

**RULES AND REGULATIONS OF THE SUPERVISED
ELECTRONIC CONFINEMENT PROGRAM**

1. The Orange County Correctional Administrator is the County Probation Officer.
 2. The Correctional Administrator is authorized to offer a program under which inmates committed to Orange County Jail or other County correctional facilities, or granted probation, may voluntarily participate in a Supervised Electronic Confinement Program during their sentence in lieu of confinement.
 3. As a condition of participation in the Supervised Electronic Confinement Program, an inmate must give his or her consent in writing to participate and shall agree in writing to comply with the rules and regulations of the program, including the terms and conditions of Supervised Electronic Confinement Programs, attached herewith and incorporate herein by reference.
 4. A participant is required to remain within the interior premises of his or her residence during hours designated by the Correctional Administrator.
 5. A participant shall admit any probation officer or other peace officer designated by the Correctional Administrator into his or her residence at any time for purposes of verifying the participant's compliance with the conditions of his or her detention.
 6. The participant shall agree to the use of electronic monitoring or supervising devices for the purpose of helping to verify his or her compliance with the rules and regulations of the program. The devices shall not be used to eavesdrop or record any conversation, except a conversation between the participant and the supervisors, which is to be used solely for the purposes of voice identification.
 7. The participant shall agree that the Correctional Administrator may, without further order of the court, immediately retake the person into custody to serve the balance of his or her sentence if the electronic monitoring or supervising devices are unable for any reason to properly perform their function at the designated place of confinement as stipulated, or fails to comply with the terms and conditions of the program, or for any other reason no longer meets the established criteria for release.
 8. A copy of the participant's written consent to the agreement, together with a copy of the list of the rules and regulations and the terms and conditions of the program shall be delivered to the participant and a copy retained by the Correctional Administrator.
 9. The Correctional Administrator, or her designee, shall have the sole discretionary authority to permit program participation as an alternative to confinement. A person shall be eligible for participation in the Supervised Electronic Confinement Program only if the Correctional Administrator concludes that the person meets the criteria established under Penal Code Section 1203.016.
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TERMS AND CONDITIONS FOR SUPERVISED ELECTRONIC CONFINEMENT

PROGRAM

**ORANGE COUNTY PROBATION DEPARTMENT
RULES AND REGULATIONS FOR SUPERVISED ELECTRONIC CONFINEMENT (SEC)
(INMATES BEING SUPERVISED UNDER THE PROVISION OF
SECTIONS 1203.016 AND 1208 OF THE PENAL CODE)**

- _____ 1. I shall remain within the interior premises of my place of confinement during the hours designated by the Correctional Administrator, the Probation Officer (PO) or agent designated by the PO (Agent).
- _____ 2. I shall admit any probation officer or other peace officer designated by the Correctional Administrator into my place of confinement at any time for purposes of verifying my compliance with the conditions of my detention.
- _____ 3. I may not leave my place of confinement for any reason without prior approval of the Correctional Administrator or designee, except when directed by police, fire or medical personnel.
- _____ 4. I shall agree to the use of continuous electronic monitoring devices, which may include a global positioning satellite system device(s) or other supervision devices, for the purposes of verifying compliance with the Rules and Regulations of SEC. The devices shall not be used to eavesdrop or record any conversation, except a conversation between me and the person supervising me which is to be used solely for the purposes of voice identification.
- _____ 5. I shall agree that the Correctional Administrator in charge of the county correctional facility from which I was released may, without further order of the court, immediately retake me into custody to serve the balance of my sentence if the electronic monitoring or supervising devices are unable for any reason to properly perform their function at the designated place of confinement, if I fail to remain within the place of confinement as stipulated in this agreement, or if I, for any other reason, no longer meet the established criteria under California Penal Code Section 1203.016. A copy of this agreement shall be delivered to me and a copy retained by the Correctional Administrator.
- _____ 6. I may not tamper with or remove the continuous electronic monitoring devices. Should it become damaged or inoperative, I must report it immediately to the Correctional Administrator or her designee. If deliberate damage occurs, I may be removed from the program, charges may be filed against me and restitution may be required.
- _____ 7. I must answer all computer calls and maintain telephone service throughout the period of confinement. I may not have call waiting, forwarding, answering machines or service or cordless phones. All residents utilizing the SEC phone line must limit telephone calls to five (5) minutes.
- _____ 8. My designated place of confinement and all persons who reside there must meet with the approval of the Correctional Administrator, or her designee, prior to admission and during participation in the SEC Program.
- _____ 9. All residents must agree not to possess or use alcohol, intoxicants, illegal drugs, narcotics or deadly or dangerous weapons in the designated place of confinement. No visitors, other than immediate family members, are allowed without prior approval of the Correctional Administrator or her designee.
- _____ 10. Pets must be confined to allow free access to my designated place of confinement by the Correctional Administrator or her designee.

(CONTINUED)

- _____ 11. I must report directly to my place of employment upon release for work. Upon completion of my workday, I must report directly to my designated place of confinement. During work hours, I may not leave my work site at any time including mealtimes and breaks without advance permission from the Correctional Administrator or her designee.
- _____ 12. I must obtain advance permission from the Correctional Administrator or her designee to change my work schedule in any way, including overtime work. Such arrangements must be made by my employer.
- _____ 13. I am not allowed to purchase, use, or have in my possession any dangerous weapon(s), i.e., firearms, martial arts weapons, or explosives, alcohol, intoxicants, illegal drugs, narcotics or narcotic paraphernalia at any time while on the SEC Program.
- _____ 14. I must notify the Correctional Administrator or her designee of all prescribed medication while on the SEC Program.
- _____ 15. I may not have contacts outside my designated place of confinement with any persons (family, friends, or others) without the permission of the Correctional Administrator or her designee. No telephone contacts are allowed with any other participants on this program or with current jail inmates.
- _____ 16. I may not make any change in authorized transportation arrangements without advance permission from the Correctional Administrator or her designee.
- _____ 17. I must submit my personal, property, residence (place of confinement) and vehicle to search and seizure without warrant or probable cause at any hour day or night by any probation officer or other peace officer designated by the Correctional Administrator to verify compliance with any and all applicable Rules and Regulations of the SEC Program.
- _____ 18. I must submit to alcohol and/or narcotic testing whenever requested to do so by any peace officer or designee designated by the Correctional Administrator.
- _____ 19. I must attend counseling as directed by the Correctional Administrator or her designee:

- _____ 20. I must obtain prior approval from the Correctional Administrator or her designee for medical treatment except for medical emergencies. Proof of medical attention is required.
- _____ 21. I may not violate any law. I must report any contact with police, fire or medical personnel to the Correctional Administrator immediately.
- _____ 22. Other conditions: _____

- _____ 23. I understand that any willful failure to return to my designated place of confinement at the time established by the Correctional Administrator, or her designee, or unauthorized departure is punishable as an escape from confinement under Penal Code Section 4532.

I, the undersigned, have read, fully understand and agree to comply with the Rules and Regulations, including the Terms and Conditions, of the Supervised Electronic Confinement Program, and hereby consent to participate in the program. I also understand that failure to comply with any of the above Terms and Conditions may result in my return to jail custody or further court action. I have received a copy of the Rules and Regulations, including the Terms and Conditions of the program.

Supervised Electronic Confinement
Inmate – Signature

Correctional Administrator
Designee - Signature

Print Name

Print Name

Date

Date