

## JUDICIARY OF GUAM

### Electronic Monitoring Program Defendant Handbook

Administration Telephone (671) 475-3462

Fax Number (671) 477-4944

*Electronic Monitoring Is A Privilege And A Positive Alternative To Incarceration*

Updated: December 29, 2020

## Judiciary of Guam EM Program

Dear Program Defendant:


As a result of a court order you have been placed in our Electronic Monitoring Program. We share a common goal – for you to satisfactorily complete your detention and return to the community as a responsible and productive citizen. Our Program operates on the premise that every program defendant has the potential to achieve that goal. Your time on electronic monitoring may not be easy, it may be filled with challenges, but we believe that you can accomplish this or the Court would not have placed you in this program.

During your placement in our Electronic Monitoring Program you can expect the Probation office to assist you in this effort by prioritizing your participation. The program has many rules and guidelines which are designed to guarantee your accountability and encourage a change in negative behavior. Our expectation is that you attend all meetings with probation officer and that you abide by the rules and guidelines of the EM Program, and that you demonstrate a positive attitude and put forth the effort required to change your behavior.

The following material, along with the program contract, outlines the rules, guidelines, and behavior that are expected of you. Our staff will explain the following information to you during the intake process and you are encouraged to ask questions. It is recommended that you keep this material and review it carefully, as a violation of the rules will result in the failure to successfully complete our program.

If you have any questions, do not hesitate to contact a member of our Electronic Monitoring Program staff.

Respectfully,



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Rossanna Villagomez-Aguon  
Chief Probation Officer  
Judiciary of Guam

## **Probation ELECTRONIC MONITORING PROGRAM STAFF**

Chief Probation Officer:

Rossanna Villagomez-Aguon

Deputy Chief Probation Officer:

Trisha Suzuki

Electronic Monitoring Officers:

Hill C. Leon Guerrero – Section Supervisor

(671) 988-1299

Bobby T. Onedera – Probation Officer I

(671) 988-9670

Anthony S. Duenas – Probation Officer I

(671) 929-9306

Christian M. Perez – Probation Officer I

(671) 929-9942

Probation Office: (671) 475-3462

Fax #: (671) 472-4944

**After Hours Message Extensions:**

**Call (671) 475-3462**

**\* Any Probation Office Staff may perform a field contact with defendant while on the EM program.**

## DEFENDANT CONTRACT

### Rules and Regulations Governing Offender Conduct and Supervision

Defendant's Name: \_\_\_\_\_

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

As a defendant of the Electronic Monitoring Program I will be required to abide by the following rules and regulations. I will also be required to abide by any lawful directives given by Electronic Monitoring Program Staff and my Probation Officer. I am signing this contract with the understanding that failure to comply with any of these conditions may result in a violation being filed with the Court and/or Probation Office.

#### I. WEEKLY SCHEDULES, MEETING AND MOVEMENT IN THE COMMUNITY

- A. I agree to report to the Probation Office immediately upon request, whether written or verbal.
- B. I understand that the Electronic Monitoring Officer or Probation Office Staff is the only agency that may approve any schedule and/or change in schedule, and that I must seek approval **at least** 24 hours prior to any change, excluding weekends and holidays. I will be required to submit a detailed schedule of my movements in the community to Electronic Monitoring Staff for approval. This will be accomplished by completion of the Electronic Monitoring Schedule and Request form one week in advance. Once submitted, weekly schedules may only be changed for the following reasons:
1. Emergency (Medical). I must contact the Electronic Monitoring officer Probation Office as soon as possible to inform staff of the extent and nature of the problem. The emergency must involve me or someone in my immediate household. Medical emergency is defined as a serious or life threatening situation.
  2. Change in work hours. If I am employed and unable to report to work for any reason, I must contact the Probation Office prior to my scheduled departure time. If I am required to work overtime or am released from work early, I must contact the Probation Office prior to leaving or working late. I will also be required to provide verification of overtime or early release from work.
- C. If assigned a RF Beacon, I agree to remain within range of the RF Beacon, with the only exceptions being: my actual work hours; my travel to and from work; appointment with the Court, Probation Office or Electronic Monitoring Staff. In addition, I may attend regularly scheduled religious services, educational, and other programs approved by the Court and/or Probation Office. I understand that it is my responsibility to provide written documentation immediately upon request to confirm that my absence from the home was due solely to a permissible purpose and the activities were scheduled.
- D. I understand when my curfew begins, I must be inside my home.
- E. I will report directly to my authorized destination. Any side stops not scheduled or approved prior to leaving home will be considered a violation and subject to pretrial release revocation.
- F. I may be given grocery shopping and/or laundry privileges for up to 2 hours, at a location approved by my EM Officer. This privilege depends on my individual situation and will only be considered if no other person in the household can provide these services.

