

PIERCE COUNTY JUVENILE COURT

**ALTERNATIVE DETENTION SERVICES
CONTRACT (ADSC)**

Community Detention/Electronic Home Monitoring

Cause No. _____
JUVIS#/RO _____

I, _____, agree to follow the conditions set forth in this Alternative Detention Services (ADS) Contract. I understand that breaking any of the conditions of this contract may result in my being remanded to secure detention. I agree to return to secure detention if so ordered by ADS staff. Failure to comply will result in a bench warrant being issued for my arrest. I further agree and promise to appear before this court or any other place as this court may order.

I will reside only at: _____

I will submit to the supervision of: _____

I will obey the rules of my parent or supervising adult.

I will remain at my residence at all times with the following exceptions:

- I have been given authorization by ADS staff to attend school, work, court, counseling, or other approved events, or
- I am accompanied by ADS staff, or
- I have been granted a Court Authorized Pass and ADS staff have coordinated my leave, or
- I am in the company of an approved supervising adult. The supervising adult is required to call MDC at (253) 284-7556 to notify monitors when (the time) the youth is leaving the house, where they are going, and the anticipated return time. **(CDET only)**

I will leave my residence only during the hours of _____ to _____ for school attendance at _____ and will only travel directly to and from school.

Attendance at school or place of employment without absences and maintain best effort.

Travel is restricted to Pierce, King, Kitsap and Thurston Counties.

I will maintain contact with ADS staff telephone no. (253) 798-7341. ADS office hours are M-F 8am to 5pm. My ADS PO is Marin Anderson (253) 798-3355.

It is my responsibility to contact ADS staff during office hours, 48 hours in advance, in order to have leave or pass changes approved and implemented. Failure to do so will result in a violation of my house arrest and possible disciplinary action.

No association or contact with: _____
As set by ADS, your PO, or supervising adult.

No personal contact with the complaining witness or witnesses.

No violation of the criminal laws of this State, any political subdivision of this State or any other State, or the United States, during the period of release.

I will maintain a private telephone line in working order.

I agree to notify ADS staff well in advance of any change in my residence or telephone number.

I will not have any guns, firearms, ammunition or other weapons in my possession at any time.

(CDET only) The Pierce County Juvenile Court has contracted with the Metropolitan Development Council (MDC) to monitor my performance on pre-trial release and report my performance to ADS. Telephone and face to face contacts will be made daily. I must be accountable for my whereabouts at all times (home, school or work).

(CDET only) I understand that I will have Community Detention Monitors coming to my home, school or work. I agree to allow a representative of Metropolitan Development Counsel (MDC) into my home as necessary to conduct their monitoring activities.

(EHM only) I understand that my participation in this program will be monitored by a non-removable ankle bracelet, which I agree to wear 24 hours per day during the full length of my involvement in this program.

(EHM only) I understand that it is necessary for a monitoring device to be connected to my telephone. I agree to allow a representative of Pierce County Juvenile Court or its designee to enter my home, as necessary, to install, maintain, inspect and/or remove this equipment.

(EHM only) I understand that loss of a receiving signal or the receipt of a tamper signal by the monitoring device shall constitute prima facie evidence that I have violated my house arrest, and I further understand that any computer printout of violation information, or a FAX copy thereof, may be used as evidence, as may be necessary, to prove that a violation occurred.

(EHM only) If I become aware that any of the electronic equipment assigned to me fails to perform, or breaks, or in the event a power failure or telephone failure in my residence, I will notify the Alternative Detention Services staff immediately upon becoming aware of the situation.

(EHM only) I acknowledge and understand that a violation of the Electronic Home Monitoring Program rules will result in disciplinary action. I also understand that if I

walk away from, leave without proper authorization, fail to return to, or abscond from my approved residence, facility or the authorized supervising adult, I will be charged with Escape as provided for under RCW 9A.76.110 and RCW 9A.76.120, and will be prosecuted for said crime. I agree not to tamper with, disconnect or remove any of the monitoring equipment assigned to me. I understand that tampering with or removal of any monitoring equipment is considered a basis for the charge of Escape 2nd degree.

In the event of a medical emergency, I will attempt to contact the ADS staff to get permission to deviate from my leave or pass. If no one answers I will leave a message on the ADS office voicemail. If the emergency warrants immediate action, I may violate my house arrest restrictions with the understanding that I will continue to attempt to contact the program staff. Full documentation by the involved agency will be required to substantiate the emergency. Lack of acceptable documentation will result in disciplinary action.

YOUTHS SIGNATURE

DATE

ADS STAFF (PRINTED)

DATE

ADS STAFF SIGNATURE

DATE

As the parent or guardian, I agree to see that the above conditions are met and adhered to.

PARENT/GUARDIAN SIGNATURE

DATE

REVISED 10/14/04