

Utah County Sheriff's Office  
Corrections Division  
GPS Program

GPS Monitoring Program Application

APPLICANT INFORMATION:

Name: Last \_\_\_\_\_ First \_\_\_\_\_ MI \_\_\_\_\_

List any aliases you have ever used \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_ Race \_\_\_\_\_ Sex \_\_\_\_\_

Ht. \_\_\_\_/\_\_\_\_ Wt. \_\_\_\_\_ Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Facial Hair \_\_\_\_\_

SSN# \_\_\_\_\_ Drivers License: State \_\_\_\_\_ Number \_\_\_\_\_

Valid/Revoked/Suspended

Scars, Marks & Tattoos: \_\_\_\_\_

Place of Birth: City \_\_\_\_\_ State \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Phone: \_\_\_\_\_ Cell: \_\_\_\_\_ Pager: \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_ How long in Utah? \_\_\_\_\_

Do you plan to move before your commitment is completed? \_\_\_\_\_

Employer's Company Name: \_\_\_\_\_ Phone: \_\_\_\_\_

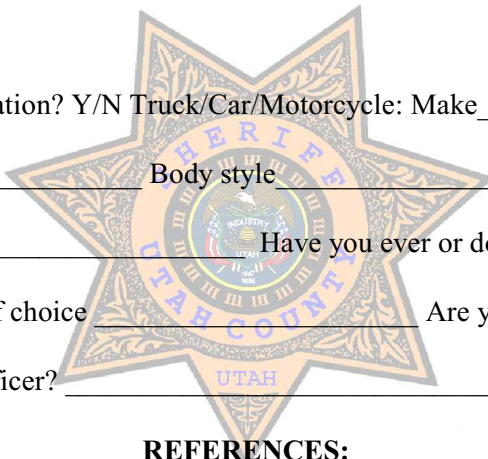
Company's Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Emergency Contact's Name:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

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

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_



Do you have reliable transportation? Y/N Truck/Car/Motorcycle: Make \_\_\_\_\_ Year \_\_\_\_\_  
Model \_\_\_\_\_ Color \_\_\_\_\_ Body style \_\_\_\_\_ License Plate # \_\_\_\_\_  
Insurer/Policy# \_\_\_\_\_ Have you ever or do you now suffer from a drug or  
alcohol addiction? Y/N Drug of choice \_\_\_\_\_ Are you on probation or parole? Y/N  
If so, who is your probation officer? \_\_\_\_\_ Phone: \_\_\_\_\_

**REFERENCES:**

List three people, who you are not related to, do not live with and have known you for at least one year.

Name \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Name \_\_\_\_\_ Employer \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_

**WHOM DO YOU LIVE WITH?**

Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_  
Name \_\_\_\_\_ Relationship \_\_\_\_\_

**I hereby give to the Sheriff's Office the authority to conduct any comprehensive investigation of my background that the Sheriff's Office deems necessary, including but not necessarily limited to, oral discussions with any persons concerning my eligibility for the GPS Monitoring Program.**

**I have read, understand, and agree to abide by the terms and conditions of the GPS Monitoring Program as listed in the GPS Monitoring Program Rules. I understand that failure to comply with any of the above conditions may result in my immediate return to the secure jail facility, administrative disciplinary action, and/or criminal charges being filed.**

**Applicants Signature** \_\_\_\_\_ **Date:** \_\_\_\_ / \_\_\_\_ / \_\_\_\_\_

# DRUG & ALCOHOL NOTICE

You will be tested for drugs and alcohol when you start the GPS Monitoring Program. Be prepared to give a uranalysis and breath sample. If your uranalysis is positive for drugs or your breath sample is positive for alcohol you will be removed from the GPS Monitoring Program and complete the next 7 days of your sentence in secure portion of the jail.

Inmates using prohibited drugs will not be allowed to participate in the GPS Monitoring Program.

