

Minnehaha County Electronic Monitoring Program Application

Applicant Information

Last Name: _____ First Name: _____ Middle Name: _____
DOB: _____ SSN: _____ Home Phone #: _____ Cell Phone #: _____
Home Address: _____ City: _____ State: _____
Date of Application: _____ Officer ID#: _____ TSI Date & Time: _____
Sentencing County: _____ Sentencing Judge: _____ Charge: _____

Vehicle Information / Mode of Transport

Drivers Lic #: _____ W/P #: _____ ID #: _____ State: _____
Vehicle Make/Model: _____
Car Insurance Co: _____ Policy #: _____ EXP: _____
Mode of Transport if Unable to Drive: _____ Lock Combo: _____
Address: _____ Phone #: _____

Program Requirements

UA Pass / Fail Date Taken: _____ UA Fee Paid? Y / N UA Taken By: _____
 Retest Pass / Fail Date Taken: _____ UA Fee Paid? Y / N UA Taken By: _____
 TB Test DNA on File Amount of back Room and Board owed: _____

Emergency Information

Name: _____ Relationship: _____ Phone #: _____
Address: _____ City: _____ State: _____

Employment Information

Employer: _____ Phone #: _____
Address: _____ Shop Address: _____
Supervisor: _____ Supervisor: _____ Supervisor: _____
Phone: _____ Phone: _____ Phone: _____

Employment Verification (Office Use Only)

Relationship to Supervisor: _____
Job Title: _____ How Long Employed: _____
Lunch on Job Site? Y / N Able to Leave Job Site? Y / N How Long? ½ hour / 1 hour
How do you track your hours? _____ Paid By: Check / Cash / Direct Deposit
 W-2 Employee 1099 Employee Self Employed (Tax Return) Tax ID#: _____
Work Hours: Start _____ End _____ Days of the Week: _____
Pay Rate per Hour: _____ Salary: _____ **Have the past 2 time cards faxed to 367-8433**

Job Verified By: _____ Corporal Verifying Job: _____ Date: _____
Telephone # where inmates can be reached at all times (to be provided by supervisor during verification): _____
Department of Revenue Checked: _____ Department of Labor Checked: _____
Corporal Approving/Denying this Application: _____ **Approved / Denied** Date: _____
Travel Time To: _____ From: _____ Bus: Y / N Triple I ran for Classification? Y / N

*Upon being denied, the applicant may submit an appeal to the Jail Lieutenant. The appeal must be submitted in written form detailing the reason for the appeal. Any inmate that is booked into Jail must submit their grievance via the kiosk.

2nd Job Application

Applicant Information

Last Name: _____ First Name: _____ Middle Name: _____
DOB: _____ SSN: _____ Home Phone #: _____ Cell Phone #: _____
Home Address: _____ City: _____ State: _____
Date of Application: _____ Officer ID#: _____ TSI Date: _____
Sentencing County: _____ Sentencing Judge: _____ Charge: _____

Employment Information

Employer: _____ Phone #: _____
Address: _____ Shop Address: _____
Supervisor: _____ Supervisor: _____ Supervisor: _____
Phone: _____ Phone: _____ Phone: _____

Employment Verification (Office Use Only)

Relationship to Supervisor: _____
Job Title: _____ How Long Employed: _____
Lunch on Job Site? Y / N Able to Leave Job Site? Y / N How Long? ½ hour / 1 hour
How do you track your hours? _____ Pay Days: _____ Paid By: Check / Cash / Direct Deposit
 W-2 Employee 1099 Employee Self Employed (Tax Return) Tax ID#: _____
Work Hours: Start _____ End _____ Days of the Week: _____
Pay Rate per Hour: _____ Salary: _____ **Have the past 2 time cards faxed to 367-8433**

Total hours worked weekly at Primary Job: _____ Total hours requested at Secondary Job: _____
Will Secondary Job conflict with Primary? Y / N Provide a brief explanation of the conflict: _____

Job Verified By: _____ Corporal Verifying Job: _____ Date: _____
Telephone # where inmates can be reached at all times (to be provided by supervisor during verification): _____
Department of Revenue Checked: _____ Department of Labor Checked: _____
Corporal Approving/Denying this Application: _____ **Approved / Denied** Date: _____
Travel Time To: _____ From: _____ Bus: Y / N Triple I ran for Classification? Y / N

*Upon being denied, the applicant may submit an appeal to the Jail Lieutenant. The appeal must be submitted in written form detailing the reason for the appeal. Any inmate that is booked into Jail must submit their grievance via the kiosk.

