

**COURT OF COMMON PLEAS OF MONROE COUNTY  
FORTY-THIRD JUDICIAL DISTRICT  
COMMONWEALTH OF PENNSYLVANIA**

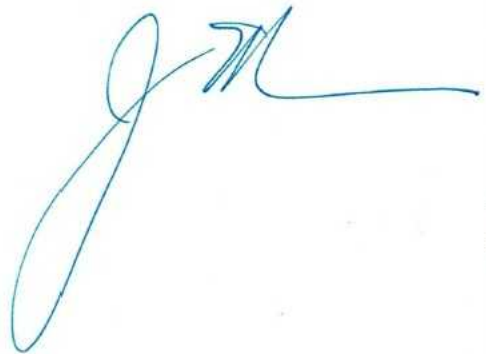
In re: **ADMINISTRATIVE ORDER -** : **No. 1 AD 2026**  
**CONDITIONS OF ADULT** : **5 CV 2026**  
**PROBATION, PAROLE, AND** :  
**PRETRIAL SUPERVISION** :

**ADMINISTRATIVE ORDER**

**AND NOW**, this 27th day of March, 2026, it is the **ORDER** of this Court that the attached rules and regulations of probation (Exhibit A), parole (Exhibit B), and defendants subject to pretrial supervision as a condition of bail (Exhibit C) are adopted and entered as specific conditions of supervision for all adult cases of probation, parole, and pretrial supervision in the 43<sup>rd</sup> Judicial District. Additional special conditions of supervision may be added at the time of bail, sentencing, disposition, and parole, or during the course of supervision, as related to the defendant's rehabilitation, supervision, and community safety.

This Order supersedes Administrative Order 1 of 2024.

**BY THE COURT:**

A handwritten signature in blue ink, appearing to read 'J. Mark', is written over a faint, circular embossed seal. The signature is fluid and cursive.

**Jonathan Mark, P.J.**

**cc:** Honorable Jennifer Harlacher Sibum  
Honorable Stephen M. Higgins  
Honorable David J. Williamson  
Honorable C. Daniel Higgins  
Honorable Patrick J. Best  
Honorable Janet Jackson  
All Magisterial District Judges  
Bernard Sikora, Chief Probation Officer  
Paola Medrano, Director of Pretrial Services  
Cori Doughty, District Court Administrator  
Eugene Ruddy, Warden, Monroe County Correctional Facility  
George Warden, Monroe County Prothonotary/Clerk of Courts  
District Attorney  
Public Defender  
Monroe County Board of Commissioners  
Monroe County Bar Association

# **Exhibit A**

**COMMONWEALTH OF PENNSYLVANIA**  
**MONROE COUNTY ADULT PROBATION DEPARTMENT**

610 Monroe Street STROUDSBURG, PA 18360  
PHONE (570) 517-3098 FAX (570) 517-3869

TO: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_ MAXIMUM DATE: \_\_\_\_\_

In accordance with the authority conferred by the Court of Law, you have been placed on **PROBATION** on this \_\_\_\_\_ for a period of \_\_\_\_\_ by the Honorable Judge \_\_\_\_\_ Court of Common Pleas 43<sup>rd</sup> Judicial District. You are subject to the following rules.

**RULES FOR PROBATION**

1. You will be under the supervision of the Monroe County Probation Department.
2. Report regularly, in person or as instructed by your probation officer and abide by any instructions of your probation officer.
3. Comply with all municipal, county, state, and federal criminal laws, ordinances, and regulations, as well as the provisions of the Vehicle Code.
4. Notify your probation officer within 72 hours of any arrest or citation.
5. Make every effort to obtain and maintain employment and to support your legal dependents; if employment is lost or changed notify your probation officer within 72 hours and cooperate with your probation officer in finding other employment. Your probation officer may direct you to participate in the Work Search Program.
6. Remain in the county within the Commonwealth to which you have been placed on probation, unless permission has been granted by your probation officer prior to leaving.
7. Abstain from the unlawful possession, consumption, or sale of narcotics and dangerous drugs, and abstain from the use of controlled substances within the meaning of the Controlled Substance Drug, Device and Cosmetic Act without a valid prescription.
8. Abstain from the use of alcoholic beverages.
9. Submit to drug and alcohol testing as directed by your probation officer.
10. Refrain from possessing any firearm, deadly, or offensive weapon without the authorization from your probation officer.
11. Refrain from overt behavior which threatens or presents a clear and present danger to yourself or others.
12. Keep your probation officer informed of any changes in address or residence within 15 days.
13. Report promptly on the dates set forth. If for any unavoidable reason you are unable to do so, communicate with your probation officer without delay.
14. I understand that, by being granted probation, I consent to the warrantless search of my person, possessions, and residence as determined by my probation officer.
15. Pay your fine, court costs, and/or restitution as directed by your probation officer. \_\_\_\_\_
16. I understand that if I am required to obtain an evaluation, I must contact an approved provider within 5 days to schedule my initial appointment. I must provide a copy of the recommendation to my probation officer within 10 days of completion.
17. If I am required to participate in a treatment program of any kind, it is my responsibility to provide written verification of attendance, participation, and completion to my Probation Officer monthly. I also understand that I am required to sign releases of information with the service provider for the purpose of my Probation Officer verifying my attendance.
18. Comply with all conditions which have been imposed by the Court.