To ensure you will not test positive for prohibited drugs, speak to a GPS Deputy **privately** and with your doctor regarding any changes to your prescriptions you may need to make to comply with program rules. We will be testing for Amphetamines, Barbiturates, Benzodiazepines, Methamphetamines, THC, PCP, Cocaine, Opiates, Suboxone, Oxycotin, and Methadone. If you are taking Zoloft it can test positive for Benzodiazepines. You will not be allowed to take anything that will alter your mood or behavior (including prescriptions), specifically the new incense named Spice/Smile or any similar products.

**If you have any question regarding whether something you are taking (including prescriptions) will test positive as a prohibited drug or whether it is safe for you to stop taking something being prescribed to you, it is your responsibility to meet and speak with your doctor first.**

List all prescribed medications **whether you are taking them or not**, and any over the counter medications.

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Signature \_\_\_\_\_

Date \_\_\_\_\_

Print Name \_\_\_\_\_

Updated 07/07/14



**Utah County Sheriff's Office**  
**Corrections Division**  
**GPS Program Terms & Conditions**

**Initial** \_\_\_\_\_ 1. Entering this program, I agree to the terms and conditions of this contract. I will remain in compliance with these provisions during my participation in this program.

**Initial** \_\_\_\_\_ 2. I agree to remain in the listed residence at all times unless approved by my GPS Deputy. That I and all other residents agree to grant admittance to the residence to the GPS Deputies or any Law Enforcement Officers at any hour of the day or night to check the monitoring equipment or for any other law enforcement reason.

**Initial** \_\_\_\_\_ 3. That no individuals may join the household unless specifically approved in advance by the GPS Deputies. The only felons that will be allowed to live with you are your immediate family.

**Initial** \_\_\_\_\_ 4. That no unapproved social gatherings will be held in the residence (no parties).

**Initial** \_\_\_\_\_ 5. To report any emergencies immediately, or as soon after resolution of the emergency as possible. This includes medical emergencies, loss of transportation, loss of residence, loss of job, loss of phone, etc.

**Initial** \_\_\_\_\_ 6. To confine all animals in order to allow free access to the residence by the GPS Deputies or other Law Enforcement Officers.

**Initial** \_\_\_\_\_ 7. I will not operate any motor vehicle unless properly licensed and insured as required by law.

**Initial** \_\_\_\_\_ 8. That I will have no contact with other GPS participants, felons or current jail inmates outside of the GPS Monday Class.

**Initial** \_\_\_\_\_ 9. I will **NOT** go to any houses, apartments, trailers, R.V. Parks, etc. that have not been approved by my GPS Deputy. I will not associate with persons deemed undesirable by the GPS Deputies. This includes while on my **FREE TIME**. Any violations of this rule could result in being removed from the GPS Program.

**Initial** \_\_\_\_\_ 10. That I and all household residents agree to the following:

- a. No alcohol in the residence or vehicles.
- b. No illegal drugs, narcotics or drug paraphernalia in the residence or vehicles.
- c. No firearms or dangerous weapons in the residence or vehicles.

**Initial** \_\_\_\_\_ 11. I will abstain from consumption or possession of alcoholic beverages and will not enter any establishment where the sale of alcoholic beverages is the primary source of income.

**Initial** \_\_\_\_\_ 12. To submit to chemical testing in the form of blood, breath or urine tests for the detection of alcohol and/or drugs upon the request of the GPS Deputies or any other Law Enforcement Officer. The type of test will be left to the discretion of the deputy.

**Initial** \_\_\_\_\_ 13. Violation of any rules related to using drugs or alcohol will result in your GPS status being suspended. You will be reclassified to the secure portion of the jail for a period of time your GPS status is revoked (normally 30 days). A second violation could result in your GPS privileges being permanently revoked and you will serve the remainder of your sentence in the secure portion of the jail.