NOTICE TO 24/7 FOR ELECTRONIC MONITORING PARTICIPANT

Minnehaha County Sheriff's Office
Jail Division

NAME: _____

Docket #: _____

DOB: _____

Global Jacket #: _____

EM Program Start Date: _____

EM Program End Date: _____

Date & Time when participant is to report to 24/7 for set up: _____

Special Instructions:

STATE OF SOUTH DAKOTA)
)
COUNTY OF Minnehaha)
)
STATE OF SOUTH DAKOTA,)
(Plaintiff))
)
vs.)
)
_____)
(Defendant))

IN CIRCUIT COURT
2nd JUDICIAL CIRCUIT
FILE No, _____
24/7 Sobriety Program Participation
Agreement for MCSO Electronic Monitoring
 Twice a Day PBT

A. TWICE A DAY PBT

I, _____, have agreed to my placement in the 24/7 Sobriety Program (hereinafter referred to as “Program”). As a condition of being placed in this Program, I agree to strictly comply with all Program requirements set forth in this Agreement, the placement order or directive, and the instructions of my Electronic Monitoring representative (hereinafter referred to as “Contact Person”). I hereby agree to the following conditions:

1. I will assist in my enrollment in the 24/7 Sobriety Program and execute all documents that are part of the enrollment process.
2. I shall timely report and submit to all ordered or directed tests at the location stated in the placement order or directive or as designated by my Contact Person, as follows (appropriate blanks to be initialed by Witness):

Twice daily PBT tests. The PBT tests will take place daily between the hours of 6:00 a.m. and 9:00 a.m. and between 6:00 p.m. and 9:00 p.m.

3. I shall pay all testing and participation fees as set by administrative rule for the testing I have been placed on. I understand these fees may change while I am on the Program. Currently fees for the PBTs are \$1.00 per test and \$1.00 per day participation fee up to a maximum of \$30.00 for participation fees, and are to be paid in advance or at the time of testing.
4. I will not possess or consume any controlled drug or substance or marijuana, or will I knowingly be present where other persons are doing so.
5. I will not consume any alcohol, or will I enter any bar or other establishment where alcohol is offered for sale and consumption on the premises.
6. I will not consume or use any of the following items for a period of at least 30 minutes before PBT testing: mouthwash, toothpaste, cough syrup, carbonated beverages, food and tobacco products.

CONSEQUENCES

I understand that my failure to comply with this Agreement or the instructions of my Contact Person will be considered a violation of the order or directive placing me in the Program and may result in adverse legal consequences, including, but not limited to the following:

Electronic Monitoring Sanctions:

I will be placed in jail for 12 hours following a first no show, late arrival for testing or failed PBT, SCRAM or INTERLOCK test. I will be placed in jail 24 hours for a second no show, late arrival for testing or failed PBT, SCRAM or INTERLOCK test. Upon a third no show, late arrival for testing or failed PBT, SCRAM or INTERLOCK test, I will be suspended from the Electronic Monitoring Program and held in Jail pending the outcome of my Formal Disciplinary Hearing. Upon a third violation of SCRAM or INTERLOCK, will result in immediate removal of that testing type and I will be responsible for any applicable costs for removal and or repair. The same consequences will be imposed if I tamper with or destroy any testing equipment in violation of this Agreement.

I understand that if I am participating in the 24/7 program as a condition of sentence, work permit, parole or probation the previous participation agreements still apply.

ACKNOWLEDGEMENT

I, _____, hereby acknowledge that I have read this Participation Agreement and understand its terms. I agree to comply with each of the conditions of my participation in the 24/7 Sobriety Program.

Participant's Signature

Date

Witness' Name and Title (please print or type)

Witness' Signature

Minnehaha County Electronic Monitoring Participant Agreement

The Minnehaha County Jail has established programs to allow for sentenced inmates to maintain their employment or schooling while serving their court ordered sentence.

Electronic Monitoring participation is a Jail sentence. Participants in the Electronic Monitoring program are Jail inmates, and program rule violations will result in Jail disciplinary action. Program rule violations may result in termination from the program and reclassification to appropriate custodial housing.

ELECTRONIC MONITORING (EM) PROGRAM

Participants in this program are outfitted with an ankle monitor that utilizes a Global Positioning System (GPS). Participants submit an application and a work or school schedule to the EM Supervisor. If approved, participants are allowed to live at their home and are managed through the GPS software. Program requirements, rules, and fees are outlined in this policy.