Special conditions: \_\_\_\_\_

If I should be arrested in another state during the period of my probation, I will waive extradition and will not resist being returned by the court to the state of Pennsylvania.

If I violate any of the above conditions, I will be subject to arrest, modification of my probation, and/or revocation of probation and resentencing, until the expiration of my maximum sentence, or until such time as I may be legally discharged.

**TRANSFER OF SUPERVISION TO ANOTHER JURISDICTION**

If my supervision is transferred to another county or state at my request, I agree that any witnesses from another county or state may testify via Alternative Communication Technology and shall not be required to appear in person during any scheduled violation hearings.

**AGREEMENT BY PROBATIONER**

I have read, or have had read to me, the foregoing conditions of my probation which I fully understand and agree to abide by and strictly follow. I fully understand the penalties involved should I in any manner violate these rules.

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Signature of Probationer

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Signature of Probation Officer

---

Date

**COMMONWEALTH OF PENNSYLVANIA**  
**MONROE COUNTY ADULT PROBATION DEPARTMENT**

610 Monroe Street STROUDSBURG, PA 18360  
PHONE (570) 517-3098 FAX (570) 517-3869

TO: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_ MAXIMUM DATE: \_\_\_\_\_

**ADDITIONAL RULES FOR ALL PROBATION SENTENCES BEING SERVED DUE TO A  
CONVICTION FOR ANY SEX OFFENSE LISTED UNDER CHAPTER 31 OF THE CRIMES CODE,  
CORRUPTION OF A MINOR (BASED ON A CHAPTER 31 CRIME), SEXUAL ABUSE OF  
CHILDREN (CHILD PORNOGRAPHY), UNLAWFUL CONTACT WITH A MINOR, SEXUAL  
EXPLOITATION OF CHILDREN, AND PROSTITUTION**

19. You must obtain a sex offender evaluation from a sex offender treatment provider who is approved by your Probation/Parole Officer. You must comply with and successfully complete all treatment recommendations including polygraph examinations, resulting from this evaluation. You must pay the cost of the evaluation, polygraph(s) and treatment. You must also provide written authorization for release of confidential information between your sex offender treatment provider and the Probation Department.
20. You will abstain from the use of or possession of any medications or supplements designed or intended for the purpose of enhancing sexual performance or treating erectile dysfunction without the prior written approval of probation/parole supervision staff.
21. You must not have any contact with your victim(s) without the prior written approval of your Probation/Parole Officer and if in treatment, in agreement with your treatment provider. This includes direct and indirect contact, written correspondence, telephone contact or contact through a third party. You must immediately report to your parole agent any incidental contact you have with any victim(s). Contact, for the purpose of this condition and all other conditions, is defined as follows: (1) actual physical touching; (2) writing letters, sending messages, buying presents, sending email, sending instant messages, contact via social media, sending text messages, calling on a telephone/cell phone (3) and verbal communication, such as talking, as well as nonverbal communication, such as body language (waving; gesturing, winking), sign language and facial expressions.
22. You must not possess, view, listen to or read any obscene materials or materials which depict or describe sexual conduct, including any articles, literature, books, magazines, photographs, emails, websites, digital images, animated photographs or images, tapes, videos, or any content that may be or is broadcast by radio, television or computer (including by satellite.)
23. You must not enter adult bookstores or any establishment whose primary function is the sale, rental, or display of any sexually explicit materials.
24. You must not enter massage parlors or establishments that feature exotic dancers, nude or partially nude entertainers or any place that allows the viewing of sexually explicit material or where you can obtain sexually explicit services. Partially nude is defined as exhibiting the breasts, nipples, genitalia, buttocks, midriff, or pubic area of the person.
25. You must not access or participate in any chat lines or sexually explicit telephone services.
26. You must not join or maintain a membership, be part of a mailing list or associate with any group or club whose primary purpose is to promote, discuss or participate in sexual activity. This includes, but is not limited to Internet chat rooms, etc.
27. You must not patronize or have any contact with prostitutes or escort services,
28. You must not hitchhike or pick up hitchhikers.

