as provided for under the above RCWs and will be prosecuted for said crime.

Signature

Date

Witness

Date



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EHD PARTICIPANT CONDITIONS OF AGREEMENT

I, _____, voluntarily, and with full knowledge of program rules and restrictions, agree to participate in the Department of Adult and Juvenile Detention Electronic Home Detention Program (EHD). I hereby agree to abide by all program rules and the following conditions of this agreement. I understand that failure to comply with any program rules or conditions will result in disciplinary action against me, which may include removal from the Program, incarceration for the remainder of my sentence and/or filing of criminal charges against me.

1. I understand that my participation in this program requires that I be administratively booked into the King County Jail prior to my placement on EHD.
2. I understand that a non-removable ankle bracelet will monitor my participation in this program. This non-removable ankle bracelet system is to be worn 24 hours per day during the full length of my involvement in the program. I further understand that my whereabouts will be monitored by electronic devices operated by BI Inc., the Department of Adult and Juvenile Detention's designee.
3. You must have a working home phone or cell phone where EHD staff can reach you 24 hours a day, 7 days a week. You must also have a power source to which the device can be plugged in 24 hours a day, 7 days a week (uninterrupted power is required). In the event there is not good cellular service where you live, you will be required to have a landline.
4. All expenses of special adapters necessary for the installation of the electronic equipment may be charged to me.
5. I agree not to tamper with, disconnect, move, or remove any of the monitoring equipment, (including phone and power cords), assigned to me. I understand that tampering with, or removal of any monitoring equipment is a basis for the charge of Criminal Intent (Escape), and/or removal from the EHD Program.
6. I understand that loss of a receiving signal or the receipt of a tamper signal by the monitoring device shall be considered that I have violated my curfew, and I further understand that any computer print-out of violation information, or a Fax copy thereof, may be used as evidence, as may be necessary, to prove that a violation occurred.



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7. If I become aware that any of the electronic equipment assigned to me fails to perform or breaks, or in the event of a power failure to the telephone in my residence, I will notify Program staff immediately upon becoming aware of this situation.
8. I agree to respond within 20 minutes to all telephone calls and emails. I also agree to call my caseworker immediately if messages are sent to my EHD devise.
9. I agree not to change my residence or my telephone number during the entire length of my participation in this program without permission, in advance from Program staff.

I further agree that any costs incurred in relocating and/or re-establishing electronic monitoring shall be my responsibility.
10. I agree to abide by all curfew restrictions placed on me during my participation in this program. I understand that I am always to remain at my residence, except for those hours designated for me to leave to fulfill my employment, school/training, medical/dental appointments, and/or by special authorized leave.
11. I understand that for any routine changes to my approved curfew schedule it shall be my responsibility to contact appropriate assigned staff before deviating from my approved curfew to have the change approved and implemented. Failure to do so will result in a violation of my curfew and possible disciplinary action. Routine changes include, but are not limited to, schedule changes due to working overtime, medical/dental appointments, change of work hours/days, etc.
12. In the event of an emergency during business hours (8:00AM-4:00PM) I will call my assigned caseworker. If you have an emergency after 4PM, I will call the afterhours emergency message line to leave a message in the I need to leave my home without permission due to an emergency. I will also leave a message for my caseworker so they are aware and can follow up the following day. All emergencies require documentation which will be provided to my caseworker.
13. I agree to report to the EHD Program any incident at my residence where police, fire or emergency medical units are called to respond, or where personal safety is in jeopardy.
14. I agree to report to the EHD Program office per established regular schedule, or whenever requested to do so by staff. If the visit is by special staff request, I will be furnished with sufficient travel time in which I am expected to report.



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15. I agree to report to staff any medication that may be prescribed to me during my participation.
I agree to submit to alcohol and/or drug testing when requested.
16. I agree to follow any employment, school, training, medical, and/or therapy plan that have been approved as a condition of my acceptance into the program.
17. I understand that EHD Program staff may contact my employer, instructor, and/or therapist to monitor my performance or progress.
18. I understand that my participation in the EHD Program is contingent on my paying an assigned Program fee. I agree to pay this fee on a regular basis, as stipulated by my caseworker. This fee is payable by money order, certified check, or cash only. All Payments can be made at the kiosk located at King County Jail lobby.
19. I understand I will be assessed full costs by the Department of Adult and Juvenile Detention, for the loss of or damage to any electronic monitoring equipment assigned to me. (Replacement costs assessed me will be commensurate with current market value of the equipment.) In addition, I understand I may be prosecuted to the full extent of the law for the theft and/or damage of any electronic monitoring equipment assigned to me and not returned.
20. I understand that at any time I may be subjected to undergo a urinalysis, or a breathalyzer test as directed by court order. In addition, if I refuse or fail to provide a sample within the instructed period, I will be administratively placed in full custody.
21. I understand that I may be restricted from certain areas of my residence or building if I cannot be monitored in those areas. Failure to keep out of these areas may be the basis for removal from the Electronic Home Detention Program.

The above conditions have been read by or to me, I understand them and have received a copy of them, and I agree to abide by them.

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____



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CURFEW EXCEPTIONS

Community Corrections Programs are a substitute for jail. You have been ordered to serve your sentence at home and while participating in Electronic Home Detention (EHD), your movements in and out of your home will be restricted and you will not be allowed to come and go as freely as you may wish.

Curfew exceptions are those events (dental appointments, haircut, laundry, etc.) that occur on a one-time only, rather than routine basis and for which staff must be notified. If your sentence is 30 days or less, you must present all routine curfew exceptions at the time you are booked into the program. **NO EXCEPTIONS** will be granted once you are in the program, other than for genuine emergencies, such as medical emergencies.