ELECTRONIC MONITORING

- A. Inmates must be sentenced and have authorization of from the sentencing judge on all charges, and participate in the 24/7 Sobriety Program in order to participate in the Electronic Monitoring (EM) Program.
 1. The participant must be sentenced for a minimum of five (5) consecutive days to be eligible.
 2. Anyone participating in the EM program are ordered by the 2nd Judicial Circuit to participate in the 24/7 program.
- B. Participants will adhere to all applicable rules listed in the Electronic Monitoring guidelines.
 1. When on Electronic Monitoring, all applicable rules are considered "Major" rule infractions.
 2. Participants may be removed from the program and lodged at the Minnehaha County Jail for any rule infraction or new criminal charges.
 3. Eligible applicants sentenced to the Minnehaha County Jail Electronic Monitoring Program must be:
 - a. Gainfully employed with a minimum of 20, paid, working hours per week, or
 - b. A registered full time student
 - i. Part time students are eligible for the EM program on the condition that they are gainfully employed as described in 3.a.
 4. Random alcohol and urinalysis (UA) testing will be conducted during the participant's involvement in the program.
 5. Participants must notify Electronic Monitoring staff and their employer if medical issues prevent them from being at work or their residence during established times.
 - a. Participants must provide documentation from a medical provider for any prolonged absence from work, missing 3 consecutive days.
 6. Participant EM Orientation will include the following:
 - a. An overview of the inmate guidelines;
 - b. A verification of prescribed medications;
 - c. A scheduling of inmate work or school schedule; and,
 - d. Identification of the inmate's intended residence while on electronic monitoring.
- C. The courts will notify the jail via Judgment or jail TSI form when an inmate is authorized for Electronic Monitoring. This form will have a TSI date and time noted on it.
- D. When an approved participant reports to the Jail as per the sentencing judgment for Electronic Monitoring hook up, the EM Supervisor will orient them to the Electronic Monitoring Program.

- E. While in the Electronic Monitoring Program, inmates are responsible for their own medical care and expenses. Inmates must notify Electronic Monitoring staff and their employer if medical issues prevent them from being at work or their residence during established times.
- F. At Orientation, inmate must:
1. Provide a current work/ school schedule;
 2. Pay the appropriate amount of Electronic Monitoring fees.
 - a. If the participant is on EM as a student, they must pay the EM program fees as prescribed in this policy.
 3. Provide a urinalysis (UA).
 - a. Test results must be negative;
 - b. Participants with a positive test will be denied and may retest after 5 days and then once every 5 days until the test is negative.
 - i. Inmates that have a positive test will be lodged at the Jail until medical screening and classification dictate otherwise. They will not be released to EM until they have provided a negative UA.
 - ii. Inmates must pay for each additional UA they wish to provide.
- G. The EM Supervisor will set up Electronic Monitoring as per the EM manual, vendor guidelines, and training received.
- H. Inmate will pay any and all 24/7 fees at the 24/7 facility, beginning the first day on Electronic Monitoring.
1. \$30.00 set up fee
 2. \$2.00 a day
 3. The booking officer is required to schedule the participant an appointment at 24/7 to enroll at a testing time immediately following EM hook-up. 24/7 must be notified of the scheduled appointment.

ELECTRONIC MONITORING APPLICATION

County and Out-of-County Electronic Monitoring (EM) Inmates must complete an Electronic Monitoring application prior to being allowed on the program.

Applicants must fill out the application in person at the Minnehaha County Jail so EM staff are available to answer any questions the applicant may have. EM staff will also provide the applicant with the Electronic Monitoring packet, explain the program to the applicant outlining the basic rules and requirements, and will ensure proper completion of all required materials within the packet.

Once the application is completed, employment information must be verified by one of the listed supervisors. It is the applicant's responsibility to have their employer call the EM staff to complete the verification process. After a job has been verified, the application is reviewed for approval.

ELECTRONIC MONITORING REQUIRMENTS

- Electronic Monitoring inmates are required to pay \$105.00 per week while on the EM Program.
- Inmates must have a verified and approved job consisting of a minimum of 20, paid, working hours per week.
- Inmates must pass an initial drug test and continue to pass subsequent random drug tests.
- Inmates must participate in the 24/7 sobriety Program.
 - Interlock or SCRAM may be used if circumstances allow. (Fees associated with Interlock and SCRAM are governed by the 24/7 program.)

