



**Tom Jones, Sheriff**

## **Grant County Work Release Facility Electronic Monitoring**



### **Participant Guide**

**Lt Phillip Coats  
Sgt Dan Simon**

**509-754-6521  
1631 E Division St  
Ephrata, WA 98823**

## Your Court Order:

You were approved by the courts to enter the Grant County Work Release Facility's Electronic Monitoring Program. You or your attorney should have received a copy of the Court Order. If you did not receive a copy, please ask any Officer with the Electronic Monitoring Unit, and a copy will be provided. Your Court Order will contain specific conditions that you must follow, such as a curfew or territory restrictions. Any questions about your Court Order should be directed to your attorney.

STATE OF WASHINGTON COUNTY OF GRANT		Case Numbers: _____	
		In The General Court of Justice District ___ Superior ___	
STATE VERSUS		Electronic Monitoring ADDITIONAL CONDITION OF RELEASE	
Defendant's Name:			
First	Middle		
Home Address:			
Location of Court:	District <input type="checkbox"/>	Superior <input type="checkbox"/>	Date: ___/___/___ Time: ___ am ___ pm
To the Defendant Named Above, as an additional condition of your release, you are ORDERED to abide by the conditions listed below. Failure to abide by these conditions could result in your arrest. Your tracking data can be used against you in court if you are charged with a new crime while on electronic monitoring.			
<b>CURFEW</b>			
Curfew imposed from _____ p.m. until _____ a.m. inside the address listed above.			
<input type="checkbox"/> 24 hour house arrest inside the address listed above.			
<input type="checkbox"/> You are ordered to live at the address above or an address pre-approved by the GCWR Electronic Monitoring Unit.			
<input type="checkbox"/> Law enforcement officers are authorized to use electronic monitoring to enforce the curfew listed above.			

## Electronic Monitoring Agreement:

You were released from custody and approved to enter the Grant County Work Release Facility's Electronic Monitoring Program. The Officer attaching the monitor will review the monitoring agreement with you and will have you sign the agreement. This agreement will include conditions of curfew and any territory restrictions imposed by the courts, if they apply. The agreement will also include other program rules and requirements. You will receive a copy of the agreement for future reference.

## Court Appearances:

It is **your** responsibility to keep track of your court dates. If you have any questions about your court dates, you must contact your attorney or the court clerks. If you are under a 24 hour house arrest, you must contact the Electronic Monitoring Unit 24 hours in advance, to notify them of your court appearance. If you anticipate your case being resolved, during your court appearance, be sure to take your charger with you to court. **IF** your case is resolved, bring documentation of your case disposition to the Grant County Work Release Facility, located at 1631 E Division St, along with your charger, and your monitor can be removed. It is your responsibility to report to us about having your monitor removed when your case is resolved.

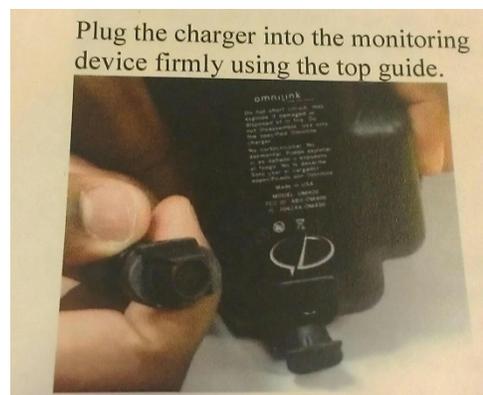
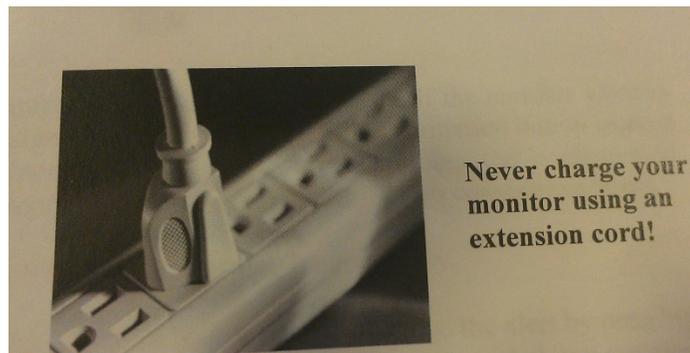
**Your Monitor Will Not Be Removed if You Do Not Have the Charger With You!**