**Initial \_\_\_\_\_** 14. **Do NOT take or FILL any medication, (prescription or over the counter) before having it approved by your GPS Deputy.** I will not take anything that alters my mood and/or behavior, specifically Spice/Smile, Ivory Wave or any similar products. **There are no exceptions to this rule.**

**Initial \_\_\_\_\_** 15. I agree to participate in specified programs as directed by the Court or those scheduled with the GPS Deputies. I will not terminate said program (s) without the permission of the therapist, Court and or my GPS Deputy.

**Initial \_\_\_\_\_** 16. All GPS inmates will be required to attend a class at a designated county building every Monday night as directed by a GPS Deputy. **Currently held at the Health and Justice Building at 151 S. University Avenue in Provo from 6:00 - 8:00 P.M. There will be no smoking in the County Building, or outside the building at the entry ways or in the County Parking Lots.** Once class has started you are not allowed to leave for any reason without a GPS Deputies' approval. GPS inmates are the **ONLY** ones allowed in class (this means **No spouses, significant others, children, rides, etc.**). **No children will be allowed in the building due to safety issues.**

**Initial \_\_\_\_\_** 17. I agree **NOT** to use my cell phone or any other electronic device for any reason while in GPS Orientation or at Monday night class. I will not be disruptive while in class and show respect for the person(s) teaching the class. I will wear modest clothing to class and or the jail: **NO shorts, dresses or skirts above the knee, NO tank tops or sleeveless shirts, drug or gang related labeled clothing, torn or clothes with holes.**

**Initial \_\_\_\_\_** 18. I agree **not to possess or have in my vehicle or home** any firearm, dangerous weapon, alcohol, illegal drug or illegal drug paraphernalia.

**Initial \_\_\_\_\_** 19. To submit my person, vehicle, or residence to search and seizure at any time, day or night, with or without reasonable or probable cause. The search may be conducted by any GPS Deputy or other Law Enforcement Officer. K-9's may be used at the discretion of the GPS Deputy or Law Enforcement Officer.

**Initial \_\_\_\_\_** 20. That at all times, I will uphold and obey the laws of the United States, the State of Utah and the statutes and ordinances of all cities, counties and localities where I work and reside.

**Initial \_\_\_\_\_** 21. That I am to provide food, shelter, clothing, medical, and dental care for myself during the time I participate in the GPS Monitoring Program.

**Initial \_\_\_\_\_** 22. I will maintain an operating telephone upon which I can be contacted and pay all associated cost for billing, upkeep and maintenance of that phone. I will notify my GPS Deputy immediately if my phone number changes. I agree to be within hearing range of my telephone at all times and that I will within 60 seconds answer my phone and verify my presence.

**Initial \_\_\_\_\_** 23. That I will not, or allow anyone else to; tamper with, remove, disconnect or attempt to repair the GPS equipment.

**Initial \_\_\_\_\_** 24. I understand that I will be held responsible for any damage to the GPS equipment. If any damage occurs, I may be removed from the program, have criminal charges filed, and **will pay the replacement cost of the equipment.**

**Initial \_\_\_\_\_** 25. I agree to a deposit of \$30 that will be held while I am assigned a charger for the GPS device I use. This money will be refunded as long as I have not damaged the assigned charger. This money may be used to pay off unpaid GPS and or jail fees.

**Initial \_\_\_\_\_** 26. I agree to abide by all instructions of the Court, GPS Deputies, and representatives of the monitoring center for the proper care, maintenance, and utilization of the equipment assigned to me.

**Initial** \_\_\_\_\_ 27. I agree that Utah County, its agents and the company providing the electronic monitoring equipment are not liable for any damages incurred as a result of my wearing or tampering with the monitoring device and that any damages associated with my wearing or tampering with the monitoring device are a result of my own negligence.

