

14. I will submit without question to all required chemical tests at the request of the tether officer. I will pay for all tests at the set rate. I will not attempt to defraud, alter or deceive in the process of any breathalyzer / urinalysis. _____

15. I will not consume/possess ANY ALCOHOL, ILLEGAL DRUGS. If I am prescribed "prescription medication" of any sort, I will provide a copy of the prescription and or bottle within 24 hours to the tether office. _____

16. I understand there will be NO WEAPONS, ALCOHOL OF ANY SORT within the home or on the property. _____

17. If your initial drug test is positive for THC, you will have 2 weeks to test clean or you may be brought back to jail. _____

18. I understand should I fail to return to my residence within the scheduled time, or leave my scheduled location, I will be considered an escaped inmate. The tether officer will pursue the required course of action set by law. _____

19. No Restaurants, Drive-thru only. _____

20. I understand all violations will result in immediate return to jail with a scheduled appearance before the Court. _____

21. While on the tether program I will NOT VIOLATE ANY CIVIL OR CRIMINAL LAW. I will also report ANY contact with Law Enforcement. _____

22. Argumentative, aggressive, dismissive behavior is grounds for violation and removal and immediate return to CCCF. _____

23. WAIVE AND RELEASE – In consideration of the permission granted to me to participate in this program, I hereby, for myself, my heirs and administrators, release and discharge Chippewa County, Michigan its employees and agents, from all claims, demands and actions for injury sustained to my person and/or property during my participation in this program when such injury is due to my negligence. I also agree to accept sole responsibility and liability for injury or damage to a third party resulting from acts(s) or omission(s) and I agree to hold Chippewa County, Michigan, its employees and officials, harmless from any lawsuits or claims arising there from, and I agree to indemnify Chippewa County, Michigan its employees and officials in the full amount of any judgment obtained. I certify that my participation in this program is wholly voluntary and that I am not, in any way, an employee servant, or agent of Chippewa County OR THE Chippewa County Sheriff's Department. _____

TETHER RULES



AT1 – GPS Tether

**Chippewa County Sheriff Office
Tether Office 635-6392
Office Hours Mon – Thursday
8am to 3pm.**

RULES

ELECTRONIC TETHER PROGRAM REQUIREMENTS AND RULES

This tether program is a privilege. Failure to comply with any of the conditions below may result in termination from the tether program. If applicable, you may also be charged criminally for the following: Malicious Destruction of State property, Theft of State Property and/or Escape. You are under the supervision of the tether agent and the applicable court and must remain within the Chippewa county area unless authorized by the tether officer.

I, the undersigned, have received a copy of the order placing me into the Electronic Tether Program in which I voluntarily agree to participate. In order to participate in this tether program, I agree to abide by the following rules, costs and conditions of the program. Furthermore, I understand that a violation of these and conditions may result in revocation from this program and return to the Chippewa County Jail.

You authorize staff of the tether office and the court and any other law enforcement agency to enter your home or inspect or repair the monitoring equipment or remove equipment due to completion of the program, removal from the program, arrest, escape or death of the participant and ALL TETHER EQUIPMENT WILL BE RETURNED WITHIN 24 HOURS AFTER THE SENTENCE HAS BEEN COMPLETED. If not returned, a \$25.00 a day assessment will be charged for each additional day the tether equipment remains in your possession.

While on tether, you must have a phone available at all times, cell or landline. The tether office must be able to contact you when needed. Michigan Department of Corrections may occasionally call you for alerts or to check your status. Please notify the tether office if they do.

While on the tether program, you will be in your designated area(s) at the scheduled times as authorized by the tether agent. You must be available for telephone or visual checks from staff. IF you are absent without prior approval, you will be returned to jail.

I have read, or had read to me the rules, regulation, agreement, and condition under which I have volunteered for the tether program, and agree to obey and abide by them. I fully understand that my failure to keep the above rules, regulations, and conditions WILL RESULT IN MY REMOVAL FROM THE TETHER PROGRAM AT WHICH TIME I WILL BE RETURNED TO THE CHIPPEWA COUNTY JAIL.

DATE: _____ Tether Participant _____

DATE: _____ Homeowner/Roommate _____

DATE: _____ Tether Officer _____

1. I will abide by all curfew restrictions and comply with all Court orders. _____
2. I will charge my tether unit for (2) two continuous hours each day. No short/multiple charging periods. This will be done while up and awake and NOT while lying in bed or when sleeping. _____
3. I understand my participation in this program will be monitored by tamper proof, non-removable ankle bracelet. This will only be removed by the tether officer. I further understand that the ankle bracelet is water resistant and is not waterproof. The device will remain attached until ordered by the Court for its removal or I am returned to jail. If/when the Court orders the removal of the tether. I understand the tether officer must still wait for written Court notification. _____
4. I understand if my employment is terminated, my schedule changes, I am placed on lay off, or I leave my employment; I will notify the tether office immediately. _____
5. I will furnish all employment and school schedules to the tether office, by the Thursday prior to the ensuing week. _____
6. No one but immediate family is allowed at the residence. Roommates are also allowed at the residence. _____
7. I understand I will furnish documentation and verification for any departure of my scheduled place or schedule in the event of an emergency. _____
8. I understand all counseling and medical appointments will be approved 24 hours in advance with documentation. _____
9. I will go directly to and from scheduled events, with no detour or deviation unless approved by the tether officer. I will call the tether office each and every time I move throughout the entire day. _____
10. I agree to have my weekend schedule submitted and approved by 2:00pm every Thursday. _____
11. I agree to reimburse all damages caused to the tether equipment, and return such equipment in the same condition as I received it. _____
12. I will keep my account balance paid one week ahead at all times. Failure to do so will constitute a violation and I will be returned to the Chippewa County Jail. _____
13. I understand and agree to allow the tether officer or any Law Enforcement Officials access to my home during any hours of the day or night to perform his/her responsibilities. _____

**** \$50.00 charge to change address ****
Permission and a home inspection required.