29. You must reside at your approved residence. You must not sleep or stay overnight at any other address or location without the prior written approval of your Probation/Parole Officer.
30. You must not obtain employment (either as a volunteer or compensated worker) that places you in routine physical contact with others, including, but not limited to, attendant care work, childcare, massage etc. without the prior written approval of probation/parole supervision staff and if in treatment, in agreement with your treatment provider. Physical contact is defined as direct or indirect touching of another or causing a part of the body to come into contact with another.
31. You must not obtain employment (either as a volunteer or compensated worker) that places you in a position where you are in charge of or have control, power or authority over vulnerable persons without the prior written approval of your Probation/Parole Officer and if in treatment, in agreement with your treatment provider. Vulnerable persons are defined as persons who are elderly, physically, developmentally or mentally disabled and anyone under the age of 18.
32. You must not loiter, attend, visit or participate in events where the primary activity at such locations involve persons under the age of 18 years old without the prior written approval of your Probation/Parole Officer and if applicable, in agreement with your treatment provider. These areas include but are not limited to the following places: playgrounds, youth recreation centers, youth clubs, arcades, amusement parks, child daycare centers, elementary schools, high schools, school bus stops, Special Olympics events, Boy Scout/Girl Scout meetings or events, county or community fairs and carnivals, or any similar areas where persons under the age of 18 years old congregate.
33. If you have been classified as a Tier 1, Tier 2, Tier 3, or Sexually Violent Predator (SVP) Sex Offender, you must follow all registration, reporting, updating, and other requirements of the Pennsylvania Sex Offender Registration and Notification Act (SORNA) as codified at 42 Pa. C.S.A. §§ 9799.10-9799.75.

**AGREEMENT BY PROBATIONER**

I have read, or have had read to me, the foregoing conditions of my probation which I fully understand and agree to abide by and strictly follow. I fully understand the penalties involved should I in any manner violate these rules.

\_\_\_\_\_  
Signature of Probationer

\_\_\_\_\_  
Signature of Probation Officer

\_\_\_\_\_  
Date

# **Exhibit B**

**COMMONWEALTH OF PENNSYLVANIA**  
**MONROE COUNTY ADULT PROBATION DEPARTMENT**

610 Monroe Street STROUDSBURG, PA 18360  
PHONE (570) 517-3098 FAX (570) 517-3869

TO: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_ MAXIMUM DATE: \_\_\_\_\_

In accordance with the authority conferred by the Court of Law, you have been placed on **PAROLE** on this \_\_\_\_\_ for a period of \_\_\_\_\_ by the Honorable Judge \_\_\_\_\_ Court of Common Pleas 43<sup>rd</sup> Judicial District. You are subject to the following rules.