**Initial** \_\_\_\_\_ 28. I agree to wear the ankle bracelet 24 hours a day during my entire commitment to the GPS Program. **I further agree to keep the device charged as directed at the time of my orientation. My failure to maintain my device charged, may result in being charged criminally for escape from custody.**

**Initial** \_\_\_\_\_ 29. A computer printout may be used as evidence in a court of law to prove a violation of the GPS Monitoring Program.

**Initial** \_\_\_\_\_ 30. That a loss of a receiving signal, the receipt of a tamper signal or the receipt of a signal indicating absence from my assigned location (home, work, therapy, etc.) is physical evidence, constituting a violation of my GPS agreement and may be considered an escape and result in prosecution.

**Initial** \_\_\_\_\_ 31. I agree to treat every person with respect, whether that person is another inmate, deputy, jail staff worker, etc.

**Initial** \_\_\_\_\_ 32. To call in all emergencies as explained in the **Phone Message Procedure**.

**Initial** \_\_\_\_\_ 33. **To have the program fees in the form of a cashier's check or money order made out to the Utah County Jail, with my name and booking # printed on it.** To make sure I use my preprinted envelope and not another inmate's envelope and fill out the envelope properly including amount and date at the Monday night class. A receipt for your deposit will be available upon your request.

**Initial** \_\_\_\_\_ 34. Inmates shall not damage any part of the facility during their visits to this facility. This includes, but is not limited to: Safety and security systems, the building, electrical, air handling, water, sewer, sound, or video systems.

**Initial** \_\_\_\_\_ 35. To use designated sidewalks and crosswalks while walking on jail grounds. To park your personal vehicle in the Jail Industries building parking lot while on jail grounds, or in any stall not designated as staff, or handicapped parking.

**Initial** \_\_\_\_\_ 36. To have those persons who transported you to the jail wait outside when you come to pay your fees.

**Initial** \_\_\_\_\_ 37. To **not** contact jail staff other than the GPS Deputies while enrolled in the program, unless permission is given.

**Initial** \_\_\_\_\_ 38. Inmates found in violation of the GPS Program rules and regulations will be subject to disciplinary action which may result in the loss of Free Time and GPS Monitoring privileges.

**Initial** \_\_\_\_\_ 39. Inmates may work out of their homes only when they meet the following conditions:

- a. The Inmate must be self-employed with a valid business license that lists his/her residence as the primary business location.
- b. Self-employment must be approved by the GPS Sergeant

**Initial** \_\_\_\_\_ 40. Inmates **will not travel more than 1 hour away from the jail for any reason**, even if work related, without first receiving permission from their GPS Deputy. The only exception to this is if you live in Salt Lake County.

**Initial \_\_\_\_\_** 41. **I must bring a copy of my paycheck or pay stub to orientation or the first Monday after receiving it.** My paycheck or pay stub must show hours worked, hourly wage, taxes withheld, gross and net pay on it.

**Initial \_\_\_\_\_** 42. I will check with my GPS Deputy **BEFORE** filling any prescriptions. **I will be accountable for each pill on every prescription filled while on the GPS Program.** If I am short even 1 pill that has not been approved by my GPS Deputy for me to take, I maybe returned taken off the GPS Program and returned to a secure area of the jail.

**Initial \_\_\_\_\_** 43. Inmates who do not pay their fees on time may be reclassified to the Utah County Jail for a minimum of two weeks for the first offense. A second offense will result in being removed from the GPS Program permanently.

**Initial \_\_\_\_\_** 44. Inmates who test positive for drugs or alcohol at intake will be returned to secure portion of the jail for Seven (7) days. Inmates who are in the GPS Monitoring Program and test positive for alcohol or drugs will be returned to the Utah County Jail for a period of 30 days. I must reapply for the GPS Program and have \$100.00 on my books plus have all past GPS fees current prior to being reinstated in the GPS Program. A second violation will result in the loss of GPS privileges for the remainder of my sentence.

**Initial \_\_\_\_\_** 45. I understand that while on the GPS Program, if the results of my uranalysis are positive, I may charged \$10.00 per uranalysis that I have been given while on the GPS Program.