- Inmates must have either a permanent schedule listed or planned weekly schedules.
 - Weekly schedules must be called in to the EM Supervisor by the participant’s employer weekly, prior to Friday at 10:00 P.M.
 - All participants must meet with the EM Supervisor on a weekly basis to review the next week’s submitted schedule. The schedule agreement form must be completed, agreed to and signed by the participant. Any unauthorized deviation from the agreed schedule will result in disciplinary action. Refer to the Electronic Monitoring Schedules section of this policy for additional details.
- If the inmate is driving, copies of vehicle registration, insurance, and driver’s license or work permit must be submitted with your application.

ELECTRONIC MONITORING FEES

Electronic Monitoring money is paid one week in advance at a minimum. This money must be in the Inmate’s account every Sunday before 11:00 P.M. If payment is not received in time, the inmate may be subject to disciplinary action.

There is a daily charge for each day an inmate is on the Electronic Monitoring program. The charge is currently \$15.00 per day (\$105.00 per week). This fee is subject to change at any time. The money will be drawn out of the inmate’s account automatically each night.

Participation in the 24/7 Program is MANDATORY for Electronic Monitoring participants. Fees include a \$30.00 set up fee and \$2.00 per day of participation. All 24/7 fees will be paid at the 24/7 program desk.

There is a \$15.00 fee for a urinalysis (UA) test. This fee must be paid on the date of hook up. If the inmate fails the initial UA, they will not be eligible to retest for five days. The inmate will have to pay \$15.00 for each retest. Inmates that have a positive test will be lodged in the main Jail (based upon their classification and medical screening) and will not be released to EM until they have provided a negative UA.

Payment for fees must be made in cash or Debit Card and deposited into the Jail lobby kiosk. Future deposits can be made at the Jail Lobby or at the Minnehaha County Courthouse.

If an applicant owes a debt for previous room and board charges, a payment plan must be established and agreed upon to satisfy the debt while participating on EM, in addition to the regular EM fees. Payment plans will be drafted by the Jail’s Senior Accountant.

PAYMENT SCHEDULE FOR DAY OF TSI

Electronic Monitoring Fee + UA Fee at TURN IN DAY

Sunday	\$105.00	+	15.00	=	\$120.00
Monday	\$90.00	+	15.00	=	\$105.00
Tuesday	\$75.00	+	15.00	=	\$90.00
Wednesday	\$60.00	+	15.00	=	\$75.00
Thursday	\$45.00	+	15.00	=	\$60.00
Friday	\$30.00	+	15.00	=	\$45.00
Saturday	\$15.00	+	15.00	=	\$30.00

*Payment for the following week is due on Sundays at 11:00 P.M.

ELECTRONIC MONITORING SCHEDULES

- A. The goal of the Electronic Monitoring program is to allow inmates to maintain their jobs and residences while serving their Jail sentence. Serving that sentence requires that an inmate be accountable for their whereabouts throughout the day and night.
- B. To foster this goal, the following scheduling procedure must be followed:
 - 1. The participant's employer must call in the following week's schedule by Friday at 10:00 P.M.
 - 2. The night EM Supervisor will enter the schedule into the EM management program.
 - 3. The day EM Supervisor will meet with all EM participants on a weekly basis to review the submitted schedule and to add appropriate travel time, 24/7 testing time, and any extra events.
 - 4. Meeting times will be done by name. Inmates with the last name beginning with:
 - a. **A-F** meet Saturday, 6:00 A.M. - 12:00 P.M.
 - b. **G-P** meet Saturday, 2:00 P.M. - 10:00 P.M.
 - c. **Q-Z** meet Sunday, 6:00 A.M. - 12:00 P.M.
- C. At these meetings, the participant needs to meet with the EM Supervisor and go over their schedule.
 - 1. The schedule provided by the employer needs to be discussed with the participant.
 - 2. Reasonable travel time needs to be calculated and included in the participant's schedule.
 - 3. Specific 24/7 testing time needs to be accounted for in the travel time.
 - 4. Time for "errands" needs to be scheduled (i.e. groceries, laundry, doctor's appointments, AA/NA, church, and furloughs).
 - a. A reasonable amount of time should be considered when scheduling errands.
 - b. If possible, routine errands should be restricted to one day per week.
 - c. Participants will have to call for approval for errands that are not regularly occurring and are emergent in nature. (i.e. car broke down, urgent doctor visit, bank visit, etc.)
- D. All the times must be more or less "agreed to" by EM staff as well as the inmate. Once the schedule is agreed upon, the inmate will sign the schedule along with the EM officer's badge number. By signing the schedule, it means that any deviation from the schedule without prior authorization will be regarded as a violation of the Electronic Monitoring Program rules. By signing, you also acknowledge that you are subject to disciplinary sanctions up to and including removal from the Electronic Monitoring Program for said violations.
- E. If a participant lives outside the city limits of Sioux Falls, SD, they may conduct this meeting telephonically.

