



**Washoe County Department of Alternative Sentencing**  
**1530 East 6<sup>th</sup> Street Reno, NV 89512**  
**Office (775) 221-8400 / Fax (775) 785-4151**

**Personal Information (Información Personal):**

|                                  |                |                                      |              |
|----------------------------------|----------------|--------------------------------------|--------------|
| Name (Nombre):                   |                | Date of Birth (Fecha de Nacimiento): |              |
| Address (Domicilio): (Street)    |                | (City)                               | (Zip Code)   |
| Telephone (Teléfono de casa):    |                | Cellular # (Numero de celular):      |              |
| Additional # (Numero additional) |                | Sex (Sexo):                          | Race (Raza): |
| Height (Estatura):               | Weight (Peso): | Hair (Pelo):                         | Eyes (Ojos): |
| Marital Status (Estado Civil):   |                | Spouse's Name (Nombre de esposo(a)): |              |

**Employment Information (Información de Oficio):**

|   |        |            |
|---|--------|------------|
| Name of Business (nombre de negocio):     |        |            |
| Type of Employment (Oficio):              |        |            |
| Address (Domicilio): (Street)             | (City) | (Zip Code) |
| Telephone Number (Numero de teléfono):    |        |            |
| Supervisor's Name (Nombre de Supervisor): |        |            |



**Washoe County Department of Alternative Sentencing**  
**1530 East 6<sup>th</sup> Street Reno, NV 89512**  
**Office (775) 221-8400 / Fax (775) 785-4151**  
**Emergency Contact Information (Infamación de Emergencia):**

|   |                             |
|---|-----------------------------|
| Name (Nombre):                                  |                             |
| Address (Domicilio): (Street) (City) (Zip Code) |                             |
| Home # (Numero de Casa):                        | Cell # (numero de Celular): |
| Relationship (Relación):                        |                             |



WASHOE COUNTY  
Department of Alternative Sentencing  
1530 E. 6<sup>th</sup> Street  
Reno, NV 89512  
(775) 221-8400



### Electronic Monitoring Agreement

I, \_\_\_\_\_, agree to abide by the following rules pertaining to the electronic monitoring device and program:

\_\_\_\_\_ I will charge the device for a MINIMUM of 1 hour in the morning and 1 hour in the evening (for 2 hours total per day).

\_\_\_\_\_ I will **NOT** charge the device while I am sleeping.

\_\_\_\_\_ I will not submerge the device in water (showers are okay).

\_\_\_\_\_ (if applicable) I agree to pay the standard electronic monitoring fee of \_\_\_\_\_ per \_\_\_\_\_

\_\_\_\_\_ **If I damage the device in ANY way, I agree to pay the fee of 1,000.00** \_\_\_\_\_

\_\_\_\_\_ **If I lose or damage the charger, I agree to pay the fee of 10.00** \_\_\_\_\_

\_\_\_\_\_ I will comply with ALL zone and schedule restrictions.

\_\_\_\_\_ I will comply with ALL house arrest requirements (if applicable).

\_\_\_\_\_ I understand that if I attempt to remove, disable, or damage the device it will be a violation of my electronic monitoring conditions and may result in my arrest.

\_\_\_\_\_ I will comply with all directives from my supervising officer in regard to my electronic monitoring equipment and supervision.

**Note regarding ReliAlert device operation:** At the top of the device, you should see a blinking green light. This is normal. In a “charging” state, the light will blink faster to indicate that the device is charging. After a while, the green light will turn SOLID green. This does NOT mean the device is fully charged. You must charge your device as described above every day. The device will **vibrate** on your ankle when the battery is getting low. If you do not plug the device in shortly after the vibration stage, an alarm may be generated. Charging the device as directed, every day, will ensure you avoid a low-charge violation and audible alarm. **YOUR CHARGER IS YOUR LIFELINE!** Treat it as such.

Signed (Client): \_\_\_\_\_ Date: \_\_\_\_\_

Signed (Officer): \_\_\_\_\_ Date: \_\_\_\_\_