

SCRAM CAM/CAM + HA Program Participant Agreement



Participant Name

Agency

Agent Name

Date placed on program

I, [Participant Name] have been placed in the SCRAM Systems Program. As a condition of being allowed to participate in this Program, I agree to comply with all Program requirements set forth in this Agreement and to strictly follow the instructions of my Probation Officer or Pre-trial Services Agent. I understand that any failure by me to comply with this Agreement or the instructions of my officer or agent will be considered a violation of my supervision and may result in adverse legal consequences.

As a condition of my participation in the Program, I agree to properly use the Secure Continuous Remote Alcohol Monitoring™ ("SCRAM") CAM equipment provided to me by my officer or agent. In that regard, I will wear the SCRAM CAM Bracelet on my ankle for the duration of the Program. I will allow the SCRAM Base Station to be connected to my home or office telephone unless I am using the MultiConnect™ AW wireless device or have reached an agreement with my officer or agent. I understand that the SCRAM CAM Bracelet will, at pre-programmed intervals, test me for the presence of a positive blood alcohol concentration by the measurement of alcohol that is being emitted as vapors through my skin. When the SCRAM Bracelet detects the presence of alcohol, it will record a positive reading and will transmit an alcohol alert to the SCRAM Base Station. The SCRAM CAM Bracelet also contains systems designed to detect interference or tampering and will also transmit a tampering alert to the SCRAM Base Station. When maintenance is required, I agree to come into the office within 48 hours after being notified by my agent.

I acknowledge receipt of:

Initial Here

SCRAM CAM Bracelet Number

SCRAM Base Station Number

MultiConnect AW Wireless Device Number

1 Power Cord and 1 Phone Cord

I understand that I may be required to pay the daily cost of my SCRAM CAM/CAM + House Arrest (HA) monitoring. If so ordered, I agree to pay the following cost per day on a schedule set forth in a separate payment agreement and will submit payments as directed by my officer or agent:

Daily Monitoring Cost

Initial Here

Hook Up Fee

Additional Hook Up

The additional hook-up fee will be assessed if a new bracelet is required as a result of cut strap, submersion, or intentional damage to the bracelet components. I understand that I will be held responsible for damage, other than due to normal wear, to the SCRAM CAM equipment. I also understand that if I do not return the equipment in good working condition, I will be charged for the repair or the replacement of the equipment as follows:

Full Replacement of the SCRAM CAM Bracelet	\$1400.00
Full Replacement of the SCRAM Base station	\$700.00
Full Replacement of the MultiConnect AW Wireless Device	\$700.00
Straps Replacement	\$175.00

Initial Here

SCRAM CAM/CAM + HA Program Participant Agreement



As a condition of being allowed to participate in the Program, if required, I agree to pay these costs. I also agree to allow authorized personnel to inspect and maintain the SCRAM CAM Bracelet, SCRAM Base Station, and MultiConnect AW wireless device (if that device is being utilized.)

While participating in the Program, I agree to wear a non-removable SCRAM CAM Bracelet that will be attached by my agent, officer, or other authorized agency personnel. I agree not to remove, tamper with, or place any obstruction material between the SCRAM CAM Bracelet and my leg. Only in an emergency or with the prior permission of my officer or agent will I remove the SCRAM CAM Bracelet. I also agree not to move, disconnect, or tamper with the SCRAM Base Station or MultiConnect AW wireless device (if that device is being utilized) without the prior approval of my agent.

WARNING: If I experience a burning sensation, rash on my skin or any other apparent health risk from the bracelet, I will contact my agent immediately. If I must remove the SCRAM CAM Bracelet for health risks, I will cut the bracelet strap where the words "Cut Here" appear.

Unless a MultiConnect AW wireless device is being utilized, I agree to maintain an analog telephone line and electrical service in my residence at my own expense. I agree that I will not make any changes in the telephone equipment or services at my residence without prior approval of my agent. If notified by my agent or officer, I agree to remove any telephone features or functions that interfere with normal operation of the SCRAM Base Station. I agree to provide copies of my monthly telephone and electric bill when requested by my agent or officer.

I understand that my officer or agent will use telephone calls, the SCRAM CAM equipment, and personal visits to monitor my compliance with this Agreement. Therefore, when I am at home, I agree to promptly answer my telephone or door. I further understand and agree that all telephone calls from my officer or agent to my residence may be tape-recorded.

Reporting Schedule: I understand that my daily SCRAM CAM equipment reporting times are as follows:

Reporting Time 1:

If I am being monitored for house arrest, I agree to be, and remain, in my residence at all times, except when specifically authorized by the Court, my Pre-Trial Services Agent, or Probation Officer. I will place the SCRAM Base Station in a central location in my house. I will not install the SCRAM Base Station on the floor. I will keep the base station on a wood surface at least three feet off the ground. I will keep the SCRAM Base Station away from windows, mirrors, and electrical items.

If a MultiConnect AW wireless device is being used, I agree to keep the device next to the SCRAM Base Station with a phone cord connecting both devices.

If I experience problems with the SCRAM CAM Bracelet, SCRAM Base Station, or MultiConnect AW wireless device, or if I lose electrical power at my residence, I agree to call my agent immediately. If I am unable to speak to my agent in person, or during non-business hours, I agree to call my agent and leave a message on their answering machine including my name, the date, the time, and the nature of my problem. If there has been a power problem, I agree that I will call and leave another message when the power is restored. I also agree to notify my agent of any problems with my telephone service as soon as I am able to do so.

I understand that as a participant in the Program that I am to abstain from any and all alcohol consumption and to avoid the use of products containing alcohol and to avoid certain restricted activities, as described as follows:

Initial Here

Banned Products:

I understand that I am not to use or possess any product containing alcohol, including, but not limited to: mouthwash, medicinal alcohol, household cleaners and disinfectants, lotions, body washes, perfumes, colognes, or other hygiene products that contain alcohol. No products other than soap and water should be used on the skin around the bracelet.

Initial Here _____ **Tampering:**
I understand that the use of banned products or any topical application of a product near the SCRAM CAM Bracelet in an attempt to tamper with or alter its readings will be considered a violation of this Agreement.

Initial Here _____ **Swimming & Bathing:**
I understand that I am not to submerge the SCRAM CAM Bracelet in water. Showers are the only permitted bathing method. I understand that if I submerge the SCRAM CAM Bracelet in water it will be treated as an 'attempt to defeat' and will be handled in the same manner as a tamper or obstruction. I understand that I will be held liable for any damages caused by submerging or damaging the SCRAM CAM Bracelet as well as for additional hook-up fees when new equipment is required due to intentional damage.

Initial Here _____ **Personal Hygiene:**
I agree that when showering, I will thoroughly clean the area around the bracelet with soap and water. I will thoroughly rinse with clean water and dry underneath the SCRAM CAM Bracelet. I understand that failure to rinse away all soap and dry the area around the bracelet may result in a mild skin rash.

Initial Here _____ **Current Health Status or Pre-existing Medical Conditions:**
I agree that I will reveal my current health status to my officer or agent and will also notify them of any pre-existing medical conditions that I am aware of such as pregnancy, diabetes or any type of known skin disorder or condition.

I acknowledge that I have received a copy of this Agreement and that it has been explained to me before signing. I understand that I must comply with the requirements of this Agreement until notified otherwise by my probation officer or pretrial services agent. I agree to call my officer or agent immediately if I have any questions about this Agreement or if I experience any problems with the SCRAM CAM Bracelet, SCRAM Base Station, or MultiConnect AW wireless device. 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.

Participant Date

Field Representative/Witness Title Date