



# JACKSON COUNTY

Community Justice

Home Detention Program

Cassidy Wilson

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## HOME DETENTION CONDITIONS

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ DATE: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ PHONE: \_\_\_\_\_

START DATE APPT: \_\_\_\_\_ END DATE APPT: \_\_\_\_\_

\_\_\_\_ 1. Fees are due as follows: \_\_\_\_\_

**Failing to stay current on payments will result in being terminated from the program.**

\_\_\_\_ 2. **All activities outside the assigned residence must be pre-approved by the Home Detention officer or designee.** (Activities permitted with approval include: verifiable employment, treatment, one religious service per week, necessary medical/dental appointments, required supervision reporting, and up to 1 hour food shopping time).

\_\_\_\_ 3. Cell or landline phone must remain in service during Home Detention sentence. Failing to pay your phone bill and experiencing disconnection will result in termination from Home Detention.

\_\_\_\_ 4. I will contact the Home Detention officer 24 hours in advance to make any schedule changes. I will respond within 24 hours of receiving any phone call or voicemail from the Home Detention officer. Failure to do so will result in termination from Home Detention.

\_\_\_\_ 5. I may not change my address or phone number without prior approval from the Home Detention Department.

\_\_\_\_ 6. I will allow the Home Detention officer or Designee to install, maintain, and inspect the equipment.

\_\_\_\_ 7. I may not have visitors without the prior approval of the Home Detention officer. Visitors are limited to persons providing transportation.

\_\_\_\_ 8. I am fully responsible for the Home Detention equipment assigned to me (damaged or not returned).  
**(Cost = home detention transmitter \$575.00 and receiver \$1620.00 GPS tracking device \$1840.00 beacon \$250.00)**

\_\_\_\_ 9. I will wear the tamper-proof/**water-resistant** (not water proof) transmitter 24 hours a day.

\_\_\_\_ 10. I will cooperate with the monitoring agency and equipment as directed.

\_\_\_\_ 11. In case of a medical emergency, I will take care of the emergency first and then notify the Home Detention officer or designee. **Medical documentation will be required.**

\_\_\_\_ 12. I will abstain from the use of alcoholic beverages, and illegal controlled substances (to include marijuana).

I have reviewed, had any questions answered, and understand that non-compliance with any of the above conditions, Supervisory Authority Conditions, Parole Board Conditions, Court Conditions, or conditions set forth by my supervising officer will result in being terminated from the Home Detention Program, charged a \$119.00 violation fee, and being lodged in the jail or Jackson County Transition Center for the remaining balance of the sentence imposed.

\_\_\_\_\_  
Client Acceptance of conditions.

\_\_\_\_\_  
Witnessed By:

**REMINDER: ALCOHOL & ILLEGAL CONTROLLED SUBSTANCE USE DURING HMDT WILL RESULT IN TERMINATION FROM PROGRAM AS WELL AS POSSIBLE PROBATION VIOLATION PROCEEDINGS.**