II. **ALCOHOL AND OTHER DRUGS**

- A. While on Electronic Monitoring I will not consume, or possess on my person, or in my home, any alcohol or drugs unless prescribed by a physician. I will submit to drug and alcohol tests immediately upon request. Failure to submit to a test or tests will be considered an admission of guilt. I understand I have up to one (1) hour from the time I was notified to produce a urine specimen for drug testing.
- B. I will not use or consume any illegal drugs, controlled substances, hemp, hemp products, or extracts. I will not take any drugs unless I possess a current and valid prescription from a legally licensed physician.
- C. I will not consume anything containing alcohol, including but not limited to an alcoholic beverage or medication with alcohol in it (e.g., liquid cold medicine, cough syrup, or medicated mouthwashes).
- D. I will not be in the company of anyone that is using or possessing alcohol or illegal drugs.
- E. By signing this contract I waive any objection to the admissibility of the results of the test as they are received by the court into evidence at any Revocation Hearing. If test screen results return diluted, it will be a violation of the contract.

III. **EMPLOYMENT**

- A. While on Electronic Monitoring I will be allowed to work if approved by the court. I will also be allowed to participate in a court-approved education and or vocational program.
- B. If unemployed, I will comply with the Electronic Monitoring Officer's instructions regarding job search procedures, if approved by the court.
- C. I understand that if during the term of Electronic Monitoring my employment is terminated for reasons beyond my control, I may continue on the Electronic Monitoring Program as long as I begin an intensive job search which will require five (5) verifiable employment inquiries per weekday. The employment inquiries will be documented on the Employment and Program Attendance Verification form.

IV. **RESIDENCE AND TELEPHONE**

- A. I agree to allow the Electronic Monitoring Officers/Probation Officers to enter my residence at any time, without prior notice, and to make reasonable inquiry into my activities and the activities of others in the home. I agree to waive my right against search and seizure, and permit the Electronic Monitoring Officers/Probation Officers to search my person, residence, motor vehicle, or any location where my personal property may be found, to insure compliance with my conditions of Electronic Monitoring.
- B. I understand that I must have a permanent place of residence and must have approval from Electronic Monitoring Officer at least 72 hours prior to any change of residence. I further understand that a change in residence will be pre-arranged and approved by the Electronic Monitoring Officer and will be done Monday-Friday before noon. Loss of my approved residence will be cause for removal from the program and possible revocation of my pretrial release.
- C. While on Electronic Monitoring, I will be required to maintain continuous telephone service, if this instrument is required. If I lose telephone service for failure to pay the bills, I will be subject to removal from the program. If I lose phone service through circumstances not within my control, I will contact the Probation Office immediately. I understand that I must have a working landline telephone with no special calling features for the entire time of my placement on the Electronic Monitoring Program.

