

CALUMET COUNTY

ALCOHOL MONITORING PROGRAM PARTICIPANT AGREEMENT

I, _____, have been placed onto the Calumet County Alcohol-monitoring Program. I agree to comply with all program requirements and acknowledge that I will fulfill each of the conditions set forth below:

Initial Here

General Instructions:

- _____ Products containing alcohol, to include any over-the-counter medications such as cough syrups, will not be consumed. Alcohol free mouthwash is allowable.
- _____ Use the Alcohol-monitoring equipment only as instructed by a Calumet County EMP Officer.
- _____ Keep the Alcohol-monitoring unit in my possession at all times for the duration of the program.
- _____ Keep the Alcohol-monitoring device adequately charged at all times.
- _____ Notify a Calumet County EMP Officer before I travel beyond the range of my cellular telephone service area or immediately after I have traveled beyond the range of the service area.

Current Health Status or Pre-existing Medical Conditions:

- _____ Report my current health status and any pre-existing medical conditions (pregnancy, heart/lung disease, or any other illness) that may interfere with my ability to successfully complete the program.

Testing Schedule and Procedures:

- _____ I am responsible for submitting my own breath alcohol tests. Another person shall not be permitted to take a test using Alcohol-monitoring equipment that has been assigned to me.
- _____ Sunglasses, hats, or any other items that may distort my appearance will not be worn while testing.
- _____ Testing will be conducted in a well-lit area.
- _____ I will look directly into the camera, with eyes open during the test

_____ On all known pre-scheduled test I will refrain from eating twenty (20) minutes prior to testing.

_____ Tests submitted containing a breath alcohol concentration (BrAG) reading will automatically be transmitted to a Calumet County EMP Officer.

_____ I will retest within thirty (30) minutes after receiving notification that further tests are required. I will continue to retest as instructed by my device until no longer required to. Failure to retest as instructed may be considered a "positive" reading and/or will be considered a violation of this agreement and a "failure to comply".

Equipment Tampering:

_____ Efforts to disable the Alcohol-monitoring device or use the device for any purpose other than breath alcohol testing will be reported to a Calumet County EMP Officer as an attempt to defeat the equipment in violation of this agreement.

_____ Efforts to cover or obstruct the view of the camera lens during testing will be reported as an attempt to defeat the equipment in violation of this agreement.

Equipment Malfunctions:

_____ Problems that I encounter with the Alcohol-monitoring device will be reported immediately to a Calumet County EMP Officer.

Equipment Care:

_____ I will store the Alcohol-monitoring device in a protective case, or keep it protected at all times when not in use.

Responsibility for Lost, Damaged or Stolen Equipment

_____ I will be held liable for any equipment damage other than that caused by normal wear. I will pay for repairs or replacement costs and may be charged additional set up fees if the Alcohol-monitoring device is lost, stolen or intentionally damaged (dropped, submersed under water or other liquids, or other acts are committed resulting in damage to the unit's components).

_____ If I fail to return the equipment in good working condition, or I do not return it at all, I will be charged for the repair or the full replacement cost in the following amounts:

SCRAM:	
Remote Breath Device	\$850.00
Charging Cord	\$7.00
RBD Case	\$12.00

_____ I understand that I could be charged criminally for any equipment intentionally damaged or refusal to return said equipment.

_____ Authorized personnel will inspect and maintain the Alcohol-monitoring device for functionality and damage.

Acknowledgement of Equipment Receipt:

_____ **SCRAM:**
1 Remote Breath Device Number _____
1 Charging Cord
1 RBD Case

I understand that failure to follow the instructions provided in this Program Participant Agreement may be interpreted as an attempt to conceal alcohol use and may result in action being taken accordingly.

I agree to call a Calumet County EMP Officer immediately if I have any questions about this agreement or if I experience any problems with the Alcohol-monitoring unit. I further understand that any violation of this agreement will constitute a violation of the program and may cause immediate adverse legal action to be taken against me.

I understand that my failure to comply with this agreement or the instructions I receive from a Calumet County EMP Officer may be considered a violation of the conditions of my supervision and could result in revocation from the program and/or court-imposed sanctions up to and including incarceration and loss of Huber privileges.

I acknowledge that I have received a copy of this Program Participant Agreement and that it was thoroughly explained to me before signing. I understand that I must comply with the requirements of this agreement until notified otherwise by a Calumet County EMP Officer.

Client Printed Name

Client Signature

Date

Supervising Officer Signature

Date