ELECTRONIC MONITORING HOURS

- A. Residence curfew will be established upon job verification with an approved schedule and court ordered programs. A maximum of 1.5 hours will be allowed before and after your scheduled work hours for travel and errands.
- B. Electronic Monitoring inmates will only be allowed to be away from their home zone location for:
 - 1. Scheduled hours of work
 - 2. Travel time to and from work
 - 3. Time allotted to participate in the 24/7 program
 - 4. Approved requests/furloughs to attend church, treatment (AA), medical appointments, etc.
- C. Listed supervisors on your Electronic Monitoring application may change your hours any time before your shift starts. A listed supervisor may also call during your shift to extend your hours. To do this, it must be BEFORE the inmate is due back home. In addition, the extension may not put the inmate over the 12 hour limit.
 - 1. Time allotted for participation in 24/7 should not be considered when factoring the 12 hour limit.

LOCATION OF RESIDENCE

Eligible participants must have their place of residence within Minnehaha County, SD or within 40 miles from the Minnehaha County Jail as long as the residence is in the State of South Dakota.

WORKER JOB RANGE

The maximum travel range for participants with a regular physical location of employment is 40 miles from the center of Sioux Falls, SD.

Participants that travel as part of their employment (i.e. a delivery driver), who will not miss any sessions of 24/7 testing, do not have any travel range restrictions. However, they are required to call the EM Supervisor with location changes.

Any travel as part of their employment that would create an overnight stay away from the participant's residence will be denied. Appeals substantiating the need for an exception may be submitted in the form of writing to a Jail Lieutenant.

SELF EMPLOYMENT

In order to be on Electronic Monitoring and be self-employed you need to provide the following:

1. 1099 Tax ID Number (EIN)
2. Last 2 years of tax returns
3. A copy of your Sales Tax/Excise Tax license
4. This information will be verified with the Dept. of Revenue
5. The business must have been established for at minimum 6 months prior to the application for EM.

Failure to provide the above information will result in denial of your Electronic Monitoring application.

LOSS OF EMPLOYMENT

Should the EM participant lose employment, they must notify the EM Supervisor immediately. The EM Supervisor has the discretion to allow the participant 48 hours to find alternative employment. During this time the participant will be on a more stringent schedule. Where they will have to complete appointment sheets for each job search appointment/interview.

PHONE CHECKS / SITE CHECKS

EM staff will randomly call inmates at their job. During the phone call, EM staff will ask the inmates to verify they are at their job. Listed supervisors may vouch for their employee being at work. If EM staff cannot get a hold of you or a listed supervisor, you will be sent a message to call the EM Supervisor on your EM bracelet, and given a warning for a first offense. This warning must be documented. Subsequent failed phone checks may result in disciplinary action. It is the responsibility of the Electronic Monitoring participant to ensure EM staff has current contact information on file.

EM staff will conduct random site checks. A uniformed officer will physically check to ensure Electronic Monitoring inmates are at their job sites. If the officer doing the site check is unable to locate the inmate at the listed location, he/she will contact the EM Supervisor to find out if the inmate called in a location change. Inmates that are not at their listed location and have not called in a location change are in violation of Electronic Monitoring rules and may receive formal discipline.

Electronic Monitoring inmates are required to be supervised by a supervisor listed and approved on the Electronic Monitoring application.

If appropriate, Job Site Slips should be submitted and reviewed during the weekly meeting with the Corporal.

EM PARTICIPANTS WITH WARRANTS

Any time the EM Supervisor becomes aware of an EM participant with a warrant, they will:

- A. Determine the severity of the warrant
- B. Contact the EM participant to notify them of the warrant and the steps that they need to take.
 - 1. With any warrant that can be handled through the Walk-in-Warrant program, the participant will be allowed 24 hours to address the warrant before they are mandated to turn themselves in. Failure to do so will result in being detained on the warrant and suspended from the EM program pending the disposition of a formal write-up for violating program rules.
 - 2. With any warrant that does not qualify for the Walk-in-Warrant program, the participant will be required to turn themselves in on the warrant immediately. They will be suspended from the EM program pending disposition of the warrant. Failure to turn themselves in will result in being detained on the warrant and suspended from the EM program pending the disposition of a formal write-up for violating program rules.