- D. I understand that I will be required to maintain continuous power service while on Electronic Monitoring. I must contact the Probation Office immediately if I lose power to my home. If my home loses power because of non-payment of the power bill, I understand that I may be removed from the Electronic Monitoring Program and possible revocation of my pretrial release.
- E. I understand that I must keep the Tag on my ankle and the Beacon plugged in to the power outlet at all times.

v. **EQUIPMENT RULES**

- A. I understand that I am responsible for any damage to the electronic surveillance equipment; I will not tamper with, attempt to fix, or allow anyone else to tamper with or attempt to fix the equipment. I further understand if there are any problems with the equipment, I will call Electronic Monitoring Officer during regular office hours. Torn or broken straps must be reported to Electronic Monitoring Officer immediately and replaced. I agree to never tamper with the strap or remove the Tag even if the strap becomes damaged.
- B. **I will charge the EM Tag each day at 2:00 pm for two (2) hours. If I am allowed to maintain employment and not able to charge the EM Tag at 2:00 pm, I will charge the Tag each day at 8:00 pm for 2 hours. Failure to charge the EM Tag will result in termination from EM supervision.**
- C. **I understand that I should never allow the EM Tag battery to run down. A DEAD BATTERY VIOLATION IS CONSIDERED A ZERO TOLERANCE VIOLATION!**
- D. All equipment must be returned to Electronic Monitoring Officer upon termination from the Electronic Monitoring Program. If I damage the equipment or fail to return the equipment in good condition, the Judiciary of Guam will charge me with theft and/or criminal mischief.
- E. I acknowledge that I will be financially responsible for any and all damages, destruction, or loss of any and all Electronic Monitoring devices assigned to me.

vi. **LAWS**

- A. I understand that I am to obey all laws and not commit any new crimes while on the Electronic Monitoring Program. I understand that if my license is suspended or I have restrictions on my license, I will follow not restrictions and not operate a motor vehicle. If I am unable to drive, it is my responsibility to arrange transportation with a licensed, warrant-free driver to work, office visits, and other required functions. I will only drive if I have a valid driver's license and insurance.
- B. If I am arrested or have contact of any kind with any law enforcement agents, I am to report this to my Probation and Electronic Monitoring Officers immediately. I understand that I am to identify myself as an Electronic Monitoring program defendant to law enforcement officers.
- C. If I leave the Territory of Guam, with or without permission of the Electronic Monitoring Program, I understand that I waive (give up) my extradition rights and will voluntarily return to Guam.

vii. **COURT AND PRETRIAL/PROBATION/PAROLE COMMITMENTS**

- A. While under supervision of the Electronic Monitoring Program, I will still be required to comply with the other conditions that may be ordered such as pretrial release, probation or parole.
- B. I understand that while on Electronic Monitoring, I will have no contact at my home

with anyone on pretrial release, probation or parole.

**VIII. VICTIM CONTACT**

- A.** If there is a victim in my case, under no circumstances am I to have contact with my victim unless there is court approval.

**IX. PROGRAM FEES**

- A.** If ordered by the court, I understand that I will pay a fee upon hook-up and a weekly fee as agreed thereafter for the remainder of my time on the Program. Payments will be made by cash, cashier's check, certified check, money order. No personal checks will be accepted.
- B.** I understand that failure to make payments as required, or departure from the Program with a balance of payments in arrears may result in any or all of the following:
- 1) I will be removed from the Program and a violation may be filed against me with the Court and/or Probation Office.
  - 2) The Court may enter a civil judgment against me in the criminal case for the amount that I owe;
  - 3) I may be sued in civil court or subject to collection proceedings and attorney fees.
- C.** Fees may be waived by order of the court.
- D.** The Electronic Monitoring Officer will send notification to the appropriate court for defendants failing to remain current on program fees at the time of their office visit. The defendant will receive the appropriate consequence as ordered by the court.