**RULES FOR PAROLE**

1. You will be under the supervision of the Monroe County Probation Department.
2. Report regularly, in person or as instructed by your probation officer and abide by any instructions of your probation officer.
3. Comply with all municipal, county, state, and federal criminal laws, ordinances, and regulations, as well as the provisions of the Vehicle Code.
4. Notify your probation officer within 72 hours of any arrest or citation.
5. Make every effort to obtain and maintain employment and to support your legal dependents; if employment is lost or changed notify your probation officer within 72 hours and cooperate with your probation officer in finding other employment. Your probation officer may direct you to participate in the Work Search Program.
6. Remain in the county within the Commonwealth to which you have been placed on probation, unless permission has been granted by your probation officer prior to leaving.
7. Abstain from the unlawful possession, consumption, or sale of narcotics and dangerous drugs, and abstain from the use of controlled substances within the meaning of the Controlled Substance Drug, Device and Cosmetic Act without a valid prescription.
8. Abstain from the use of alcoholic beverages.
9. Submit to drug and alcohol testing as directed by your probation officer.
10. Refrain from possessing any firearm, deadly, or offensive weapon without the authorization from your probation officer.
11. Refrain from overt behavior which threatens or presents a clear and present danger to yourself or others.
12. Keep your probation officer informed of any changes in address or residence within 72 hours.
13. Report promptly on the dates set forth. If for any unavoidable reason you are unable to do so, communicate with your probation officer without delay.
14. I understand that, by being granted probation, I consent to the warrantless search of my person, possessions, and residence as determined by my probation officer.
15. Pay your fine, court costs, and/or restitution as directed by your parole officer. \_\_\_\_\_
16. I understand that if I am required to obtain an evaluation, I must contact an approved provider within 5 days to schedule my initial appointment. I must provide a copy of the recommendation to my Parole Officer within 10 days of completion.
17. If I am required to participate in a treatment program of any kind, it is my responsibility to provide written verification of attendance, participation, and completion to my Parole Officer monthly. I also understand that I am required to sign releases of information with the service provider for the purpose of my Parole Officer verifying my attendance.
18. Comply with all conditions which have been imposed by the Court.

Special conditions: \_\_\_\_\_

If I should be arrested in another state during the period of my probation, I will waive extradition and will not resist being returned by the court to the state of Pennsylvania.

If I violate any of the above conditions, I will be subject to arrest, modification of my probation, and/or revocation of probation and resentencing, until the expiration of my maximum sentence, or until such time as I may be legally discharged.

**TRANSFER OF SUPERVISION TO ANOTHER JURISDICTION**

If my supervision is transferred to another county or state at my request, I agree that any witnesses from another county or state may testify via Alternative Communication Technology and shall not be required to appear in person during any scheduled violation hearings.

**AGREEMENT BY PAROLEE**

I have read, or have had read to me, the foregoing conditions of my probation which I fully understand and agree to abide by and strictly follow. I fully understand the penalties involved should I in any manner violate these rules.

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Signature of Parolee

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Signature of Parole Officer

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Date

**COMMONWEALTH OF PENNSYLVANIA**  
**MONROE COUNTY ADULT PROBATION DEPARTMENT**

610 Monroe Street STROUDSBURG, PA 18360  
PHONE (570) 517-3098 FAX (570) 517-3869

TO: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_ MAXIMUM DATE: \_\_\_\_\_

**ADDITIONAL RULES FOR ALL PAROLE SENTENCES BEING SERVED DUE TO A  
CONVICTION FOR ANY SEX OFFENSE LISTED UNDER CHAPTER 31 OF THE CRIMES CODE,  
CORRUPTION OF A MINOR (BASED ON A CHAPTER 31 CRIME), SEXUAL ABUSE OF  
CHILDREN (CHILD PORNOGRAPHY), UNLAWFUL CONTACT WITH A MINOR, SEXUAL  
EXPLOITATION OF CHILDREN, AND PROSTITUTION**

19. You must obtain a sex offender evaluation from a sex offender treatment provider who is approved by your Probation/Parole Officer. You must comply with and successfully complete all treatment recommendations including polygraph examinations, resulting from this evaluation. You must pay the cost of the evaluation, polygraph(s) and treatment. You must also provide written authorization for release of confidential information between your sex offender treatment provider and the Probation Department.
20. You will abstain from the use of or possession of any medications or supplements designed or intended for the purpose of enhancing sexual performance or treating erectile dysfunction without the prior written approval of probation/parole supervision staff.
21. You must not have any contact with your victim(s) without the prior written approval of your Probation/Parole Officer and if in treatment, in agreement with your treatment provider. This includes direct and indirect contact, written correspondence, telephone contact or contact through a third party. You must immediately report to your parole agent any incidental contact you have with any victim(s). Contact, for the purpose of this condition and all other conditions, is defined as follows: (1) actual physical touching; (2) writing letters, sending messages, buying presents, sending email, sending instant messages, contact via social media, sending text messages, calling on a telephone/cell phone (3) and verbal communication, such as talking, as well as nonverbal communication, such as body language (waving; gesturing, winking), sign language and facial expressions.
22. You must not possess, view, listen to or read any obscene materials or materials which depict or describe sexual conduct, including any articles, literature, books, magazines, photographs, emails, websites, digital images, animated photographs or images, tapes, videos, or any content that may be or is broadcast by radio, television or computer (including by satellite.)
23. You must not enter adult bookstores or any establishment whose primary function is the sale, rental, or display of any sexually explicit materials.
24. You must not enter massage parlors or establishments that feature exotic dancers, nude or partially nude entertainers or any place that allows the viewing of sexually explicit material or where you can obtain sexually explicit services. Partially nude is defined as exhibiting the breasts, nipples, genitalia, buttocks, midriff, or pubic area of the person.
25. You must not access or participate in any chat lines or sexually explicit telephone services.
26. You must not join or maintain a membership, be part of a mailing list or associate with any group or club whose primary purpose is to promote, discuss or participate in sexual activity. This includes, but is not limited to Internet chat rooms, etc.
27. You must not patronize or have any contact with prostitutes or escort services,
28. You must not hitchhike or pick up hitchhikers.
29. You must reside at your approved residence. You must not sleep or stay overnight at any other address or location without the prior written approval of your Probation/Parole Officer.

