



KENDALL COUNTY COURT SERVICES

807 W. John Street
Yorkville, IL 60560

Circuit Court for the 23rd Judicial Circuit

P 630-553-4180

F 630-553-4120

GPS Monitoring Technology Agreement

Name: _____ Case Number(s): _____

I, _____ understand that I have been ordered to comply with the Kendall County GPS monitoring program and agree to follow the rules and conditions set forth in this agreement in addition to those conditions ordered in the Global Positioning System (G.P.S.) Order. Failure to abide by the following rules/conditions or a new arrest could result in termination from the program and a return to Court.

Client info:

Cell Phone Number: _____ Cell Phone Carrier: _____

Alternate Cell Phone Number: _____ Alt. Contact Name: _____

Email Address: _____

Date of Birth: ___/___/___ Gender: M / F Race: _____

Hair: _____ Eyes: _____ Height: _____ Weight: _____

Home Address:

Street Address Unit/Apt # Town State Zip

Employer Name: _____

Employer Address Unit/Apt # Town State Zip

School Name (if applicable): _____

School Address or any Additional Addresses:

Street Address Unit/Apt # Town State Zip

Scheduling:

ALL MOVEMENT MUST BE PRE APPROVED AND ALLOWED PURSUANT TO COURT ORDER ONLY

All scheduling must be completed during regular office hours, **Monday-Friday 8:00 am-4:30 pm** by calling **630.553.4180** or faxing work/school schedules to **630.553.4120** or emailing schedules to probationtech@co.kendall.il.us. Any weekend appointment must be scheduled and approved prior to **Friday at 4:30 pm**. You must speak to an officer or have written confirmation for the schedule to be approved. You may **only** request movement to locations approved via a court order.

Travel to and from pre-approved locations must be direct with no unscheduled or unapproved stops. (this includes gas stations, ATMs, drive through food locations, etc.)

Any changes to your schedule must be reported to a GPS officer **during regular business hours before the date the change will occur**. Written verification will be required for any schedule change (i.e. timesheet, letter from employer).

You may leave your home/school/work without prior approval for a **life threatening emergency that requires the police, ambulance or fire department to be called to your home or place of employment**. Should this occur, you must contact a GPS officer as soon as you can do so safely. If such an event occurs after hours or on the weekend, you should contact an officer by using the emergency contact number (630-551-6873)

Equipment:

The GPS unit must be charged at least two times per day for a minimum of 60 consecutive minutes each time.

Failure to return all equipment (including charger(s) provided could result in criminal charges of felony theft being filed.

I have been issued the following equipment in good condition and working order and acknowledge the daily rate as noted: Blu Tag #: _____ #of Chargers _____

Payment:

I understand I am being charged a Daily Rate of: _____ which is to be paid directly to the Kendall County Circuit Clerk **bi weekly**. Payments are to be made in person or by mail (Kendall County Circuit Clerk, 807 W John St. Yorkville, IL 60560) and shall include your case number(s)_____. Failure to stay current on your payments may result in a termination from the GPS program and a violation may be filed in Court.

The above conditions have been explained to me and I agree to abide these conditions as well as any conditions listed in my court order.

Client

Date

Parent/Guardian

Date

GPS Officer

Date