IN THE COUNTY COURT OF PLATTE COUNTY, NEBRASKA

STATE OF NEBRASKA ) CASE NO. CR\_\_\_-\_\_\_\_\_\_\_\_

v. )

) ORDER FOR HOME DETENTION

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ) WITH ELECTRONIC MONITOR

)

The above-named defendant who has been sentenced to a term of incarceration in the Platte County Jail is granted the privilege of serving said sentence under house arrest to be monitored by electronic surveillance devises, under all terms and conditions of the electronic monitoring program. Home detention is to be served as follows (indicate by “x” on the appropriate line):

\_\_\_\_\_ You must be home every day, all day.

\_\_\_\_\_ You may leave your home only for purposes and times approved in advance by your

supervising officer.

ADDITIONAL TERMS AND CONDITIONS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SO ORDERED BY THE COURT

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

County Court Judge

The undersigned acknowledges that he/she has read the Agreement for Electronic Monitoring and that he/she understands all of the terms and conditions. I understand that if I violate any of the terms and conditions of the Agreement for Electronic Monitoring or **if I leave my home at any time without the advance approval of my House Arrest Officer** then the privilege of serving my sentence under house arrest will be revoked and the balance of my jail sentence will be served in the custody of the Platte County Detention Center

Dated: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Defendant

PLATTE COUNTY SHERIFF’S OFFICE

ELECTRONIC MONITORING AGREEMENT

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ CASE # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

CHARGE(S): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ JUDGE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

You have been approved by the Platte County Detention Facility to participate in the In-Home Detention Program. You will be monitored by a computer and staff twenty-four (24) hours a day, seven (7) days a week. The following is a list of the rules and policies that you are required to follow while on electronic monitoring.

**Note: Any reference to “I” or “my” within these rules will refer to the inmate**

1.\_\_\_\_\_ I agree to allow Deputies to install the necessary House Arrest Equipment in my residence and attach a transmitter to my person to monitor my location.

2.\_\_\_\_\_I agree not to move, disconnect, or tamper with any of the House Arrest equipment installed in my residence or

on my person and instruct any family members that the equipment is not to be tampered with. I understand that I must wear an ankle transmitter 24 hours a day for the entire period I am on House Arrest. Should the ankle band break or tear, I will contact the House Arrest officer immediately.

3.\_\_\_\_\_In the event that the House Arrest equipment assigned to me, the inmate, is damaged in any way whatsoever, I

will contact the House Arrest Officer and inform them of all such damages. I also understand that I will

reimburse Platte County for all such damages. Intentional damage or loss will result in removal from the House Arrest Program and filing of criminal charges.

4.\_\_\_\_\_I understand that the expense of phone service and calls incurred to monitor the House Arrest equipment will be

at my expense.

5.\_\_\_\_\_I will have a private residential phone in working order during the entire time I am on the Program. Additional

services such as call forwarding, caller ID, and answering machines or services are not allowed for the duration

of the House Arrest Program.

6.\_\_\_\_\_I will contact the House Arrest Officer at phone number 402-563-4274 or by email ([detention1c@plattene.us](mailto:detention1c@plattene.us))

anytime a change in the original schedule is anticipated. All changes in original schedule must be approved by

the House Arrest Officer

7.\_\_\_\_\_I understand that Deputies from the Platte County Sheriff’s Office (or appointed agency) will conduct random

spot checks on me throughout the day and night at any site where I may be. I am subject to a search of my person, vehicle, residence, and physical surroundings under my control at any time while on House Arrest by Sheriff’s Office employees or any Law Enforcement Officer.

8.\_\_\_\_\_Each week I will submit a work and an appointment schedule for the next week. All events on this schedule

must be approved prior to attending those functions. Attending any event without prior approval will constitute

a violation of House Arrest rules, cause for removal from the program, and filing of escape charges.

9.\_\_\_\_\_I understand that I must return home by the time specified by the House Arrest Officer as soon as I am released

from work, or as soon as my appointment is finished. I also understand that I will be inside the building that is

considered my residence at all times when I am not approved to be elsewhere.

10.\_\_\_\_\_In the event of an emergency, I will contact the Platte County Sheriff’s Office (402-564-3229 or 402-563-4274)

immediately if possible, if not possible I will take action to resolve the emergency and contact the Platte County Sheriff’s Office. This emergency must be verifiable to the satisfaction of the House Arrest Officer.

