



ELECTRONIC MONITORING ASSESSMENT PACKET

PLEASE SUBMIT THE PACKET TO:
Office of the Chief of Probation, 2nd Floor, Superior Court of Guam Probation Building

Defendant's Name: _____ Case No. _____

Defendant's Attorney: _____

On _____, Defendant was charged with:

1. _____
2. _____
3. _____

On _____, 2019, the Defendant was held on \$ _____ cash bail. The Defendant now respectfully asks that he/she be allowed to be placed on the Electronic Monitoring Program.

The following are attached for the review:

- A. The Electronic Monitoring Program Homeowner/Primary Tenant Home Verification Agreement (ATTACHMENT 1);
- B. Authorization to Release Information on Telephone Subscriber Service and to Deny or Terminate – Special Telephone Service (ATTACHMENT 2);
- C. Home Confinement Program Residential/Telephone Requirements Checklist (ATTACHMENT 3);
- D. Probation Services Division Intake & Residential Map (Part A) (ATTACHMENT 4);
- E. Probation Services Division Intake and Residential Map (Part B) (ATTACHMENT 5);
- F. Magistrate's Complaint & Declaration (ATTACHMENT 6);
- G. Indictment (if applicable/available) (ATTACHMENT 7);

Respectfully submitted this _____ day of _____, 2019.

ATTORNEY FOR DEFENDANT/PRO SE

ATTACHMENT 1
JUDICIARY OF GUAM
ELECTRONIC MONITORING PROGRAM HOMEOWNER/PRIMARY TENANT
HOME VERIFICATION AGREEMENT

In accordance with authority conferred, _____
is being considered for placement on the Electronic Monitoring Program. As the homeowner or primary
tenant of the residence and the party responsible for the telephone service, I hereby agree to the following
conditions:

1. I acknowledge that the above referenced telephone has a modular (wall____) jack. I am aware that the telephone service CANNOT have any additional options, such as a modem, call forwarding, call waiting, caller I.D., or any extra features attached.
2. I agree NOT to tamper, move, or disconnect the installed monitoring unit unless so directed by Electronic Monitoring Program staff.
3. I agree to be responsible for the telephone and electricity expenses and to maintain both in proper working order.
4. I agree that Probation Electronic Monitoring Program staff can enter my residence at any time, day or night, either announced or unannounced, to install, maintain, repair, inspect, or remove the monitoring equipment, search the premises for weapons, drugs, marijuana or alcohol, and/or to verify that the named defendant above is in compliance with the conditions of the Electronic Monitoring Program throughout the duration.
5. I understand that NO illegal drugs, alcohol, marijuana or firearms/weapons will be permitted in the home or on its premises.

Location of residence: _____

Names of other adults in the residence and the relationship to the defendant.

Name: _____ Relationship: _____ Contact No: _____

Age: _____ Employer: _____ (If applicable)

Name: _____ Relationship: _____ Contact No: _____

Age: _____ Employer: _____ (If applicable)

Name: _____ Relationship: _____ Contact No: _____

Age: _____ Employer: _____ (If applicable)

Name: _____ Relationship: _____ Contact No: _____

Age: _____ Employer: _____ (If applicable)

I, as Homeowner/Primary Tenant, approve the defendant's placement and the rules that must be adhered to and verify that there are NO firearms/weapons, illegal drugs, marijuana and alcohol on the premises of the home.

Signature of Home Owner/Primary Tenant

Date

**ATTACHMENT 2
AUTHORIZATION TO RELEASE INFORMATION
ON TELEPHONE SUBSCRIBER SERVICE
AND TO DENY OR TERMINATE -
SPECIAL TELEPHONE SERVICE**

TO:

(TELEPHONE COMPANY)

(ADDRESS)

FROM:

(SUBSCRIBER)

(TELEPHONE NUMBER)

(ADDRESS)

I, _____, the subscriber of the telephone number listed above, hereby authorize the telephone company listed above to **release any and all telephone service subscriber information** to representatives of the Judiciary of Guam Probation Services.