RELEASE FROM ELECTRONIC MONITORING

The inmate is to return to the Jail to process out of the program.

- A. EM staff will remove and accept all equipment from the participant.
 - 1. All Electronic Monitoring Equipment must be returned, or the inmate may be criminally and/or civilly charged for any lost or intentionally damaged equipment.
 - 2. Equipment should be inspected for damage and placed into the storage case that is labeled with the participant's name.
 - 3. Any damage that is found must be documented appropriately and replacement/repair costs assessed on the participant.
- B. The equipment will be cleaned with alcohol wipes and made ready for reuse or returned for replacement as provided by the vendor.
- C. The participant's inmate account will be closed and any remaining balance will be returned to the inmate.
- D. The participant will be booked out of the Inmate Management System and the Electronic Monitoring management system.
- E. The participant is then free to leave the facility.

ELECTRONIC MONITORING RULES

Electronic Monitoring money is paid one week in advance at a minimum. This money must be in the inmate's account every Sunday before 11:00 P.M.

Inmates are responsible for providing and maintaining a current work schedule. The Electronic Monitoring Program staff will customize a facility or residence curfew based upon that schedule, and monitor the inmate's activity via Electronic Monitoring and site inspections.

In the Electronic Monitoring Program, inmates are responsible for their own medical care. Inmates must notify Electronic Monitoring staff and their employer if medical issues prevent them from being at work or their residence during established times.

Inmates will adhere to all applicable Major Rules and Minor Rules in the Inmate Handbook when participating in Electronic Monitoring. Electronic Monitoring rules are considered Major Rules concerning discipline procedures and sanctions. In addition to the infractions below, you are responsible to follow the rules listed in your Electronic Monitoring application while out of the facility.

Inmates may be held in or reclassified to secure housing, pending the court's decision to continue or to suspend Electronic Monitoring privileges, due to any violation of the EM rules.

Violation of any of the following rules may result in the loss of Electronic Monitoring status. All persons in the Electronic Monitoring program are required to follow all regulations.

Please read and initial by each program rule.

- _____ 1. Participant's employer must contact EM staff for the approval of any schedule changes or extended hours.
- _____ 2. Any change in participant's work/school status must be reported immediately.
- _____ 3. Participants must have a valid license/work permit, vehicle registration, and proof of insurance to drive.
- _____ 4. Participants must submit their person, vehicle, place of residence, personal effects, etc., to search when requested by law enforcement.
- _____ 5. Any furlough must be ordered by the sentencing judge.
- _____ 6. Participants are NOT to use illegal drugs or alcohol in any form (i.e. cough syrup).
- _____ 7. Participants must submit to urinalysis (UA) or breathe testing (PBT) whenever requested by staff. Failure of a UA, or failure to submit to a UA will result in removal from the program.
- _____ 8. Participants that fail their initial UA will be lodged at the Jail. They will not be released to EM until they have provided a negative UA. Participants may retest five days from the date of the original test, and every five days afterward until a negative UA is provided. They are responsible for the cost.
- _____ 9. Participants that decide not to remain on Electronic Monitoring will be required to serve the remainder of their sentence at the Minnehaha County Jail and are subject to traditional room and board fees.
- _____ 10. Participants will be required to pay their Electronic Monitoring fees through the first Sunday of being on the program, and then by 11:00 P.M. every Sunday thereafter. Payment must be the full Monday-Sunday amount due. In the event that payment is not received on time, they will NOT BE ALLOWED to work until the day after payment is made. If full payment is not made within 24 hours of being notified they may be removed from the program.

