

<p>CITY AND COUNTY OF DENVER ELECTRONIC MONITORING PROGRAM 303 W. Colfax Avenue, Dept. 1601 Denver, CO 80204 720-913-8900</p> <p>HOURS: Monday – Friday, 7:30AM – 12:00PM and 1:00PM – 5:00PM</p>

OFFENDER: _____ **CASE #:** _____

**ELECTRONIC MONITORING RULES/PARTICIPATION AGREEMENT
DRUG COURT OFFENDERS**

On Friday, _____ between the hours of 7:30am and 3:00pm, I will report directly to 303 West Colfax Ave., Suite 1601, Denver, Colorado, 80204.

I will begin serving my alternative sentence to jail.

I will be required at this hookup/appointment to pay a \$25.00 fee for the Program payable in cash or money order.

I must be home and have all equipment installed by 6:00PM.

I understand that I am liable for the cost of the monitoring equipment if it is damaged or not returned. I can be charged with Felony Theft if the monitoring equipment is not returned.

I will remain inside the walls of my house or apartment until 7:00AM on Monday. At that time, I will unplug the equipment and return to the Electronic Monitoring Program office by 9:00AM. I will not be allowed to work. I will only be allowed to leave my home for UA/BA testing and substance abuse therapy. I am required to provide verification to document this leave.

If I have a medical or other type of emergency during the weekend, I must call 911. I will only be allowed to leave my home if directed by emergency personnel. There is no other reason why I will be permitted to leave my home.

All Drug Court rules apply while I am serving my electronic monitoring sentence.

Any violation of this Program will be immediately reported to Drug Court and further sanctions will be imposed.

I have read (or had read to me), understand and agree to abide by this Participation Agreement.

Offender

Date

Witness

Date