

ALDEN WHEELER BONDING & DETECTIVE AGENCY
2812 EAST NORTH AVENUE
ANDERSON, SC 29625
864-437-8850

GPS CONTRACTUAL PROVISIONS

Date _____ County _____ Agent _____ Court Name _____ Case# _____
Monitor Fee \$ _____ Install Fee \$ _____ Unpaid Fee \$ _____ Tag # _____ OBC # _____
Court Date _____ Pretrial Officer _____ Contact: _____ Email: _____
Any Unpaid Monitor Balance will be Subject to an additional \$25.00 Processing Fee. Paying (circle one): Weekly Bi-Weekly Monthly
Charge(s): _____ AKA/Alias: _____
Full Name: _____ Social Security #: _____
Home Address: _____ City/State: _____
Home Phone #: _____ Mobile/Other Phone #: _____ Zip Code: _____
Other Address: _____ City/State/Zip: _____
Date of Birth: _____ Age: _____ Height: _____ Weight: _____ Scars/Tattoos: _____
Hair Color: _____ Eye Color: _____ Race/Nationality: _____ Sex: _____
Employer: _____ Phone #: _____ How Long: _____
Address: _____ City/State/Zip: _____

LIST FAMILY AND/OR FRIENDS AS PERSONAL REFERENCES

Name: _____ Name: _____
Address: _____ Address: _____
City/State: _____ Zip: _____ City/State: _____ Zip: _____
Relation: _____ Phone #: _____ Relation: _____ Phone #: _____

CO-SIGNER(S) INFORMATION ONLY

Full Name: _____ Social Security #: _____
Relationship To Defendant: _____ Driver's License/ID #: _____
Home Address: _____ City/State: _____
Home Phone #: _____ Mobile/Other Phone #: _____ Zip: _____
Birth Date: _____ Sex: _____ License Plate #: _____ Source of Income: _____
Banking Institution: _____ Routing #: _____ Account #: _____
Employer: _____ Phone #: _____
Address: _____ City/State/Zip: _____
Supervisor: _____ Department/Position: _____ How Long: _____
E-Mail: _____

I (We), the co-signer(s), understand that I am (we are) responsible for the monitoring fee to be paid. As a condition of being allowed to participate in the program, if required I agree to pay these costs. I also agree to allow authorized personnel to inspect and maintain the SCRAM Bracelet and charger device (if that device is being utilized). While participating in the program, I agree to wear a non-removable SCRAM Bracelet that will be attached by my agent, officer, or authorized agency personnel. I agree not to remove, tamper with, or place any obstruction material between the SCRAM Bracelet and my leg. Only in an emergency or with the prior permission of my officer or agent will I remove the SCRAM Bracelet. I also agree not to remove, disconnect or tamper with the BUDDI (if that device is being utilized) without the prior approval of my agent. **Warning: I AGREE THAT I WILL HOLD HARMLESS THE SERVICE PROVIDER, INSTALLER AND MANUFACTURER OF THE AFOREMENTIONED DEVICE IN THE OCCURRENCE OF ANY OF THE FOLLOWING: PHYSIOLOGICAL ADVERSE EFFECTS, CLAIMS, ATTORNEY FEES, COSTS, MANUFACTURER'S DEFECTS OR ANY OTHER INJURIES RESULTING FROM THE MONITORING DEVICE.** If I experience a burning sensation, rash on my skin or any other apparent health risk from the bracelet, I will contact my agent immediately. If I must remove the SCRAM Bracelet for health risk, I will only cut the strap with doctors' notification or EMS consent. Failure to pay monitoring fees will result in collections and legal actions will be taken to collect the debt.

Co-Signer Signature

Date

Co-Signer Signature

Date

Defendant Signature

Date

IT IS HEREBY ORDERED BY: _____ THAT THE ABOVE CLIENT IS
REQUIRED TO WEAR A GPS MONITOR.

THE FOLLOWING RESTRICTIONS ARE IN PLACE:

1. _____
2. _____
3. _____
4. _____

SCHEDULED APPOINTMENTS THAT ARE CURRENTLY ACTIVE:

1. _____
2. _____
3. _____
4. _____
5. _____

I UNDERSTAND THAT I **WILL NOT TAMPER WITH, DESTROY OR REMOVE THE DEVICE.**

INITIAL HERE _____

I UNDERSTAND THAT UPON DAMAGING OR REMOVING THE MONITOR I WILL BE LIABLE FOR THE FULL COST OF THE DEVICE IN THE AMOUNT NOT TO EXCEED \$1,650.00 USD. CRIMINAL CHARGES THAT COULD ALSO OCCUR WITHIN THE JURISDICTION OF THE COURT COULD INCLUDE, BUT ARE NOT LIMITED TO: ESCAPE, THEFT OVER \$700 AND VANDALISM. **CHARGES WILL BE FILED BY Alden Wheeler Detective Agency & GPS UPON THE RECEIPT AND VERIFICATION OF ANY TAMPERING ALERT.**

INITIAL HERE _____

I UNDERSTAND THAT I WILL CHARGE MY MONITOR **2 HOURS** WITHIN A **24 HOUR PERIOD.**

INITIAL HERE _____

I UNDERSTAND THAT I WILL STAY WITHIN MY ZONES AS ORDERED BY THE COURT AND/OR ENTITY.

INITIAL HERE _____

I AGREE THAT I WILL HOLD HARMLESS THE SERVICE PROVIDER, INSTALLER AND MANUFACTURER OF THE AFFORMENTIONED DEVICE IN THE OCCURRENCE OF ANY OF THE FOLLOWING: PHYSIOLOGICAL ADVERSE EFFECTS, CLAIMS, ATTORNEY FEES, COSTS, MANUFACTURER'S DEFECTS OR ANY OTHER INJURIES RESULTING FROM THE MONITORING DEVICE.

INITIAL HERE _____

CRITERIA FOR VIOLATIONS:

FAILURE TO COMPLY WITH ANY OF THE ABOVE AGREEMENTS WILL RESULT IN REVOCATION OF OUR MONITOR. ANY OF THE FOLLOWING ACTIONS WILL RESULT IN A VIOATION:

- **IF YOUR MONITOR REACHES 50% BATTERY, YOU WILL RECEIVE A PHONE CALL.**
- **IF YOU FAIL TO CHARGE YOUR MONITOR AND IT REACHES 30%, AN AGENT WILL RETRIEVE YOUR MONITOR AND YOU WILL BE IN VIOLATION.**
- **IF YOU ARE ON HOUSE ARREST AND YOU LEAVE YOUR ZONE, YOU WILL BE IN VIOLATION**
- **IF YOU DO NOT CONTACT THE SERVICE PROVIDER TO NOTIFY OF ANY SCHEDULED EVENT A FULL 24 HOURS BEFORE THE EVENT, YOU WILL BE IN VIOLATION.**

INITIAL HERE _____

PARTICIPANT/CLIENT SIGNATURE

CO-SIGNER/PARENT SIGNATURE

Alden Wheeler Detective Agency & GPS REPRESENTATIVE. SIGNATURE

DATE