- _____ 11. Participants that are self-employed, must have a contract or a sub-contract employee provide their SD Excise Tax ID #. The business must have been operating for at minimum six months prior to the date of application. Submitted information will be verified through the Department of Revenue.
- _____ 12. Participants with jobs that requires them to serve alcohol will be required to get a court order stating that they are allowed to serve alcohol.
- _____ 13. Participants will obey all federal, state, and local laws and ordinances.
- _____ 14. Participants will not possess firearms.
- _____ 15. Participants will not consume any alcohol or prescription drugs that have not been prescribed by a licensed physician.
- _____ 16. Participants will submit to a urinalysis test when requested and must complete the urinalysis test within two hours of the initial request.
- _____ 17. Participants will report and remain at their established residence during their assigned curfew and adhere to all other established zone requirements.
- _____ 18. Participants that fail to report to the EM Supervisor within one hour of being summoned, or those that attempt to modify, remove, or fail to charge the Electronic Monitoring bracelet will be subject to Jail disciplinary action and may be charged with escape.
- _____ 19. Participants will not quit employment or school without first notifying the EM Supervisor and separation from an employer or school must be reported immediately.
- _____ 20. Participants are financially responsible for all Electronic Monitoring equipment assigned to them. Participants may be charged criminally and/or held civilly responsible for any intentionally damaged or lost equipment.
- _____ 21. Participates must not tamper with any Electronic Monitoring equipment that is issued to them.
- _____ 22. Participants must participate in alcohol testing with the 24/7 Sobriety Program located at the Minnehaha County Sheriff's Office pursuant to established 24/7 rules.
- _____ 23. Participants must comply with direction pertaining to an active warrant that generated while on the Electronic Monitoring program.

RULE VIOLATION SANCTIONS

The following are sanctions for rule violations. Rule violations could/will result in a change in your classification status and program eligibility.

1. Failure of drug screen: **Permanent loss of Electronic Monitoring**
2. Being arrested for any crime or violation of court conditions: **Permanent loss of Electronic Monitoring.**
3. Violation of rules concerning being late, being in unauthorized place, or fail to notify staff of location: **30 day loss of Electronic Monitoring (Maximum)**
4. Violation of traffic ordinance other than DWI: **7 days loss of Electronic Monitoring (Maximum)**
5. 24/7 Sobriety Program failure or no show:
 - 1st offense – Held in Jail 12 hours
 - 2nd offense – Held in Jail 24 hours
 - 3rd offense – Formal write-up, suspension from the Electronic Monitoring program, and housed in Jail pending the outcome of your Disciplinary Hearing

6. Failure to comply with direction pertaining to an active warrant that generated while on the Electronic Monitoring program.
 - a. With any warrant that can be handled through the Walk-in-Warrant program, the participant will be allowed 24 hours to address the warrant before they are mandated to turn themselves in. Failure to do so will result in being detained on the warrant and suspended from the EM program pending the disposition of a formal write-up for violating program rules. **Permanent loss of Electronic Monitoring**
 - b. With any warrant that does not qualify for the warrant program, the participant will be required to turn themselves in on the warrant immediately. They will be suspended from the EM program pending disposition of the warrant. Failure to turn themselves in will result in being detained on the warrant and suspended from the EM program pending the disposition of a formal write-up for violating program rules. **Permanent loss of Electronic Monitoring**

The disciplinary board will determine any change in your status should you violate any rules.

ACKNOWLEDGEMENT

I have read _____ or have had read to me _____ (initial one) all of the above rules; I understand them, I will comply with them, and I acknowledge that I have a copy of these rules and the Electronic Monitoring Guidelines.

I also understand that any information obtained or maintained through Electronic Monitoring may be used for any administrative purposes or as part of any criminal investigation.

Inmate Signature: _____ Date: _____

Staff Signature: _____ Date: _____

I, the undersigned, having been duly and lawfully incarcerated and wishing to participate in the Electronic Monitoring Program, do now of my own free will, knowledge, and action, the consideration of the privilege of participation in the program, hereby agree to release Minnehaha County, its departments and agencies, and all of its employees, from any and all liabilities, which may arise or do, in fact, arise from my school assignment or my participation in the program. This release shall not operate to relieve the County from any intentional tortuous conduct or from willful or gross negligence.

Inmate Signature: _____ Date: _____

NOTICE TO EMPLOYER

**Minnehaha County Jail
500 N. Minnesota Ave., Sioux Falls, SD 57104
Phone: 605-231-2286 Fax: 605-367-8433**

YOU MUST CALL THE ELECTRONIC MONITORING SUPERVISOR TO VERIFY THE EMPLOYMENT OF YOUR EMPLOYEE PRIOR TO THEIR TURN-IN DATE. YOU MUST ALSO FAX THE PAST TWO WEEKS' TIME RECORDS OF YOUR EMPLOYEE.

