

## San Francisco Sheriff's Department Electronic Monitoring (EM) Program Rules Pre-Sentenced Participants

DOB:	Court No:
initialing after each item that you	custody during your court involvement. Please understand your obligations. If you do not court for any of the following reasons:
ogram rules and/or regulations me in when instructed to either replace	or return troublesome or problematic
verse behavior that prevents your suc	cessful completion of the program
am Rules-Participant to review a	and initial each requirement
s given by any sworn employee or EN	# employee.
D sworn employee of any arrest, citat	ion or peace officer contact no later than the
otify an SFSD sworn employee of an	y change in address or phone number
earch of my person, residence, autom	obile or property by any peace officer at any
A 24 V	
to enroll for alcohol monitoring, via a	urine sample and/or breath alcohol test, I will
by sworn SFSD or EM staff	
iny illegal weapons or drugs. If I am e	nrolled in alcohol monitoring, I will not possess
*	malfunction. Any of these acts is considered a
	n of this rule may result in a court order for my
	harges
E	
	1 (4)
· ·	
oort as directed to the office located a violation of the program.	t 70 Oak Grove Street, San Francisco, CA.
Office Phone Number: 415-575-6 : 70 Oak Grove, San Francisco,	5461 – 24 HOURS A DAY CA, 94103 – 24 HOURS A DAY
	d in this opportunity to remain out of a initialing after each item that you be taken into custody by order of the ogram rules and/or regulations me in when instructed to either replace verse behavior that prevents your such am Rules-Participant to review as given by any sworn employee or EMD sworn employee of any arrest, citated of the order of my person, residence, automost to enroll for alcohol monitoring, via a copy sworn SFSD or EM staff.  In yillegal weapons or drugs. If I am each th, remove or cause the equipment to avoid monitoring or detection. Violation tody and filing of additional criminal classical charged with theft for failure to remailly charged with theft for failure to remailly charged with vandalism for dama. If you within 50 miles of the San France Coak Grove Street, San Francisco, CAS from 70 Oak Grove Street, San Francisco, CAS from 70 Oak Grove Street, Failure to do not as directed to the office located a violation of the program.  Office Phone Number: 415-575-6

Number: SF-F-5
Revision No: 2.0

Issue Date: 11.18.19 Revision Date: 09.18.20 Location: Operations SharePoint Tab | SF



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Program Rules continuum 13. I acknowledge that my EM data	ued - Participant to r	eview and initial each i	requirement
13. I acknowledge that my EM data			- 4 411 01110111
14 Lagree to respond to all talents	a may be shared with otl	ner criminal justice partners	s
Program.	one calls from the Sherit	f's Department and/or the	Electronic Monitorino
The Following Home Detention	on/Curfew Considera on EM Trackin	tions do not apply to p g only	articipants who a
15. I must remain within the interior	r premises of my resider	ice during designated curfe	ew hours
16. I may engage in only pre-appro	ved activities per the co	urt order.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
17. I am granted 2.5 hours per wee grocery shopping. After one succonsistent time (to be scheduled	k of errand time to atten	d personal needs such as	church services or
18. I may attend counseling, 12-ste		nmatic groups if they are s	cheduled and vorific
This may not exceed eight hour	's per week.	and groupe it they die of	shoulded and verifier
19. I must request any change in so made by phone Monday through appointments	h Friday from 10:00 am	to 5:00 pm. This includes o	court and medical
<ol><li>Any approved days spent out of by the court.</li></ol>	f zone will not be counte	d towards any calculation	of credit for time sen
<ol><li>A hearing may be convened for return to custody.</li></ol>		ompliance that may result	in a court ordered
22. An affidavit for return to custody	will be submitted to the	court and may result in a	warrant for one incide
of serious non-compliance.			
have read and initialed each item to	indicate understanding	2 . 8	
conditions of the SFSD Electronic Mo	nitoring Program	I agree to comply with the	se rules and
Participant Signature: X		Date:	* × ×
Sworn Staff Name:		Star:	( ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) ( ) (
Sworn Staff Signature:	, i , y	Date:	3

EM Office Phone Number: 415-575-6461 – 24 HOURS A DAY Location: 70 Oak Grove, San Francisco, CA, 94103 – 24 HOURS A DAY