**X. OTHER**

- A.** Tampering: I understand that the use of banned products or any effort to interfere with the Tag is an attempt to tamper with the unit and will be considered a violation of this agreement.
- B.** Swimming & Bathing: I understand that only the EM Tag may be submerged in no more than 3 feet of water. I understand that all other EM equipment must not be exposed to water. I understand that I will be held liable for any damages caused by submerging the EM battery, battery charger, or RF Beacon as well as for additional hook-up fees when new equipment is required.
- C.** Personal Hygiene: I agree that when showering, I will thoroughly clean the area around the EM Tag with soap and water. I will thoroughly rinse with clean water and dry the Tag. I understand that failure to rinse away all soap and dry the area around the Tag may result in a mild skin rash.
- D.** Current Health Status or Pre-Existing Medical Conditions: I agree that I will reveal my current health status to my probation officer and will also notify them of any pre-existing medical conditions that I am aware of such as pregnancy, diabetes, or any type of known skin disorder or heart condition.
- E.** While on the Electronic Monitoring Program I release the Judiciary of Guam of any responsibilities for medical care or expenses that may occur while on the Electronic Monitoring Program.
- F.** I will be expected to return all equipment in the same condition as it was when I received it. Failure to do so may result in my being charged for the cost of damage or loss of equipment. Failure to pay the cost of damaged or lost equipment will result in criminal prosecution.

- G. I understand that a violation may be filed if I fail to comply with any other probation cases which I am being supervised by the Probation Office.

Special Conditions: \_\_\_\_\_  
\_\_\_\_\_

During my term of Electronic Monitoring, if a determination is made that I had violated any of the conditions, the Court may, after a hearing, may continue placement, modify my release conditions, or revoke pretrial release.

This contract has been read and explained to me, and my signature below acknowledges that I have fully read and fully understand all the terms and conditions of this contract. I hereby agree to comply with all of the above rules and regulations of the Electronic Monitoring Program. I further acknowledge that I have read and understood the Judiciary of Guam Electronic Monitoring Program Handbook and agree to comply with all the rules and procedures set forth in it.

\_\_\_\_\_  
Defendant Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Electronic Monitoring Probation officer Signature

\_\_\_\_\_  
Date



## FINANCIAL RESPONSIBILITIES

If ordered by the court, your fees are assessed at daily rate of: \$ 8.00 for EM supervision, as per the signed Financial Agreement. You will pay your weekly fees in the following manner:

1. Fees must be paid weekly during the program defendant's office visit and remain current from each office visit thereafter for the duration of your time on the program.
2. All fees will be paid by cash, cashier's check, certified check, or money order. No financial transactions, other than fee payments, are permitted between the program defendant and the Electronic Monitoring Program staff. A receipt will be provided upon payment.
3. If the program defendant falls behind in fees, you will be subject to immediate removal from the program, according to the Judge, as stated in the Defendant Contract.

### Financial Agreement & Equipment Liability:

CHECK BOX & INITIAL	LEVEL OF SUPERVISION <small>PASSIVE, ACTIVE OR HYBRID</small>	MONTHLY FEE	SET-UP FEE	JAIL FEE	TOTAL DUE BEFORE SERVICE
<input type="checkbox"/>					
<input type="checkbox"/>	GPS EQUIPMENT REPLACEMENT COSTS LOST OR DAMAGED		Tag .....\$1300.00 Strap .....\$ 20.00 Charger .....\$ 50.00	Beacon .....\$ 450.00 Retrieval Fee .....\$ 150.00	
<input type="checkbox"/>	ACKNOWLEDGEMENT OF EQUIPMENT RECEIPT		GPS/Tag Unit #:	Beacon Unit #:	1 Charger

Initial Here:

\_\_\_\_\_ I understand that I am required to pay the monthly costs of my GPS monitoring in advance. In the month of service termination, any credits will be prorated on a daily basis assuming a 30-day month.

\_\_\_\_\_ I further acknowledge that if I terminate this agreement prematurely, regardless of reason that all monies received from the date of initiation of this contract to the date of termination shall not be returned.