## **Charging Your Monitor:**

It is your responsibility to properly charge your monitor. You are required to charge your monitor for a continuous two hours each day. **Continuous means charging for two hours without unplugging it.**

The first step to charging your monitor is to find an outlet that works properly and is not controlled by a light switch. Once you plug your charger into the outlet, you should see a steady yellow light on the charger. This yellow light is indicating that the charger has power. If the yellow light is blinking on the charger, contact the Electronic Monitoring Unit to have the charger replaced.

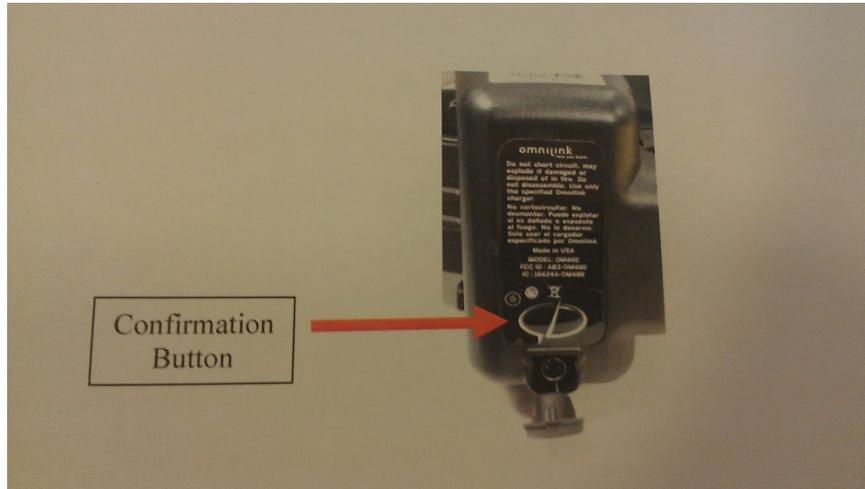
**You must start charging your monitor each night before 9:00 P.M.**



**Failure to plug the charger FIRMLY into the monitor will cause the monitor not to charge properly. Make sure to charge for two continuous hours each day.**

**!!!DO NOT SLEEP WHILE CHARGING!!!**

If an officer from the Electronic Monitoring Unit contacts you about charging issues, you are required to comply with requests to charge your monitor. Failure to comply may result in a violation of your conditions of release and **you could be arrested!** It is your responsibility to charge your monitor each night **before 9:00 P.M.**



The Omnilink 400 Monitor is equipped with two alert functions. If the monitor **VIBRATES**, you are **REQUIRED** to acknowledge the alert by pressing the confirmation button located on the front of the monitor. Once you have acknowledged the alert, you are **REQUIRED** to properly charge your monitor for two consecutive hours.

If the monitor **BEEPS**, you must press the confirmation button. You are then **REQUIRED** to **CALL** the Electronic Monitoring Unit at **509-754-6521** to speak with an On Duty Officer.

Failure to call an On Duty Officer after acknowledging the beep or failing to charge your monitor after acknowledging the vibrating is a violation and will be documented as such. This could lead to your arrest.

# Electronic Monitoring

## **PROGRAM RULES**

All work release program participants will be required to meet and maintain basic eligibility requirements and to follow all rules pertaining to the Grant County Sheriff's Office Work Release facility. It will be your responsibility to read and understand the rules of the program.

Any participant found to have violated any of these rules may be removed from the program and may have new criminal charges filed against them.