**Initial \_\_\_\_\_** 46. I will provide a urine sample within 15 minutes of the deputies arrival or I will go to the Jail Industries Building within 1 hour and 45 minutes to provide a urine sample. I will not drink more than 2 glasses of water while waiting to provide a uranalysis. I acknowledge that with my failure to provide a urine sample in the allotted time, it will result in my being returned to the secure portion of the jail for 30 days.

**Initial \_\_\_\_\_** 47. **Inmates who are removed from the GPS Program and reclassified to jail or those who chose to serve straight time, will be subject to Pay-To-Stay fees.**

**Initial \_\_\_\_\_** 48. **While on the GPS Program, I understand that if I am subject to paying Pay-To-Stay fees, I must pay \$50 a month, after being on the GPS Program thirty days. Please mark your envelope that \$50.00 is for Pay-To-Stay fees. This payment is due the first Monday of each month.**

**Initial \_\_\_\_\_** 49. **If I owe for DNA, I will pay \$150.00 when I start the GPS Program or for the first 5 deposits pay \$70.00 GPS + \$30.00 DNA for a total of \$100.00 each deposit until DNA is paid. DNA must be paid in full before being released from the GPS Monitoring Program.**

I \_\_\_\_\_, hereby affirm that I have read, understand, and voluntarily agree to abide by all of the terms and conditions contained in this packet. I will obey and uphold all rules of the GPS Program.

Inmate's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

Deputy's Signature \_\_\_\_\_ Date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**UTAH COUNTY JAIL GPS MONITORING PROGRAM**  
**WORK SEARCH RULES AND GUIDELINES**

Inmate's name \_\_\_\_\_ Date \_\_\_\_\_

1. **Initial** \_\_\_\_\_ Work Search is a part of the GPS Monitoring Program. It is intended to give inmates who are coming into GPS Monitoring from the secure portion of the jail or have lost their job due to reasons that are not a violation of the inmates GPS Monitoring Agreement an opportunity to find work. Work Search is also available to inmates who book directly into the GPS Monitoring Program.
  
2. **Initial** \_\_\_\_\_ Work Search is available 8 hours per day for 5 working days, this eliminates Saturdays, Sundays and holidays. If more Work Search time is needed beyond the five days, the inmate needs to request permission from his/her GPS Deputy. The inmate's supervising deputy or GPS Sergeant will base their decision on the inmate's performance on Work Search (number of job contacts per day, consistency of job contacts throughout the day, and if the contacts the inmate made were able to be verified).
  
3. **Initial** \_\_\_\_\_ You will need to take a Work Search Job Contact paper each day when you go out for Work Search and **turn in a work search form for each day when you pay your fees on Monday. Turn the work search form(s) into your GPS Deputy** even if you get hired.
  
4. **Initial** \_\_\_\_\_ You will be required to make consistent job checks throughout the day. This means that if you are out for 8 hours that your contacts paper should reflect 8 hours worth of job contacts (usually at least 1 per every hour out). **Calling on the phone is not making job contacts. You must go and see employers in person.**
  
5. **Initial** \_\_\_\_\_ **You are NOT allowed to go home** until the end of the day. Work Search is usually 9:00 A.M. - 5:00 P.M. You are not allowed a lunch break. **Eat on the go!**
  
6. **Initial** \_\_\_\_\_ When you do get hired, contact your GPS Deputy immediately. You must turn in a copy of your first pay stub when you get one.
  
7. **Initial** \_\_\_\_\_ Any violation of the above mentioned rules, any GPS Monitoring rule, or any Jail rule can result in a disciplinary hearing and reclassification out of the GPS Program.

Inmate Signature \_\_\_\_\_ Date \_\_\_\_\_

Deputy Signature \_\_\_\_\_ Date \_\_\_\_\_

Updated 09/15/15\_