\_\_\_\_\_ I also understand that any late payments will result in an additional \$25.00 fee added to my account per billing cycle. Failure to pay any late fees incurred due to late payments will also result in a deactivation of my monitoring device and notification to the proper authorities. As stated above, in order to reinstate my installment agreement with the monitoring company and reactivate my monitoring device, I must pay all delinquent and past due balances in full

\_\_\_\_\_ I understand that I will be held liable for any equipment damage other than that caused by normal wear. I will pay for repairs or replacement costs (listed and initialed above) and will be charged additional set-up fees if the monitoring device is lost, stolen, or intentionally damaged. I understand that if I damage the monitor in any way, I must my Probation Officer immediately to arrange

an inspection. I will allow authorized personnel to inspect and maintain the GPS device for functionality and damage.

\_\_\_\_\_ Outstanding charges not paid immediately shall accrue at an interest rate of Eighteen Percent (18%) per annum compounded monthly at a pro rata of one and one-half percent (1.5%) per month, not to exceed maximum amount established by law.

\_\_\_\_\_ I understand that there are **NO EXCEPTIONS** to this financial policy.

## CHECK-IN PROCEDURES

1. Each program defendant is required to report to the appropriate Electronic Monitoring Program office. Electronic Monitoring staff will advise the defendant of the date and time of check-in (subject to change upon notice).
2. Weekly fees will be paid at check-in if applicable.
3. It is the responsibility of the defendant to have available all documentation for approved movements from the previous week and submit to Electronic Monitoring staff at check-in. The following are examples of documentation as they apply to you: Pay check stub, Employment/Program Attendance Verification Sheet, grocery store receipt, AA/NA stamps, religious services pamphlet, doctor's slip, court appearance, probation meeting, and hospital discharge paperwork, if applicable.
4. Defendants may be asked to submit to urine screen, breathalyzer, or search of their person.
5. When entering the facility for check-in you will be required to:
  - a. Fill out a Weekly Reporting Sheet.
  - b. Fill out a Schedule and Request Form.
  - c. Have all documentation readily available.
  - d. After completing the schedule, wait until Electronic Monitoring staff calls the defendant.

## ELECTRONIC MONITORING PROGRAM FORMS

In order to assist you, the Electronic Monitoring Program has several forms to facilitate any requests. It is important that the you use the forms correctly, and in the proper manner, so that you will get the appropriate Program staff to approve/disapprove your requests.

### **Schedule and Request Form:**

As a defendant of the Electronic Monitoring Program, you will only be permitted to leave your residence for pre-approved and scheduled time out, which will include the following:

- Work or school
- Court/legal appointments
- Doctor appointments
- Church
- Grocery shopping and/or laundry for up to 2 hours a week, at a location approved by your EM Officer. This privilege depends on each defendant's individual situation and will only be considered if no other person in the household can provide these services.
- Holiday gatherings with the family for Thanksgiving, Christmas or other special occasion, after providing the address and telephone contact information and **only if**

you have complied with the rules and regulations of the Electronic Monitoring Program. This privilege will be the discretion of the court as recommended by the EM Officer.

During the check-in time you will fill out and submit to the EM Officer, The Schedule and Request Form with the appropriate date and time requested for scheduled time out of the residence. This schedule will include all activities that you need time out to complete, as previously stated. The EM Officer will review the schedule for compliance to the program policy and either approve or disapprove the schedule. Should a schedule be disapproved, the EM Officer will work with you until an approved schedule is completed.

