

ELECTRONIC MONITORING PROGRAM WAIVER

Calumet County Correctional Facility
206 Court Street, Chilton, WI 53014

I, (Adult resident) _____ DOB: _____, (relationship) _____

of (participant) _____ agree to the following conditions of

Electronic Monitoring Program (EMP). I understand that my failure to comply with the conditions may result in the termination of the participant's EMP.

1. I understand that the above named person is confined. This does not include attachments such as garages, decks, etc. With the exception for the times scheduled for work or authorized activities.
2. I understand that telephone service without features such as call forwarding must be in service at all times. I further understand that all telephone charges are the responsibility of the person named above.
3. I understand that all telephone calls must be limited to five minutes or less, with at least thirty minutes between calls.
4. I understand that I am not allowed to have any weapons or alcohol in or on the property while participating in the EMP.
5. I understand that the Calumet County Correctional Facility has the right to search my residence at any time while the above subject is residing at residence and participating in the Calumet County Correctional Facility EMP.
6. Additionally, I certify that there has not been nor is there now a history of violence in our family situation.

Name of participant: _____

Signature of family member: _____

Date: _____

Signature of Deputy: _____

Date: _____