



**PIMA COUNTY ADULT  
DETENTION COMPLEX**

1801 South Mission Road  
Tucson, Arizona 85713

**HOME DETENTION ELECTRONIC  
MONITORING PROGRAM  
INMATE AGREEMENT**

I, \_\_\_\_\_, understand that I have been chosen to participate in the PCSD Home Detention Electronic Monitoring program (HDEMP). I understand this is a privilege and not a right.

I understand I will remain under the control of the electronic global position satellite (GPS) device that constantly monitors my location. Do not tamper with or attempt to remove the device. You may be held responsible for any damage.

I understand I am prohibited from associating with individuals who are detrimental to my successful participation in the HDEMP. This includes any victims related to my crime, any persons related named in active Orders against Harassment and/or Orders of Protection, persons on parole or probation or those involved in criminal activity.

I verify that my home address is \_\_\_\_\_ and I will be restricted to this location unless I am at an approved appointment or work site. I must have advance approval to relocate, and all approved locations must be in Pima County.

I agree to abide by all rules and regulations of the program. I understand that failure to comply could result in my removal from the program and my return to the Pima County Adult Detention Complex (PCADC) for the completion of my sentence.

I understand I must remain in my approved locations during the time frames authorized in my PCADC Letter of Hours.

I understand the PCADC has the authority to deny or limit movement during the period of confinement. For emergencies, I will notify my Program Monitor to receive approval to deviate from the set schedule. With the exception of emergencies, I will request approval for any changes a minimum of 72 hours in advance.

If an emergency occurs that requires immediate medical treatment, I will seek attention and call the Mission Facility Supervisor (351-8270) as soon as possible to inform them of my location, and situation.

I understand I must keep my electronic monitoring device charged. If I am told, either by the Monitoring Center or PCADC staff to charge the device, I must immediately charge it. Failure to keep the monitoring device charged may result in your removal from the program.

I understand if I am removed from the program for failing to comply, I may be held responsible for repayment of all fees associated with my participation in the program. The initial installation is \$150 plus \$10 per day for monitoring. \_\_\_\_ (Initial)

I understand I may be criminally charged with violation of a court order or with escape if I am not in an approved location.

While on the program I also agree to:

1. Be in only approved locations and follow the letter of hours.
2. Not to commit new crimes.
3. Comply with all rules of the home detention electronic monitoring program.
4. Abide by all conditions of probation and court orders.
5. I will not use, possess, or consume any alcoholic beverages or illicit drugs, and I will voluntarily submit to random testing as required while assigned to the HDEMP.
6. I will not participate in any act of violence, or threat of violence, to any person.
7. I will attend all scheduled appointments with my assigned PCADC Program Monitor.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
PCADC Program Monitor Signature

\_\_\_\_\_  
Date