I further authorize the telephone company to **terminate** any or all of the following special telephone services: CALL FORWARDING, CALL WAITING, CALLER ID, or (specify) _____
_____.

I further authorize the telephone company to deny any request to provide the above special services during the effective term of this authorization.

This authorization will become effective on _____, and will terminate on _____.

Early termination will occur only upon written authorization from the Judiciary of Guam Probation Officials.

(SUBSCRIBER)

(DATE)

(WITNESS)

(DATE)

**ATTACHMENT 3
HOME CONFINEMENT PROGRAM
RESIDENTIAL/TELEPHONE REQUIREMENTS CHECKLIST**

Participant's Name: _____ Criminal Case No.: _____

Home Confinement Program component (*Check One*):

- Curfew Home Detention Home Incarceration
(Allowed to Work)

Residence Address: _____

Home Phone: _____ Second Home Phone: _____ Work Phone: _____

Will a telephone line be available for home confinement program requirements? Yes: ___ No: ___

If yes, this line must have (*check box if requirement is met*):

- Telephone Hook-up
 RJ-1 1 Jack
 Electrical Outlet Accessible

Have the following telephone services been removed? (*Check box if requirement is met*):

- Party Line
 Call Waiting
 Call Forwarding
 3-Way Dialing
 Voice Mail
 Call Block (In/Out)
 Caller ID

Have the following devices been disconnected from the telephone line? (*Check box if requirement is met*):

- Answering Machine
 Computer Modem/Fax Machine
 Cordless Phone
 Other Devices

I declare under penalty of perjury that the foregoing is true and correct to the best of my knowledge.

NAME (print and sign)

Date

I am the (CHECK ONE): [] Homeowner [] Lessee [] Legal Spouse [] Co-habiting Friend
 [] Co-habiting boyfriend/girlfriend [] Co-habiting Relative

**ATTACHMENT 4
(PART A)
PROBATION SERVICES DIVISION
Defendant's Intake & Residential Map (Please PRINT all Information)**

CASE NO: _____ PO: _____ DATE: _____

NAME: _____ SOCIAL SECURITY: _____

EMAIL ADDRESS: _____

ETHNICITY: _____ CITIZENSHIP: _____ MILITARY BRANCH: _____

EMPLOYER: _____ WORK No: _____

FULL-TIME/PART-TIME EMPLOYMENT/SCHOOL SCHEDULE HOURS: _____

MEDICAL INSURANCE CARRIER: _____ HEALTH STATUS: _____

EDUCATION LEVEL: _____ SCHOOL: _____

DISTINGUISHING MARKS/TATTOOS: _____

VEHICLE INFORMATION

Vehicle Make / Model / Color / Year: _____

License Plate No.: _____

Vehicle Make / Model / Color / Year: _____

License Plate No.: _____

Vehicle Make / Model / Color / Year: _____

License Plate No.: _____

WARNING: Failure to provide accurate information is a VIOLATION of your pretrial or release conditions. If at any time you change residence, you must notify your Probation officer immediately and provide a current map.

**ATTACHMENT 4
(CONTINUED)
PROBATION SERVICES DIVISION
Intake & Residential Map (Please PRINT all Information)**

Home Address: _____

Major Landmark: _____

Home Phone Number: _____ Cell Number: _____

Dwelling Type (i.e. concrete, semi-concrete, wood, tin): _____

Color i.e. beige w/ blue trim, brown) _____

Do You Own Any Pets? Yes/No Type: _____ Indoor/Outdoor

Do You Own, Rent, Live With Family? _____ Monthly Rent: \$ _____

PLEASE DRAW A MAP TO YOUR RESIDENCE BELOW

WARNING: Failure to provide accurate information is a VIOLATION of your pretrial release conditions. If at any time you change residence, you must notify your Probation officer immediately and provide a current map.

DEFENDANT'S SIGNATURE: _____ DATE: _____

**ATTACHMENT 5
(PART B)**

DEFENDANT'S SIGNATURE: _____ DATE: _____