It is important that you place all the information that is known on the form. Actual work hours shall be placed on this form. The EM Officer will determine the time to leave and return in range. You must provide documentation for any movement out of the residence to the EM Office upon request or at the next check-in. **You will not be permitted out of range from your residence unless you, someone in your household, or your immediate family have a medical emergency.**

Any additional or special circumstance schedule request (e.g., Hospital visit or Funeral for immediate family) to the EM Officer must be approved by the court, upon recommendation from the EM Officer. Each case will be determined on an individual basis or circumstance. Any privilege(s) may be revoked at any time by the EM Officer or Supervisor, if you fail to comply as outlined in the Defendant Contract and Handbook. **Falsifying or attempting to give false information will result in immediate removal from the Electronic Monitoring Program. Remember – Electronic Monitoring is a privilege and a positive alternative to detention.**

#### **Employment Overtime and Attendance Form:**

You will use this form to document all employment schedules if they are paid bi-weekly, overtime, participation in a program or appointments such as: doctor/dentist, court/probation, when proper documentation is not available. This form must be filled out completely, to legibly include the authorizing person's name and contact information.

#### **Church Application:**

The Church Application Form must be completed and turned in at check-in with all the information about the time and place of the church service on the application. You will submit one church application and are required to be at that address. **The total time that you are absent from home to attend church will be dependent on the service time. For Catholics, Mass attendance will be at the church in the residential village.**

The EM Officer will call the church to verify the information from the church application form. This application **does not** serve as verification of attending the church service. You will have to provide documentation of attending the church service every check-in day.

#### **Holiday/Special Occasion Application:**

The Holiday/Special Occasion Application is for Thanksgiving, Christmas or special occasions must be approved by the court. You must provide Electronic Monitoring Officer with the information of the person, their address and phone number for where you will be on the date requested. **This request, if approved, may be denied at any time prior to the date of the event if a violation is committed.**

**Leaving the house for any unapproved reason, with the exception of a verified Medical Emergency, may result in being removed from the Electronic Monitoring Program.**

### **Calls to the EM Officer and Messages During and After Office Hours:**

The defendant will call his or her EM Officer at the appropriate office (671-475-3318) during office hours of 8:00 A.M. to 4:00 P.M., Monday through Friday, weekends and holidays excluded, with any unexpected schedule changes. If the Probation Office is not immediately available, the defendant will leave a message. The Probation Office will return the call when they are available. **No schedule is approved until the EM Officer and defendant speak to each other. Under NO circumstances will the defendant leave the residence without first speaking to the EM Officer for a non-emergency situation. Leaving a message does not mean that the request has been approved.** The EM Officer will return the call to the defendant when available and the request can be made at that time. The request must be submitted 24 hours prior to the desired change and must be for an unexpected appointment or activity.

**After hours** your assigned EM Officer has a voice mail extension which will only be used for work schedule changes (i.e., if you have mandatory overtime that requires you to report to work early or work later than expected). Voice mail after hours will also be used to inform your assigned EM Officer if you have or had a medical emergency. You are required to leave a message at the earliest opportunity to inform the EM Officer of the medical emergency situation. You are required to obtain documentation verifying the location, date and time you or someone in your household received emergency medical attention. If you were with your household member when they received emergency medical treatment, you must obtain documentation from the hospital stating the date and time you were there and who you were there for. **You must provide this documentation upon request from the EM Officer or have it available at your next office visit.**

**After Hours Voice Mail Extensions: Hill C. Leon Guerrero (671) 475-3462 or  
(671) 988-1299**

### **DRESS CODE FOR OFFENDERS AND VISITORS**

Defendants and visitors entering the facility are expected to be fully clothed and properly dressed at all times, to include footwear. At no time will a midsection of the torso be showing or the shoulders bare, and shorts cannot be shorter than 6" above the top of the kneecap. Proper attire is at the discretion of Electronic Monitoring staff. Defendants, visitors, and their property are subject to search at the discretion of the Electronic Monitoring staff.

### **TERMINATION PROCESS**

Officially, the program defendant's time of release is date and time of termination on a case by case basis. All equipment, including the Tag, the RF Beacon, Tag Battery, and Battery Charger, must be returned to the Electronic Monitoring office in good condition, as instructed. **DO NOT remove the Tag from your ankle.** The Tag must be worn until all equipment is returned to the Electronic Monitoring office, as instructed.

