	<p style="text-align: center;">LOS ALAMOS MUNICIPAL AND MAGISTRATE COURTS</p> <p style="text-align: center;">ELECTRONIC MONITORING PROGRAM 2500 Trinity Drive Suite C Los Alamos, NM 87544</p>
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Requirements

When submitting an application for consideration of Electronic Monitoring (EM), please ensure to include all copies of court documentation, including charging documents.

Every attempt will be made to approve your application within 15 days.
Applications will not be accepted if you have missed a court date or a remand date.

Minimum Requirements

- Ability to pay EM fees weekly, one week in advance required.
- Release date is less than six months.
- Reside in and work in the Los Alamos, Espanola, and Santa Fe areas
- Must have reliable transportation
- May require a landline phone with basic service ONLY, no cell phones
- Must be able to provide a “clean” urine and breath sample throughout the duration on EM (no prescription narcotics or street drugs on day of enrollment)
- NO WEAPONS, ALCOHOL, OR CONTROLLED SUBSTANCES IN THE HOME

DO NOT APPLY if the minimum requirements cannot be met.

The current conviction, prior convictions, success on probation and parole, and involvement in treatment related program will be considered.

The Electronic Monitoring program allows defendants who meet certain requirements to be released from jail pending court process. ***EM Placement is a designation, therefore a privilege based on suitability. Applicants do not have a right to be on EM and there is no appeal for denial.*** Defendants can maintain employment, access community based treatment, perform community service, address medical issues and attend religious functions. There is a weekly cost associated with the program. The required weekly fee will be either \$70.00 per week or \$105 per week depending on the program assigned, plus \$25 per week for drug testing. All fees must be paid one week in advance.

TELEPHONE REQUIREMENTS (IF REQUIRED):

- **NO CALLING FEATURES.** No call waiting, three -way calling, caller ID or voicemail modems can be tied into the phone line. You may not have voice dialing, call forwarding, long distance block, 900 blocks, dial up modems or cordless phones. You must call your phone provider and have them disconnect the features from ***their*** end. No Vonage or Internet phones. Unplugging the computer or telephone will not suffice.
- **MUST HAVE ONE CORDED TELEPHONE.**
- The telephone must be clear of all electronic equipment – no fax machines, computers, or answering machines, no dial up internet connections.

Payment and Installation Information

- All payments are to be made in cash, money order, cashier's check, or credit card only! No personal checks will be accepted.
- Payments may be made at the Municipal Court Clerk's window Mondays from 9:00 am to 4:00 pm.
- Be prepared to submit to drug and alcohol testing.
- Have first week's payment of \$95 or \$130 to begin program.



LOS ALAMOS MUNICIPAL AND MAGISTRATE COURTS

**ELECTRONIC MONITORING
APPLICATION**

NAME:			
DOB:		SSN:	
ADDRESS:			
CITY:		STATE:	ZIP:
How long have you lived at the above address?			
Home phone:		Cell phone:	
Sex:	Race:	Marital Status:	
Height:	Weight:	Eye:	Hair:
Scars:			
Tattoos:			
Piercings:			
Name of Persons living with you	DOB	Relationship	
Is anyone living in the residence on probation or parole?			Yes No
If so, list their names:			
List any weapons kept in the home			
Do you have childcare privileges?			Yes No
Do you have special circumstances?			Yes No
Explain:			
Do you have any disabilities or special medical conditions?			Yes No
Explain:			
Are you currently taking prescription medication?			Yes No
Doctor's Name:			
List medications:			
Have you ever been treated for drug and /or alcohol abuse?			Yes No
When:		Where:	
Do you have regularly scheduled appointments besides work (treatment, counseling)?			Yes No
Explain:			

In the space provided, give a short explanation as to why you should be eligible for this program:

I agree that the above information is true and accurate. Any information that I provide that misleads the monitoring officer will result in me being disqualified from the program and will result in further court actions against me.


I also understand that completion of this application **DOES NOT** guarantee that I will be accepted into the Electronic Monitoring Program.