11.\_\_\_\_\_My employer will be contacted to verify my working hours, location, and future schedule. My employer may

also be contacted at any time while I am on the House Arrest Program.

12.\_\_\_\_\_I agree to submit to drug testing at the request of the Platte County Sheriff’s Office. The drug testing will be at

my expense and tests are taken randomly while I am on the program. The testing fee is $20.00 for each U/A

sample taken.

13.\_\_\_\_\_I will pay a user fee of $10.00 per day for each day I am on the House Arrest Program. If the sobrietor unit is

used the cost per day will be $14.00.

14.\_\_\_\_\_I will pay the first week user fees ($70.00) and a drug testing fee ($20.00) for a total of $90.00 prior to being

hooked up on the monitoring system. Failure to submit this payment will cause termination of the House Arrest

Program.

15.\_\_\_\_\_Every week, on the date set by the House Arrest Officer, I will be required to pay the next two (2) weeks fees

(usually $140.00 user fees plus $20.00 drug testing fee, if applicable) to the Platte County Sheriff’s Office. I

understand that I lose whatever money that is paid if I violate any rules set forth in this order.

16.\_\_\_\_\_I will not consume or possess any alcoholic beverages or narcotic, illegal, non-prescribed drugs or drug

paraphernalia. I understand no alcohol or spirits are allowed in my residence, nor will I take lunch or be in a

location where alcohol is served.

17.\_\_\_\_\_I agree not to have any firearms in my home while on the House Arrest Program. If I do not have a safe place

to store my firearms while on House Arrest, I will turn them over to the Platte County Sheriff’s Office for safe

keeping until I am released from Platte County Jail custody.

18.\_\_\_\_\_I will be responsible for my own maintenance, medical care, and bills while on the House Arrest Program.

19.\_\_\_\_\_I will not have contact or associate with persons engaged in criminal activity, including other participants in the

House Arrest Program and persons with criminal histories. I agree to immediately contact the Platte County

Sheriff’s Office of any criminal activity.

20.\_\_\_\_\_I may be removed from the House Arrest Program at any time either by the Courts or by the Platte County

Sheriff’s Office with or without prior notice.

21.\_\_\_\_\_I will abide by all local, state and federal laws.

22.\_\_\_\_\_I understand that if I am convicted of charges in the future, this House Arrest Program will not be offered.

23.\_\_\_\_\_Any violation of the above listed rules, conditions, and laws will result in the removal from the House Arrest

Program, placement in the Platte County Jail, revocation of probation, and filing of Criminal Charges. I

understand that if I violate the conditions of the House Arrest Program and have to be terminated from the

program, there will be a fee of $25.00 to cover the costs related to the termination.

24.\_\_\_\_\_I will not be allowed to have any unauthorized visitors at my place of residence during that period I am on this

program.

25.\_\_\_\_\_Any prior convictions for domestic violence, assaults, or resisting an officer will disqualify you from

participating in the in-home monitor program. Certain exceptions may be made for students who are under

parental control.

26.\_\_\_\_\_Must keep to my schedule and only change times and schedule with approval of the House Arrest Officer.

27.\_\_\_\_\_All needed changes in work release schedules must be in writing from the employer and turned into the

House Arrest Officer on each Friday in reasonable time for the House Arrest Officer to verify the work schedule

for the next week. Employers may be contacted at any time to verify hours, locations, and future schedules.

28.\_\_\_\_\_Anyone placed on the In-Home Monitor Program for less than 30 days will be required to pay an additional

$50.00 fee to cover hook-up and paper work.

29.\_\_\_\_\_Other conditions \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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The period of my House Arrest is from \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ to \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Good Time date of release \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

My residence is located at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone # \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I am employed at \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address of employer \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

I, \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_, as a participant in the House Arrest Program, understand and agree to follow all conditions of the above agreement and rules that pertain to the Platte County Sheriff’s House Arrest Program. I have received the equipment listed below and understand that I will be responsible for any damage or theft to that equipment.

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Name (print) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Participants Signature \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Witness(s) Signature(s) \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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EQUIPMENT:

Description Serial Number Cost

1. In-Home Monitoring Unit \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $1500.00
2. Ankle Transmitter \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ $750.00
3. Velcro Straps $15.00 each
4. Tamper Strap $15.00