

**La Crosse County Justice Support Services  
Client Rules**

Sentenced     Bond     Testing     OWI 2     OWI Court     Drug Court

*The following rules are in addition to any court-ordered conditions. Justice Support Services' conditions may be revoked if you do not comply with any of the court ordered conditions or if you violate any of the following rules. Please read and initial next to each of the following:*

1. \_\_\_\_\_ If I am assigned testing colors, I will phone Justice Support Services **daily** at 608-785-5532 to find out if my color was called. I will report to Justice Support Services for a drug and/or alcohol test as determined by the assigned color(s). Missed tests or positive tests may result in incarceration. Only a Social Worker or Treatment Team can excuse a test.
2. \_\_\_\_\_ While participating in Justice Support Services I will not use any illegal substances, controlled substances not prescribed to me, or consume alcohol. I will submit any prescription drug documentation to Justice Support Services. Missed or positive tests may result in incarceration. You may be required to take a test, even on days when not scheduled, if probable cause is noted.
3. \_\_\_\_\_ I will not leave my home/apt. during curfew (if applicable) or while on electronic monitoring except during pre-approved hours.
4. \_\_\_\_\_ I will not change my residence without **ADVANCED** approval from the Justice Support Services.
5. \_\_\_\_\_ **All** adult occupants at my place of residence will be made known to the Justice Support Services staff.

Names: \_\_\_\_\_

Names: \_\_\_\_\_

6. \_\_\_\_\_ I will get approval from the Justice Support Services staff in advance of any plans to leave the jurisdiction and the date of my return.
7. \_\_\_\_\_ I agree to provide a phone number where I can **ALWAYS** be reached or am able to receive a message.
8. \_\_\_\_\_ I will attend all scheduled court hearings.
9. \_\_\_\_\_ I understand community service may be required.
10. \_\_\_\_\_ I will report all police contact to the Justice Support Services Staff.
11. \_\_\_\_\_ I will report all hospital admissions to Justice Support Services Staff.
12. \_\_\_\_\_ I will not give any false information to the Justice Support Services staff.
13. \_\_\_\_\_ **THE ABOVE RULES AND CONDITIONS HAVE BEEN EXPLAINED TO ME AND I UNDERSTAND THAT VIOLATIONS MAY RESULT IN MY TERMINATION FROM THE PROGRAM AND MY RETURN TO JAIL. I UNDERSTAND IT IS MY RESPONSIBILITY TO KNOW THAT AN ORDER TO DETAIN OR A WARRANT MAY BE ISSUED.**

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Staff Signature*

**Revised 7/17  
RULES AND REQUIREMENTS**

1. \_\_\_\_\_ While being supervised by electronic monitoring, I will keep the GPS tracker charged, and on my person. I will charge 3 hours daily, or until the green light stops blinking and stays on.
2. \_\_\_\_\_ I will be held responsible for any damage to the equipment. I will not tamper with the equipment or allow anyone else to do so. All equipment will be returned, in good condition, to the Justice Support Services upon completion or termination of the program. If I do not return the equipment I may be reported to the District Attorney’s Office for possible charges AND it will be added to my bill with Human Services. **IF YOU DO NOT RETURN THE EQUIPMENT, WE HAVE THE RIGHT TO REFUSE TO ISSUE MORE EQUIPMENT TO YOU IN THE FUTURE. THIS COULD RESULT IN SERVING TIME IN JAIL INSTEAD OF ON ELECTRONIC MONITORING.**
3. \_\_\_\_\_ I will submit a written schedule to the Justice Support Services staff a minimum of 24 hours prior to the beginning of the schedule. The Justice Support Services staff may approve the schedule but has the right to deny any request.

*The above has been explained to me and I understand that violations of the electronic monitoring equipment may result in my return to the La Crosse County Jail.*

I have received a:

- \_\_\_\_\_ SCRAM Remote Breath Device – **\$924.73** replacement cost
- \_\_\_\_\_ SCRAM - G.P.S. (One Piece) - **\$652.75** replacement cost.

**EQUIPMENT COSTS ARE SUBJECT TO CHANGE WITHOUT NOTICE.**

*I am responsible for and will return the equipment upon completion of this program. I will continue to be billed for the use of the equipment until it is returned to the Justice Support Services. I will be responsible for the replacement cost of the equipment if it is not returned.*

\_\_\_\_\_  
*Client Signature*

\_\_\_\_\_  
*Date Signed*

\_\_\_\_\_  
*Staff Signature*

NAME: \_\_\_\_\_

AVATAR: \_\_\_\_\_

2

DATE: \_\_\_\_\_

EPISODE

JSS CODE