30. You must not obtain employment (either as a volunteer or compensated worker) that places you in routine physical contact with others, including, but not limited to, attendant care work, childcare, massage etc. without the prior written approval of probation/parole supervision staff and if in treatment, In agreement with your treatment provider. Physical contact is defined as direct or Indirect touching of another or causing a part of the body to come into contact with another.
31. You must not obtain employment (either as a volunteer or compensated worker) that places you in a position where you are in charge of or have control, power or authority over vulnerable persons without the prior written approval of your Probation/Parole Officer and if in treatment, in agreement with your treatment provider. Vulnerable persons are defined as persons who are elderly, physically, developmentally or mentally disabled and anyone under the age of 18.
32. You must not loiter, attend, visit or participate in events where the primary activity at such locations involve persons under the age of 18 years old without the prior written approval of your Probation/ Parole Officer and if applicable, in agreement with your treatment provider. These areas include but are not limited to the following places: playgrounds, youth recreation centers, youth clubs, arcades, amusement parks, child daycare centers, elementary schools, high schools, school bus stops, Special Olympics events, Boy Scout/Girl Scout meetings or events, county or community fairs and carnivals, or any similar areas where persons under the age of 18 years old congregate.
33. If you have been classified as a Tier 1, Tier 2, Tier 3, or Sexually Violent Predator (SVP) Sex offender, you must follow all registration, reporting, updating, and other requirements of the Pennsylvania Sex Offender Registration and Notification Act (SORNA) as codified at 42 Pa. C.S.A. §§ 9799.10-9799.75.

### **AGREEMENT BY PAROLEE**

I have read, or have had read to me, the foregoing conditions of my parole which I fully understand and agree to abide by and strictly follow. I fully understand the penalties involved should I in any manner violate these rules.

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Signature of Parolee

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Signature of Parole Officer

---

Date

# **Exhibit C**



**PRETRIAL/DUI SERVICES DEPARTMENT  
MONROE COUNTY COURTS OF COMMON PLEAS  
43RD JUDICIAL DISTRICT**

**Paola Medrano**  
Director of Pretrial Services

**701 Main Street, Suite 305  
Stroudsburg, PA 18360  
Phone: (570) 517-3926**

**MONROE COUNTY PRETRIAL SERVICES**

Name: \_\_\_\_\_ CASE NUMBER \_\_\_\_\_  
OTN: \_\_\_\_\_

You are under the supervision of the Monroe County Pretrial Services Department. As such, you are subject to the following rules:

**RULES FOR PRETRIAL SUPERVISION**

34. Report regularly, in person or as instructed by your Pretrial Officer and abide by any instructions of your Pretrial Officer.
35. Appear in Court at all required dates and times until final disposition of your case.
36. Notify your Pretrial Officer within 48 hours of any arrest or citation. Keep your pretrial officer informed of any changes in address or residence within 48 hours.
37. Make every effort to obtain and maintain employment and to support your legal dependents; if employment is lost or changed notify your Pretrial Officer within 48 hours and cooperate with your Pretrial Officer in finding other employment. Your Pretrial Officer may direct you to participate in the Work Search Program.
38. Comply with all municipal, county, state, and federal criminal laws, ordinances, and regulations, as well as the provisions of the Vehicle Code
39. Abstain from the unlawful possession, consumption, or sale of narcotics and dangerous drugs, and abstain from the use of controlled substances within the meaning of the Controlled Substance Drug, Device and Cosmetic Act without a valid prescription.
40. Submit to drug and alcohol testing as directed by your Pretrial Officer.
41. Refrain from overt behavior which threatens or presents a clear and present danger to yourself or others.
42. Report promptly on the dates set forth. If for any unavoidable reason you are unable to do so, communicate with your Pretrial Officer without delay.
43. I understand that if I am required to obtain an evaluation, I must contact an approved provider within 5 days to schedule my initial appointment. I must provide a copy of the recommendation to my Pretrial Officer within 10 days of completion.
44. If I am required to participate in a treatment program of any kind, it is my responsibility to provide written verification of attendance, participation, and completion to my Pretrial Officer monthly. I also understand that I am required to sign releases of information with the service provider for the purpose of my Pretrial Officer verifying my attendance.
45. Comply with all conditions which have been imposed by the Court.

Special conditions: \_\_\_\_\_

If I violate any of the above conditions, I understand that I may be subject to revocation of bail and incarceration.

**AGREEMENT**

I have read, or have had read to me, the foregoing conditions of my Pretrial release, which I fully understand and agree to abide by and strictly follow. I fully understand the penalties involved should I in any manner violate these rules.

\_\_\_\_\_  
Signature of Pretrial Officer      Date

\_\_\_\_\_  
Signature of Defendant      Date



**PRETRIAL/DUI SERVICES DEPARTMENT  
MONROE COUNTY COURTS OF COMMON PLEAS  
43RD JUDICIAL DISTRICT**

**Paola Medrano**  
Director of Pretrial Services

**701 Main Street, Suite 305  
Stroudsburg, PA 18360  
Phone: (570) 517-3926**

## Pretrial Services Disclosure Acknowledgement

The information gathered by the Monroe County Pre-Trial Services Department, serving as the bail agency, can only be disclosed to the following:

- The defendant
- Counsel for the defendant
- The issuing authority or judge setting bail
- The attorney for the Commonwealth
- The department of probation or parole preparing a presentence report regarding the defendant

The information collected may not be disclosed, or used for purposes other than the determination of bail, the preparation of the defendant's Pre-sentence report, a prosecution for false information, or impeachment as permitted by law.

I, \_\_\_\_\_, acknowledge that I have been advised, both orally and in writing (Pursuant to Pa. R. Cr. P. Rule 530 (B)) that anything reported to a representative of this agency may be used against me.

\_\_\_\_\_  
Signature of Defendant

\_\_\_\_\_  
Date

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

\_\_\_\_\_  
Pretrial Services Officer's Signature

\_\_\_\_\_  
Date

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

**COMMONWEALTH OF PENNSYLVANIA  
COURT OF COMMON PLEAS, 43<sup>RD</sup> JUDICIAL DISTRICT  
MONROE COUNTY PRETRIAL/DUI SERVICES DEPARTMENT  
ELECTRONIC HOME MONITORING/GPS PROGRAM**

NAME: \_\_\_\_\_ CASE NUMBER: \_\_\_\_\_  
DATE: \_\_\_\_\_ EM MAXIMUM DATE: **UPON CASE DISPOSITION**

In accordance with the authority conferred by the Court of Law, you have been placed on **EM/GPS Monitoring** on this \_\_\_\_\_, for a period of **TBD**, by the Honorable Judge \_\_\_\_\_ of Monroe County. You are subject to the following rules and regulations.

