



Office of Statewide Pretrial Services Electronic Monitoring Agreement

Participant Name: _____
Participant Address: _____
City, State, Zip: _____

Participant Phone Number: _____
County of Supervision: _____
Pretrial Services Officer Name: _____

On _____, a pretrial release condition of electronic monitoring/GPS was ordered. I was released from custody on the condition that I comply with that court order and the conditions of the Office of Statewide Pretrial Services Electronic Monitoring (OSPS) program, as set forth below:

1. I acknowledge the Court has entered an order placing me on GPS monitoring and that I am subject to the following:
 - ☐ I was given a **curfew** as part of my court ordered release. I understand that I must remain **inside my residence** during curfew hours unless otherwise granted movement. I will call or email the Electronic Monitoring Unit (OSPS) to submit all non-emergency movement requests at least 48 hours before the requested movement. I understand that failure to make the request 48 hours before may result in denial of the request. If movement during curfew hours is required for an emergency, I will contact the Electronic Monitoring Unit as soon as possible.
 - ☐ I was given **home confinement** as a part of my court ordered release. I understand that I must remain **inside my residence** at all times unless otherwise granted movement. I will call or email the Electronic Monitoring Unit (OSPS) to submit all non-emergency movement requests at least 48 hours before the requested movement. I understand that failure to make the request 48 hours before may result in denial of the request. If movement is required for an emergency, I will contact the Electronic Monitoring Unit as soon as possible.
 - ☐ I was given a **geographic restriction** as part of my court order. I understand and acknowledge that I am not to be within _____ feet of _____. I understand the boundaries of the area that I am prohibited from entering.
 - ☐ I was not given a curfew, home confinement or territorial restriction as a part of my GPS monitoring.
2. I live at the above listed address and will not change my address unless authorized by the Court or OSPS. I will contact the Electronic Monitoring Unit (OSPS) before I change my address. I agree to admit any person or agent designated by OSPS into my residence at any time for purposes of verifying my compliance with the conditions of pretrial release. I acknowledge that my residence includes only the dwellings in which I reside and does not include other structures or areas on the property such as garages, barns, outbuildings, common areas or yards.
3. I agree to provide OSPS with my weekly work schedule.
4. I have received electronic monitoring equipment indicated below. If I or someone else destroys or damages this equipment, I will immediately notify the Electronic Monitoring Unit (OSPS). I understand I am responsible for the full replacement cost of the electronic monitoring equipment.
 - a. GPS Serial Number: _____
 - b. Beacon Serial Number: _____
 - c. # of chargers: _____
 - d. GPS Device Cost: _____
 - e. Charger Cost: _____
 - f. Beacon Cost: _____
5. I agree to charge the device as directed and to immediately comply with any requests to charge the device.
6. I agree to accept all calls and respond to text messages received from OSPS.
7. I understand that my location is being monitored 24 hours per day until the monitor is removed by OSPS. My monitoring data may be disclosed without my knowledge or consent.
8. I will not remove, tamper with, circumvent or damage the electronic monitoring equipment.
9. I will report immediately to my officer and return all electronic monitoring equipment as soon as my charges are resolved.
10. I understand that only a Judge can change the conditions of release, including curfew hours, the location of the curfew, or any geographic restriction(s).
11. I understand that I can contact OSPS' Electronic Monitoring Unit by calling 217-280-5872 and leaving a message or by emailing EM@illinoiscourts.gov.

I understand that any violation of these conditions is a violation of my conditions of pretrial release which could cause my conditions of release to be revoked or modified. I further understand that violations of electronic monitoring may result in my arrest or re-incarceration.

Participant Signature: _____

Date: _____

OSPS Staff Signature: _____

Date: _____