

Inmate/Public Access - Yes

RHODE ISLAND DEPARTMENT OF CORRECTIONS

Community Confinement Program Agreement

1. I, the undersigned, agree to the following rules and conditions of the Community Confinement Program. I further understand and agree that any violation of the conditions set forth in this agreement will subject me to program termination and a return to higher custody, with no possibility of parole.
2. I will obey all federal, state and local laws.
3. I will report to the Community Confinement Program any and all encounters with law enforcement agencies.
4. I will not associate with persons known to have criminal records.
5. I will secure and maintain significant employment and/or education. In the event that my employment or education plans change (lay-off, termination, schedule change, etc.), I will notify the Community Confinement Program immediately.
6. I understand that my activity while in this program will be monitored by a tamper-proof, electronic ankle bracelet, which I agree to wear 24 hours a day. I also understand that it will be necessary for a monitoring device to be installed in my home by employees of the Community Confinement Program.
7. I agree to maintain uninterrupted telephone service throughout my term of Community Confinement. I further agree that any telephone and electricity charges that may be incurred by the installation and use of the monitoring equipment shall be at my own expense. I understand that employees of the Community Confinement Program may enter my home at any time to install, maintain and inspect the monitoring equipment.
8. I agree to return all monitoring equipment to the Community Confinement Program in the same condition as received. I will reimburse the cost of any damage to this equipment.
9. I agree to abide by my curfew restrictions and to follow my most recently approved daily schedule. I will not use transit to and from approved locations for any purpose other than transition.
10. I understand that should I fail to return to my residence at the scheduled time or leave my residence at an invalid time, such unauthorized activity shall be deemed a program violation.
11. I agree to contact program staff by phone or in person as requested. I understand that a Community Confinement Program employee may visit my residence at any time of the day or night.
12. In the case of an unforeseen emergency, I will first try to contact the Community Confinement Program in order to obtain permission to change my established schedule. I also understand that I will be required to document any emergency situation.
13. I will not indulge in the use of alcohol or any controlled substance or aid or abet in the sale of the same. I agree to submit to urinalysis as requested by the Community Confinement Program staff and report the use of any over-the-counter or prescribed medicine.

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ADMINISTRATIVE SERVICES

NTW

14. I will not drive a motor vehicle unless I obtain specific written authorization from the Community Confinement Program Director to do so.
15. I will pay a program participation fee of \$4.00 per day.
16. I understand that if I have any questions or concerns regarding the Community Confinement Program, I can contact staff for assistance at any time.
17. I am aware that these conditions may change contingent upon my supervision level.
18. I will meet all obligations to the court including fines, restrictions and family support payments.
19. I will not own or otherwise have in my possession firearms or weapons of any description.
20. I also agree that an unaccounted absence of 30 minutes will result in my being considered an escapee and I may subsequently be charged as same. If convicted under RIGL § 42-56-20.2 and RIGL § 11-25-2, a sentence of one to twenty years could be imposed without parole.
21. I also agree to this/these special condition(s).

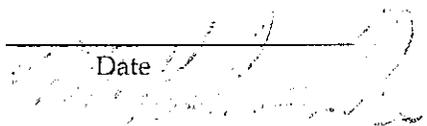
I read or have had explained to me the rules and conditions. I fully understand my responsibilities and do hereby agree to abide by these conditions.

Participant

Date

Program Representative

Date



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