### **RULES FOR PARTICIPATION**

1. Participants must obey all federal, state and local laws.
2. Participants must pay all fees one week in advance.
3. Participants must immediately report to facility staff any termination, suspension, or other change in the status of their employment, education, or treatment programs; or the hours, schedule or location of employment, school or treatment.
4. Participants must immediately report to facility staff any change in status of their driver's license, proof of insurance, vehicle registration or vehicle license tabs.
5. Participants must not use or possess any controlled substance (except by valid prescription) or alcohol. Upon request of facility staff, participants must cooperate in the search of any contraband. Upon request, participants must immediately provide a breath sample, and within one hour of staff request participant must provide a urine sample for alcohol and drug testing. Any indication of alcohol use detected by a portable breathalyzer unit, or drug use detected by an onsite urinalysis test will be probable cause for termination from the program as per RCW 9.94A.731
6. Participants must not possess any firearms or ammunition.
7. Participants from whom medications are validly prescribed must immediately notify facility staff and provide written proof of prescription. Participants will take prescription medications only in compliance with the prescribed instructions.
8. Participants must fully and regularly attend approved work school or treatment programs, except when absence is properly excused by the employer, school or treatment provider. In the event of an unavoidable delay in returning at approved times to the work release facility, participants shall promptly notify facility staff thereof.

9. Upon request of facility staff, a participant must fully account for his or her activities during any authorized leave.
10. Regardless of previously authorized leave, a participant must return to the work release facility within one hour of any request from facility staff.
11. If the work release lieutenant determines that participant has forged, counterfeited, reproduced, or misrepresented without authority any written material or verbal orders (overtime verification or request, physician's note, etc.) or has presented the same to facility staff knowing such written or verbal orders or verification to be false, participation will be immediately be terminated from the program.
12. Participants must comply with all inmate rules and regulations of the work release facility.
13. Participants will not tamper with or damage electronic monitoring equipment.
14. Any participant found to have intentionally attempted to circumvent electronic monitoring equipment system safeguards will be deemed in violation.
15. Repeated technical violations of the electronic monitoring equipment system safeguards could result in ineligibility for participating in the program.



**GRANT COUNTY SHERIFF'S OFFICE**  
**Electronic Home Monitoring Program**

**EMPLOYER INFORMATION**

Employee's Name: \_\_\_\_\_

Employee's Job Title: \_\_\_\_\_

Employee's Hire Date: \_\_\_\_\_

Business Name: \_\_\_\_\_

Business Physical Address: \_\_\_\_\_

Business Mailing Address: \_\_\_\_\_

Business Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

Business License # \_\_\_\_\_ UBI # \_\_\_\_\_

State Tax #: \_\_\_\_\_ or Contractors License #: \_\_\_\_\_

**Employee Work Schedule**

	Mon	Tue	Wed	Thur	Fri	Sat	Sun
Start Time							
End Time							

(Please indicate a.m. and p.m. on the above start and end times)

# Work Release Electronic Monitoring **CONSENT TO SEARCH**

TO: Grant County Sheriff's Office

I, \_\_\_\_\_, in consideration for the privilege of being allowed to participate in the Grant County Sheriff's Office/Corrections Division Electronic Monitor Program, do consent to all of the Grant County Sheriff's Office or any other law enforcement agency to search, at any time without warrant, my person, vehicle or residence (including all outbuildings) or any other premises where I have requested to search.

The search will be for the purpose of insuring my compliance with the agreement I have executed with the Grant County Sheriff's Office/Corrections Division. This search may be made without probable cause. I understand that I have a constitutional right to not have my premises searched by law enforcement without probable cause, but I waive that right only for the periods I am actually participating in the Electronic Monitoring Program.

Additionally, I hereby consent to the seizure of any contraband, evidence of a crime, or evidence of a violation of Electronic Monitoring Rules and/or conditions of release that may be found during a search.

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Participant Date

\_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
GCSO/Work Release Program Manager or Designee Title Date

Grant County Sheriff's Office  
Work Release  
Electronic Monitoring  
**Certification**

By my signature I indicate that I have read and understand the *Participation Packet*, the *Program Rules*, and the *Consent to Search* for the Grant County Sheriff's Office Work Release Home Monitoring Program. I agree to comply with all rules and requirements of the Work Release Electronic Monitoring Program.

I declare, under penalty of perjury under the laws of the State of Washington, that the foregoing is a true and correct.

\_\_\_\_\_ (City), State of Washington on this \_\_\_ day of \_\_\_\_\_, 20\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed Name