

**LAWRENCE COUNTY ADULT PROBATION & PAROLE
CONDITIONS FOR HOUSE ARREST WITH ELECTRONIC MONITORING**

Name: _____

Date: _____

1. You are confined to your residence unless otherwise authorized by the House Arrest staff, other than a family or medical emergency. You may be asked to provide documentation of this event.

2. You will not remove or in any way tamper with your monitoring bracelet. You will charge your monitoring unit daily for **1 consecutive hour**. You are also financially responsible for any damaged or lost equipment.

You will submit a weekly schedule for all necessary leaves from your residence. Once your schedule is submitted no changes will be authorized except for medical, employment and or treatment reasons. Any change to your schedule must be approved by the House Arrest Staff in advance. Any weekend schedule changes must be requested and approved prior to 4:00pm on Friday. No changes will be authorized after this time. Furthermore, you are not permitted to leave any schedule changes on voicemail unless work related or an emergency.

3. You will go directly to your scheduled events and return to your residence from those events by the most direct route. You will not stop anywhere along the way unless you have permission to do so.

ACKNOWLEDGEMENT BY HOUSE ARREST PARTICIPANT

You expressly consent to the search of your person, property, and place of residence without a warrant by officers of the Adult Probation and Parole Department of Lawrence County. Any item(s) present, which constitutes a violation of supervision shall be subject to seizure and may be used as evidence in the revocation process.

Your signature below acknowledges that you have read or have had read to you the above conditions of House Arrest with Electronic Monitoring completely and that you agree to abide by them and to be bound by them. Any violation of these conditions and you may be immediately incarcerated and your case may be sent to the District Attorney's Office for revocation.

Signature of Participant Date

Signature of Witness Date