**If the electronic monitoring equipment is not returned within three (3) business days, the program defendant will be charged with theft and/or criminal mischief.**

### **USING THE PHONE**

1. The telephone must be on the hook when not in use.
2. You may NOT have any special features placed on the phone (e.g., call waiting, call forwarding, conference, or three way calling).
3. You must stay current with phone bills, so as not to have disconnected services. If while

on the electronic monitoring program the electricity or phone is disconnected, then you may remain at the place of residence only if it will be turned back on in the allotted amount of time. If the electricity and/or the phone will not be turned on in the allotted amount of time, you will need to find another approved location to move the monitoring equipment to until the electricity and/or phone has been restored. This residence must be in the same village you reside in.

4. Neither the monitor nor the telephone is to be unplugged for any reason.
5. If there are any questions the defendant can call the electronic monitoring office.

**THIS SPACE  
INTENTIONALLY LEFT  
BLANK**

## Electronic Monitoring Schedule and Request Form

Defendant Name (print): \_\_\_\_\_ Request Date: \_\_\_\_\_

Defendant Home Phone #: \_\_\_\_\_ Cell Phone #: \_\_\_\_\_

Home Address: \_\_\_\_\_

Emergency Contact & Phone #: \_\_\_\_\_

Employer & Address: \_\_\_\_\_

Employer Phone #: \_\_\_\_\_

Day / Date	Actual Time/Event	Leave Time	Return Time	Remarks
Sunday				
Monday				
Tuesday				
Wednesday				
Thursday				
Friday				
Saturday				

Request additional allowed movements below:

1. \_\_\_\_\_

2. \_\_\_\_\_

Staff Comments: \_\_\_\_\_

\_\_\_\_\_

- Office Visit with Defendant
- Verification received
- Fees paid
- Urine Screen conducted
- Time Sheet / Pay Stub received
- Weekly Schedule Reviewed/ Updated

Defendant's Signature: \_\_\_\_\_

Probation Officer Signature: \_\_\_\_\_

**EMPLOYMENT OVERTIME and ATTENDANCE VERIFICATION**

DATE	EVENT	ARRIVAL TIME	LEAVE TIME	PRINTED NAME / SIGNATURE OF VERIFYING AUTHORITY	VERIFYING AUTHORITY PHONE #	EM Staff Recd Verification

**Example - EVENT: Work overtime, Church Service**

**CHURCH APPLICATION**  
**Electronic Monitoring Program Defendants Only**

**NOTE:** The total time that the defendant is absent from home to attend church will not exceed 2 hours.

Name: \_\_\_\_\_ Probation officer: \_\_\_\_\_

Date Of Request: \_\_\_\_\_ Day Going To Church: \_\_\_\_\_

~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~

**CHURCH INFORMATION**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

Phone Number: \_\_\_\_\_

**The defendant will submit one church application and is required to be at that address. Each week the defendant is required to submit the requested time out for church service on the Schedule and Request Form. If the defendant wants to attend church at another location, a new application must be submitted with the appropriate information, to be considered.**

**The program defendant has been advised that verification forms are required and the Probation Services Division Electronic Monitoring Program Staff may call to verify at any time.**



**JUDICIARY OF GUAM ELECTRONIC MONITORING DEFENDANT HANDBOOK RECEIPT**

I, \_\_\_\_\_, hereby acknowledge receipt of the Judiciary of Guam/Probation Services Division Electronic Monitoring Defendant Handbook. The handbook has been reviewed and explained to me and it contains the rules governing my conduct while in this Electronic Monitoring Program. If a revision takes place, it will be properly posted and distributed and I will need to conduct myself according to the change made.

Signed: \_\_\_\_\_

Rules delivered by: \_\_\_\_\_

Time and date: \_\_\_\_\_