

**Pre-trial Release  
Enhanced Supervision  
Program**

**SHELBY COUNTY COMMUNITY CORRECTIONS**

10 WEST POLK STREET  
SHELBYVILLE, INDIANA 46176  
PHONE: 317.392.6492  
FAX: 317.392.3722

Name: \_\_\_\_\_ Cause # \_\_\_\_\_

1. **I will abide by all sentencing order conditions.**
2. **I will allow the electronic monitoring system to be placed in my home or on my person** as directed. The equipment must be maintained and activated while on Electronic Monitoring. I will pay for the cost of the repair/replacement of equipment if it is lost, stolen or damaged in any way, beyond normal wear and tear. It is my responsibility to get permission from other members of my residence for the electronic monitoring system to be placed in the home.
3. **I will turn in a weekly schedule to Community Corrections every Sunday by 8pm.** Once approved, I will abide by the schedule, which specifically sets forth the times I will be away from my residence and the specific places I will be during my time away. Failure to turn in my schedule on time or to have it filled out will result in my activities being restricted. It is my responsibility to know what I put on my schedule for the week. It is my responsibility to make blank copies of schedules for future use.
4. **I will pay all program fees associated with the Pretrial Release Moderate Supervision Program.** I will pay an initial non-refundable \$25 administration fee and a \$5 daily program fee for every day on the program. I will remain in 100% weekly compliance throughout the duration of my sentence, wherein the ability to pay is present.
5. **I shall submit to warrantless and/or suspicion less searches** of my person, my residence, my motor vehicle, or my property by probation, law enforcement, or community corrections personnel at such times and places in the sole discretion of such personnel. In consideration of the opportunity to participate in a Community Corrections program rather than serve my sentence through the Department of Correction or other more restrictive environment, I hereby consent, acknowledge and agree that I hereby waive my rights concerning searches and seizures under the Fourth and Fourteenth Amendments of the United States Constitution and under Article 1 and 11 of the Indiana Constitution.

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6. **Failure to abide by any of the above conditions will result in my case being returned to the Prosecutor's Office and the court of jurisdiction, which could place me back in the Shelby County Jail.**

**Terms of GPS assignment:**

1. I understand that I am responsible for the cost of the equipment, should it be lost, stolen or damaged while in my possession. There could potentially be a replacement cost of \$1050.00 for the GPS unit and \$20.00 per charger.
2. I understand that I must charge the GPS for 2 hours per day.
3. I understand that I am **NOT** to charge my GPS while I am sleeping.
4. I understand that I must wear the GPS unit on my person at all times.
5. I understand that I must answer all calls to my GPS.
6. I understand that I cannot submerge my GPS.
7. I understand that any of the aforementioned will result in but not limited to, a violation to probation and/or the court of jurisdiction.

**Participant's Acknowledgment**

I have read, understand, and accept the above terms and acknowledge that I have received a copy of these terms. I agree and consent to release of information from my treatment provider or other agency/person that might pertain to my participation and supervision on this program or in efforts to locate me if I should abscond. I have been advised verbally and have had the opportunity to discuss all the conditions of the program. I now understand that this is an order of the court and agree to abide by all the stated terms and conditions.

Print Name \_\_\_\_\_ Date \_\_\_\_\_

Participant Signature \_\_\_\_\_ Date \_\_\_\_\_

Community Corrections Staff \_\_\_\_\_ Date \_\_\_\_\_