**Rules for Electronic Monitoring/GPS**

1. You have been placed in the Electronic Monitoring/Global Positioning System Program. You must comply with all program rules set forth in this agreement and all instructions given by your Pretrial Officer. Failure to comply with this agreement or the instructions of your Pretrial Officer will be considered a violation of bail supervision and may result in your incarceration. Furthermore, you must call your Pretrial Officer immediately if you have any questions about these rules or if you experience any problems with the electronic home monitoring/GPS equipment.
2. While subject to electronic monitoring/GPS supervision, you must wear a non-removable ankle bracelet. Furthermore, you must not move, disconnect, or tamper with the Electronic Monitoring/GPS Equipment without prior permission from your Pretrial Officer. You will be held liable for any damage to the equipment. If you do not return the equipment, or do not return the equipment in good condition, you will be charged for the replacement or repair of this equipment and you agree to pay all costs associated with this. Additionally, you must allow Monroe County Pretrial Officers or their designee to inspect the Electronic Monitoring/GPS Equipment at any given time. Purposely causing damage to the Electronic Monitoring/GPS Equipment may result in new charges and a violation of pretrial supervision petition being filed.
3. You must notify your Pretrial Officer by phone immediately if you lose electrical power at your residence, or if you have any problems with the monitoring equipment.
4. You understand that your Pretrial Officer will use telephone calls to monitor compliance with the terms of Electronic Monitoring/GPS. You must answer your phone promptly. Any violations may result in your incarceration.
5. If you are permitted to work while on the Electronic Monitoring/GPS Program, you understand that your Pretrial Officer must be able to contact you at work at any time. If you do not have a job with a fixed location (such as a construction worker) your Pretrial Officer must be able to confirm that you are working by calling your employer. You also must understand that jobs that do not meet these requirements are not permitted while in the Electronic Monitoring/GPS Program. Additionally, all changes in employment must be cleared with your Pretrial Officer before they are made.
6. Working as a ride share driver/door dash driver or related services are not permitted while on any form of Electronic Monitoring/GPS Monitoring. Self-employment (1099 status) must be verified. Working “under the table” **may only be approved** in **extreme circumstances** and **MUST** be verifiable work.
7. You understand that by being placed in the Electronic Monitoring/GPS Program you are not permitted to possess or consume alcoholic beverages, illegal substances, or controlled substances other than medications prescribed by a medical doctor and being taken in the specified or recommended dosages. This condition will be enforced through random urine screens and breathalyzers.

8. You understand that overnight travel, travel outside of the Commonwealth of PA, or country are prohibited unless approved by Court order. Travel outside your county of residence may be approved under limited circumstances by your supervising officer.
9. You understand that you must change and charge the GPS ankle bracelet's battery as instructed by Vigilnet personnel. Failure to do so may result in your incarceration.
10. You are responsible for all daily fees associated with the EHM program. Fee will be assessed to your court cost and fines at the conclusion of your supervision.
11. You understand that if you are placed on a GPS monitoring bracelet, the GPS function of this equipment will advise the Monroe County Pretrial Services Department of your exact location and that if you violate any of the rules herein, you are subject to arrest and incarceration pending further Court proceedings.

**Program Specific Rules**

**House Arrest**

12.  You understand that the Electronic Monitoring/GPS Program is an alternative to incarceration. You must remain in your approved residence at all times, except for education, employment, Court, and pre-approved activities that comply with the house arrest program. Your residence consists of the house in which you live; it does not include detached garages, outbuildings, sheds or land surrounding your residence. Regularly occurring activities are provided for in your weekly schedule and remain in effect until modified by your supervising Pretrial Officer or the Court order.
13.  You must **NOT** deviate from your approved schedule/approved locations. You must obtain your Pretrial Officer's **ADVANCED PERMISSION** for any special activities (such as doctor's appointments) that are not included in the schedule. Activities (such as weddings, vacations etc.) will NOT be permitted.
14.  Schedules are required to be submitted weekly by Wednesday at 4:00 pm.

**GPS Tracking Only**

15.  Under GPS Tracking Only supervision, you are not required to submit a house arrest schedule, but you are subject to a \_\_\_PM curfew. You are permitted general movement within your county of residence, except for any Court-ordered exclusion zones.
16.  You may not travel overnight, or leave the Commonwealth of PA, or country unless you receive approval through Court order. Out-of-county travel is limited to verified employment, school, treatment, counseling, medical appointments, Court-ordered obligations, or other activities specifically authorized by Court order. All out-of-county activities must be pre-approved and verified by your Pretrial Officer.

**Agreement by Electronic Monitoring/GPS Subject**

I have read, or have had read to me, the foregoing conditions of the Electronic Monitoring/GPS Program, which I fully understand and agree to abide by and strictly follow. I fully understand the penalties involved should I, in any manner, violate these rules.

Signature of Defendant \_\_\_\_\_ Date \_\_\_\_\_

Signature of Pretrial Officer \_\_\_\_\_ Date \_\_\_\_\_