To Employer,

To make the Minnehaha County Electronic Monitoring Program function effectively it takes the cooperation of the employer, employee, and correctional staff. While your employee is in the Electronic Monitoring program he/she will need to follow all program rules. Listed below are what is required of you as an employer to ensure that your employee is available during his/her participation in the Electronic Monitoring program.

1. The work hours you give the Electronic Monitoring staff is used to schedule the time to leave home and return time for your employee.
2. Schedules can either be emailed to wrscheduling@minnehahacounty.org, faxed to 605-367-8433, or called into staff at 605-231-2286.
3. Your employee may be scheduled a MAXIMUM of 12 paid hours per day, 7 days per week.
4. You MUST call Electronic Monitoring staff before your employee will be allowed to extend his/her hours, past their regularly scheduled day.
5. The Electronic Monitoring staff makes periodic checks by phone and in person to verify your employee's presence at the place of employment.
6. Your employee's schedule is entered each Friday for the coming week. You must notify Electronic Monitoring staff as soon as possible with your employee's schedule if any changes are going to occur in the upcoming week.
7. All schedule changes or hour extensions must be approved by Electronic Monitoring staff.
8. Your employee is expected to arrive at work and leave work at the approved time unless a schedule change has been authorized.
9. Your employee is allowed to work at a permanent location within a 40 mile radius of Sioux Falls. If travel is necessary your employee is not allowed overnight stays and must still make the necessary 24/7 appointments. If your employee will be working outside of the specified range they will need to contact Electronic Monitoring staff for approval and not make additional arrangements. Questions regarding working outside the specified range should be directed to the Electronic Monitoring Program Coordinator.
10. Your employee is not allowed to be supervised by anyone they are related to, including spouse, in-laws, boyfriend/girlfriend, friends, or roommates.

The following are guidelines the employee must follow while in the Electronic Monitoring program:

1. Your employee must adhere to all zones and schedules and is to be nowhere else without permission from the Electronic Monitoring staff.
2. Absolutely NO consumption of alcohol in any form or use of illegal drugs.
3. Your employee may not drive without a valid license and proof of insurance.
4. Your employee must participate in the 24/7 Sobriety Program.
5. Electronic Monitoring staff must be notified as soon as possible if your employee is terminated, quits, or does not show up for work when scheduled.
6. All Electronic Monitoring and 24/7 program payments must be kept current by your employee. This is his/her responsibility.
7. Your employee will be required to pay the Electronic Monitoring fee through the first Sunday of their stay and then by 11:00 P.M. of each Sunday thereafter. Should your employee be late with payment he/she will not be able to leave their home until 24 hours after payment is received. Chronic late payments may result in the participant being removed from the program and housed at the Minnehaha County Jail.

YOUR EMPLOYEE MAY BE REMOVED FROM THE ELECTRONIC MONITORING PROGRAM IF ANY REGULATIONS ARE NOT FOLLOWED.

Please feel free to contact the Minnehaha County Jail upon receiving this notice or at any time you have a question about the Electronic Monitoring program.

THANK YOU FOR YOUR COOPERATION,

Minnehaha County Jail Administration

ELECTRONIC MONITORING SCHEDULE CHANGE FORM

It is the inmate's responsibility to keep schedules updated.
605-231-2286

Inmate/Employee Name: _____

Company Name: _____

Supervisor Name: _____

INFORMATION PROVIDED BY EMPLOYER

	Date of Work	Start Time	End Time
Monday			
Tuesday			
Wednesday			
Thursday			
Friday			
Saturday			
Sunday			

Employer's Signature Verifying Schedule: _____ Date: _____

Printed Name: _____

Phone #: _____

JOB SITE SLIP

PLEASE READ INSTRUCTIONS BELOW

* Check the PERMANENT box if you will remain at the same job location for your entire sentence or if you will be starting at the same location every day, and can call in with location changes.

* Check the TEMPORARY box if you do not go to the same job location every day. A new site slip will need to be filled out for every new job location with the date(s) that you will be there.

Permanent

Temporary

Name of Worker _____

Today's Date _____

The person will be at the following job site(s):

Address

Date(s)

NOTE: You or your employee are responsible for notifying staff if a job site change is made during the day by contacting the Electronic Monitoring staff, at 605-231-2286.

This slip is only for job site location(s) and not for work hours, or hour changes!

All work hours and changes in hours must be called in to the Electronic Monitoring staff at **605-231-2286**. If this is a temporary job site slip, your employee will not be allowed out to work if we do not have a slip with current addresses and dates.

Supervisor's Signature

Company Name