SPECIAL PASSES AND CURFEW CHANGES: All passes, schedule changes, etc. must be called in a **MINIMUM OF TWO (2) BUSINESS DAYS IN ADVANCE**, according to the policy outlined in the above paragraph. Exceptions will be limited to medical and police emergencies, “special passes” must be court authorized.

OVERTIME AUTHORIZATION: All overtime not previously approved by your caseworker, requires verification by immediate callback to your listed employer contact and contact number. Please have this information ready when you call in to the emergency number to request emergent overtime. Remember: **IF WE CANNOT REACH YOUR EMPLOYER AT THE LISTED CONTACT NUMBER, YOU CANNOT WORK OVERTIME.**

SHOPPING PASSES AND OFFICE VISITS: These two types of passes can only be arranged or altered by your assigned caseworker. Changes to these scheduled passes will not be granted unless the need for the change is emergent.

PERSONAL OR FAMILY ILLNESS: If you stay home from work, school, or other authorized destinations due to illness, you must phone your assigned caseworker to report this.

Participation in EHD is court ordered and requires a high level of responsibility from participants. Your cooperation with these procedures will help ensure your program participation is successful.

 Client Signature: Date

 Staff Signature: Date



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**Electronic Home Detention (EHD)
 Employer Information Form**

To be completed only by employer (please print legibly)

Employee's Name:		Hire Date:	
Company Name:		Company Phone:	
Supervisor's Name:		Title:	Contact Info:
Company Address			
Jobsite Address:		Jobsite Phone:	

WAGE INFORMATION

Rate of pay: _____ Hourly _____ Weekly _____ Bi-Weekly _____ Monthly _____ Other _____
 Pay dates: _____ Date of last pay date: _____
 Payment type: Payroll check _____ Direct Deposit _____ Debit Card _____ Other _____

WORK SCHEDULE

A EHD participant's work schedule must be approved in advance and will be reviewed on a case-by-case basis.
 Does the employee's schedule vary from week to week? YES _____ NO _____
 If yes, please describe the work schedule: _____

If the employees schedule remains the same each week, please complete the following work schedule:

Day of the Week	Start Time	End Time	Total Hours
Sunday			
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Total Hours Worked			

Is the employee required to drive a vehicle on the job? YES _____ NO _____

Is the employee required to leave the jobsite at any time? YES _____ NO _____

If YES, please explain: _____

Supervisor's Signature:	Date:
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**DEPARTMENT OF ADULT AND JUVENILE DETENTION
 ELECTRONIC HOME DETENTION PROGRAM**

EQUIPMENT ASSIGNMENT AND RETURN FORM

The following electronic monitoring equipment has been assigned to and received by me (the Program participant):

MONITOR NUMBER:

TRANSMITTER NUMBER:

This equipment is the property of BI Incorporated (BI, Inc.) and has been duly assigned to me by BI Inc. and the King County Department of Adult and Juvenile Detention (DAJD) who is supervising my electronic monitoring sentence.

I acknowledge that I am aware that the equipment is valuable (worth approximately \$3000.00, Monitor and Transmitter). I understand I have the legal and financial responsibility for the equipment until it is properly returned to and received by BI, Inc. or DAJD.

I am aware of my responsibility to take care of this property to the best of my ability. I will report problems with or damages to the equipment immediately to Program staff.

I acknowledge that it is my responsibility to reimburse DAJD and/or BI, Inc. (as instructed) for the loss of or damage to the equipment. If I do not return the equipment intact upon demand or upon the completion of my monitoring term (whichever comes first), I acknowledge I will be charged with **FELONY THEFT**.

Equipment Received By:

Print Name: _____

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____

Equipment Received By:

Staff Signature: _____ Date: _____



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**DEPARTMENT OF ADULT AND JUVENILE DETENTION
 ELECTRONIC HOME DETENTION**

INSTRUCTIONS FOR RETURNING EQUIPMENT

For your release date, please contact your caseworker.

ON YOUR RELEASE DATE

- Contact your caseworker to confirm release date 1-2 days prior.
- Unplug the monitor at 8:00 a.m.
- Pack all cords (one telephone cord, one power cord) and place along with monitor in plastic bag.
- Report to the King County Jail to process your release by 10:00am. After the jail releases you, Report to:

King County Yesler Building 400 Yesler Way 2nd
 Floor, Room 260 Seattle WA. 98104
 206-296-1240

- If you are released by the jail during business hours (Mon-Fri 8AM-4PM), turn in your equipment to our office located at 400 Yesler Way Seattle (2 blocks south of the King County Jail) by 11AM following your release. If you are released by the jail after 3PM, officers would receive your equipment.

I have received a copy of this form, agree to, and understand the instructions outlined above.

Participant's Signature: _____ Date: _____

Staff Signature: _____ Date: _____



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Electronic Home Detention Signature Page

Participant Name (printed) _____

By signing this document, I understand the rules outlined above and the consequences of not following the rules. I will be respectful of others, property, facilities, and myself. My caseworker has discussed the following with me:

- Electronic Home Detention Financial Agreement
- Electronic Home Detention Participant Escape Agreement
- Electronic Home Detention Participation Conditions of Agreement
- Curfew Expectations
- Employer Information
- Equipment Assignment
- Instructions for Release and Returning Equipment
- Reporting Instructions

It is my responsibility to read the Electronic Home Detention Enrollment packet thoroughly and ask my caseworker question if I do not understand something. I understand that failure to abide by the rules and procedures of King County Electronic Home Detention could result in my termination from the program.

Participant signature: _____

Date: _____

Caseworker signature: _____

Interpreter services provided:

Interpreter name (print): _____

Interpreter signature: _____