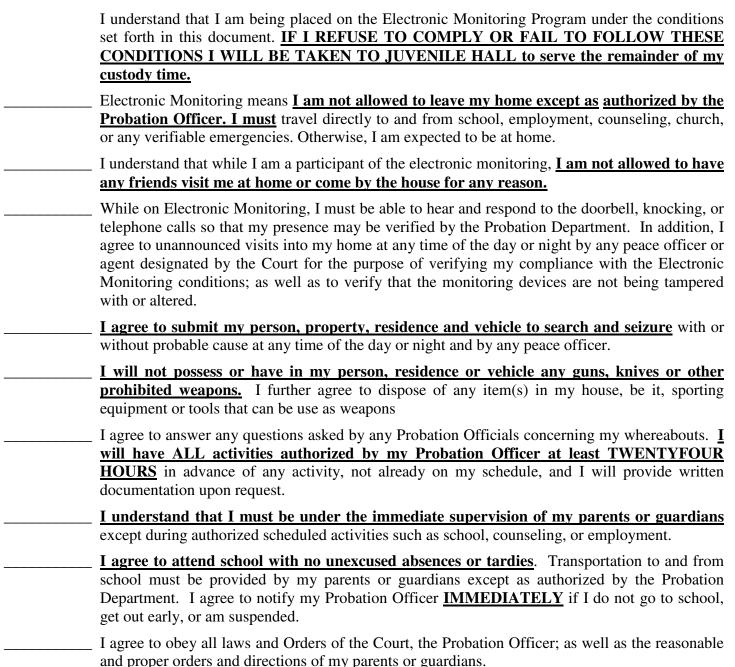
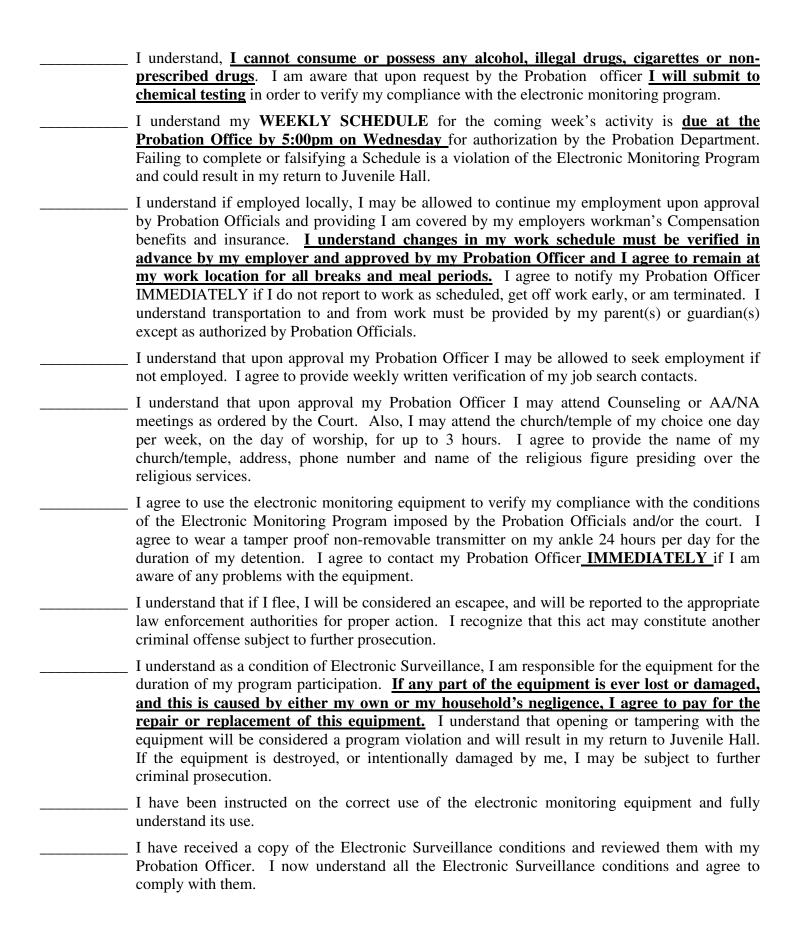


MARIN COUNTY PROBATION DEPARTMENT

Electronic Monitoring (EM) Contract



Rev. 12/09 - 1 -



Rev. 12/09 - 2 -

| I understand that all persons residing in my home must be aware of my placement on the Electronic Surveillance Program. They must be aware of my program requirements as stated in this document and they must agree to support my responsibilities during my detention period. | |
|--|--|
| Program Participant Signature | Date |
| PARENT(S)/GUARDIAN(S): | |
| I am willing to support and assist our child Surveillance Program and its guidelines. I agree to communicate with the Probation Deviolations that I am aware of. I agree to allow the monitoring equipment to guidelines stated in this document. I further understand and agree to pay a \$25. duration my child's participation in the Electrical Surveyage and support the surveyage of the surveyage of | 501 Civic Center Drive Room 217, San Rafael, CA 94903, |
| Parent/Guardian Signature | Date |
| Parent/Guardian Signature | Date Date |

Date

Rev. 12/09 - 3 -

Probation Officer/Group Counselor Signature