Inmate Signature

Date

Receiving Officer

Date

	<p>LOS ALAMOS MUNICIPAL AND MAGISTRATE COURTS</p> <p>ELECTRONIC MONITORING PROGRAM Terms and Conditions</p>
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Defendant Name: _____

Case No: _____

I understand that my placement on Electronic Monitoring (EM) is a privilege, which may be revoked by the sentencing Judge. I understand that any violation of EM terms and conditions or conduct shall be sufficient cause to terminate my EM participation.

I understand and agree to the following conditions during my participation in EM:

1. I will reside in my approved residence of: **(Initial)** _____

2. I will obey all state, federal, and local laws, ordinances, orders and court orders.
3. I will report to the EM office located at the Justice Center weekly or otherwise directed by EM staff. **(Initial)** _____
4. I will maintain full time work and / or school during supervision with EM, unless otherwise authorized by EM staff. I will notify EM staff of unplanned changes in employment status. **(Initial)** _____
5. I will obtain prior approval from EM staff before changing my employment, school, required treatment, and / or my residence. **(Initial)** _____
6. I will not be the sole guardian, babysitter, or custodian/primary caregiver for any person(s), children, or pets without approval from EM staff. **(Initial)** _____
7. I understand the EM supervision restrictions will be enforced by the use of electronic technology. To ensure compliance, I understand I will be required to wear an ankle bracelet 24 hours a day for the entire length of my participation in EM. **(Initial)** _____
8. If required, I will install and maintain an active telephone land line and a high quality telephone, at my expense, and further agree to keep said service and equipment in proper working order. I understand that caller ID, call waiting, call forwarding, voice mail and answering machines are strictly forbidden while on EM. **(Initial)** _____
9. I will not tamper with, disconnect, move or remove any of the monitoring equipment (including phone and power cords). **(Initial)** _____

10. I will abide by all schedules and restrictions placed on me while participating in EM. I agree to remain in my approved residence at all times, except for those hours approved by the EM staff to fulfill employment, school/training, medical/treatment programs, and/or special authorized leave. I agree to go directly to the place(s) authorized and return directly to my approved residence. **(Initial)** _____
11. I understand that unauthorized deviation from my approved schedule could result in termination from the program. In the event of an emergency (i.e. medical emergency, fire) I will contact EM staff within 24 hours, following the emergency situation. I understand I will be required to provide full documentation of the emergency situation. **(Initial)** _____
12. I agree to pay the cost of electronic monitoring. The total cost to be paid shall be \$10 per day or \$15 per day depending on the program assigned, plus \$25a week for drug testing. The total cost will be either \$95 or \$130 per week. I understand payments will be made to Municipal Court in installments one week in advance and prior to installation. If removed from the program for a violation, I agree to forfeit all funds paid in advance. Money order, certified check, cash and/or credit card must be used to make payments. **Personal checks will not be accepted.** (Initial) _____
13. I hereby acknowledge and affirm that I am responsible to provide payment, in full, for any costs associated with the replacement and/or repair of lost or damaged EM equipment. I further acknowledge and affirm that if the EM equipment is not returned in good condition (no damage beyond normal wear and tear), I am responsible to provide payment in full and hereby agree to pay according to the following replacement schedule:

Replacement Prices	Product	Price
	Two-Piece Offender Tracking Device	\$1,000.00 (Initial)_____
	Base Unit	\$450.00 (Initial) _____
	Two-Way Bracelet	\$150.00 (Initial) _____

14. I will report any problems with the electronic monitoring equipment immediately to EM staff. **(Initial)** _____
15. I agree the EM program, the Municipal court, Magistrate court, and the vendor providing the electronic monitoring equipment are not liable for any damages and/or injuries as a result of wearing or tampering with the monitoring device. **(Initial)** _____

