

Chardon Municipal Court: Electronically Monitored House Arrest (EMHA) Contract

By signing this contract, I affirm that I understand and agree to the mandatory conditions of house arrest and agree to comply with any and all requirements of the program. Deviation from or noncompliance with this process can result in a formal violation resulting in a revocation of bond, loss of credit, and/ or imposition of any or all remaining jail time.

Case No: _____

Defendant: _____

Signature: _____ Date: _____

WORK RELEASE: May **ONLY** work five (5) days a week up to 60 hours.

- You will **NOT** be permitted to begin work release while on house arrest until the below requirements are completed and approved.
- Any modifications to an approved schedule must be submitted ahead of time to probation for approval.
- You may be required to provide proof of work addresses if not working in an office environment.

EMPLOYED BY COMPANY

- **MUST** submit proof of employment on company letterhead with confirmation of work hours.
- Complete schedule (provided by the probation department) confirming work hours.

SELF EMPLOYED

- **MUST** provide proof of employment (tax ID).
- Complete schedule (provided by the probation department) confirming work hours/ client.

MEDICAL/ COUNSELING (including 12 step meetings):

ROUTINE APPOINTMENT:

May attend routine medical, counseling, 12 step, and/or court ordered appointments, however, **MUST** provide 48 hours [two (2) business days] notification to probation and OAMS prior to the appointment (via fax or email). If applicable, may include picking up any prescription after medical visit, however, must notify probation and OAMS. You may be required to provide proof of the medical appointment to probation.

MEDICAL EMERGENCY AFTER HOURS OR ON WEEKEND:

MUST immediately email and/or call probation and OAMS with information on the nature of the emergency and where emergency care is being sought. **MUST** provide follow-up information (admittance and discharge papers) from hospital and/or emergency room clinics **no later than the next business day** (via fax or email).

SCHOOL /DAYCARE TRANSPORTATION:

May have additional time for transportation to pick-up and/or drop-off children at school and/or daycare. If pick-up and/or drop-off location address is different to the normal school/ daycare address, **you MUST** provide notification of different address to probation AND OAMS (via fax or email) ASAP prior to pick-up or drop-off.

GROCERY SHOPPING:

May have 30 - 45 minutes (in-store) on the way to or from work. **MUST** report when and where (address) two (2) business days prior to shopping.

GAS/ BANK:

May stop for gas/ banking needs (may go before or after work only) with prior notice to probation and OAMS. Minimal time is to be spent during these stops and you must continue on your way to work and/or home promptly.

OTHER LEAVE AS SPECIFIED BY THE COURT:

PLEASE NOTE THAT YOU ARE NOT PERMITTED TO ATTEND CHURCH, FAMILY EVENTS, ESTHETICIAN APPOINTMENTS, AND/ OR SIMILAR APPOINTMENTS WHILE ON HOUSE ARREST. IF YOU HAVE QUESTIONS ABOUT WHETHER AN APPOINTMENT QUALIFIES FOR LEAVE FROM HOUSE ARREST, CONTACT PROBATION FOR APPROVAL PRIOR TO ANY LEAVE.

ANY CHANGES/ MODIFICATIONS to this contract must be submitted in writing to the court for approval PRIOR to leave.

CONTACT INFORMATION:

OAMS: housearrest@ohioams.com

(216) 525-3112- main

(216)264-1067- house arrest line

(216) 525-3116- fax

PROBATION: muniprobation@co.geauga.oh.us

(440) 286-2649- main

(440) 279-0904- fax

CC: Defendant
Counsel
Probation
OAMS/ EMHA