16. I agree the EM staff, Courts and Los Alamos County, have no responsibility to provide food, shelter, clothing, medical care, or dental care during my supervision period. **(Initial)** _____
17. I will not drive a motor vehicle of any kind without prior approval from EM staff. **(Initial)** _____
18. I agree to have no non-employment related contact with a convicted felon without the permission of EM staff. **(Initial)** _____
19. I will allow EM staff and/or law enforcement to enter my residence to install, maintain, repair or inspect the monitoring equipment and /or verify compliance with the terms and conditions of EM. **(Initial)** _____
20. I will not consume or possess alcoholic beverages of any kind, nor enter any establishment where alcoholic beverages are sold, stored, or dispensed as the primary business of the establishment. Further, I agree not to use any personal hygiene products such as mouthwash, cologne, etc, that contain alcohol. Also, I will not use cleaning products such as Lysol that contain alcohol while enrolled in EM. **(Initial)** _____
21. I will not buy, sell, consume, possess or distribute any controlled substance except those legally prescribed for my use by a State certified medical doctor. Further, I will not be in the presence of persons consuming or possessing the same. **(Initial)** _____
22. I will submit to breath and urine tests for analysis for alcohol, drugs, or metabolites of drugs upon request of the EM staff. I understand that I am responsible for the cost of the drug screening. I understand refusal to submit to a breath or urine test upon request is a violation of the program. Any positive test for alcohol or drugs will result in termination from EM. A negative UA sample must be provided prior to placement on EM. **(Initial)** _____
23. I will, upon requests by the EM staff, submit to a search of my person, personal property, residence, property, yard, or any vehicle which I own or under which I have control for the presence of contraband. **(Initial)** _____
24. I will not possess any firearms, ammunition, explosives, or deadly weapons on my person, within my approved residence, or within my vehicle. I certify that all these items have been removed from those areas before beginning EM. **(Initial)** _____
25. I will immediately report all law enforcement contacts to the EM staff. **(Initial)** _____
26. I will not enter into any agreement or other arrangement with any law enforcement agency, which will place me in the position of violating any law or condition of EM. I understand that EM policy prohibits me from working as an informant. **(Initial)** _____
27. I understand any false information given to EM staff or law enforcement officers will result in immediate termination from the program. **(Initial)** _____
28. I understand that giving or offering any EM staff a bribe or anything of value for a service or favor will result in immediate termination from the program. **(Initial)** _____
29. I understand that my failure to successfully complete EM will result in my return to a correctional/detention center for the remainder of my sentence. **(Initial)** _____

30. I acknowledge and affirm, that should I escape during any approved work/school release and/or any approved community activities (i.e. attend approved religious activities), and/or I am charged in a Court of Law inside or outside the jurisdiction of the State of New Mexico with additional crimes while on EM, I voluntarily waive my right to extradition, consenting to my immediate return to the State of New Mexico. **(Initial)** _____
31. A home inspection will be completed to insure there are no weapons, alcohol, drugs, and drug paraphernalia. In addition, the home must be neat, clean, and not pose any safety concerns. **(Initial)** _____


I, _____, hereby acknowledge that I have read or had read to me the terms and conditions of EMP. I certify that I understand the contents and agree to the terms and conditions of EMP.

Offender Signature

Date

EM Staff Signature

Date

	<p>LOS ALAMOS MUNICIPAL AND MAGISTRATE COURTS</p> <p>ELECTRONIC MONITORING PROGRAM Permission to Enter and Search</p>
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I _____, have been informed of my Constitutional Right not to have an entry made into/onto the premises and property owned by me and/or under my care, custody and control, without a warrant.

Knowing it is my lawful right to refuse to consent to such entry without a warrant, I willingly give my permission to the EM staff, and any other officer(s) or law enforcement appointed to assist, to visit my home or place of employment at any time and will permit a warrantless search, by the EM staff or their duly authorized agent, of my person, automobile, residence, property and / or living quarters if he/she has reasonable cause to believe that such a search will produce evidence of a violation of the conditions of my supervision. I understand my waiver of this right is a condition of my Electronic Monitoring (EM).

In the event EM staff, who are supervising my placement, determine that I have violated conditions of the program, EM staff has my permission to enter my premises and remove me for transport to the appropriate detention center.

This written waiver to enter and search without a warrant is given by me to the EM staff voluntarily without any threat or promise of any kind, and shall be in effect throughout the duration of my Electronic Monitoring.

Offender:

 Printed Name

 Date

 Signature

 Time

Witnessed by EM Officer:
