

**BURLINGTON COUNTY DEPARTMENT OF CORRECTIONS  
HOME ELECTRONIC DETENTION SYSTEM  
APPLICATION**

**Personal Information**

Social Security Number: \_\_\_\_\_

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Middle Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Race:           Black    White    Hispanic    Asian

Eye Color:    Black    Blue    Brown    Gray  
                  Green    Hazel

Sex:            Male            Female

**Emergency Contact Information**

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

**Employment Information**

Occupation: \_\_\_\_\_

Employer: \_\_\_\_\_

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

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone: (     ) \_\_\_\_\_

Do you have any Scars, Marks, Tattoos or  
Piercings?    YES            NO

Have you been arrested before?  
                  YES            NO

Nickname or Street Name:  
\_\_\_\_\_

*I have completed this form to the best of my ability,  
and understand that if I submit false or misleading  
information to a law enforcement officer I will be  
charged under New Jersey Statute 2C:29-3  
"Hindering Apprehension".*

Signature: \_\_\_\_\_

OFFICIAL USE ONLY

2

**BURLINGTON COUNTY DEPARTMENT OF CORRECTIONS  
HOME ELECTRONIC DETENTION SYSTEM**

**ACKNOWLEDGEMENT AND CONSENT FOR DRUG AND  
ALCOHOL TESTING**

I, \_\_\_\_\_, the undersigned, understand that as a participant in the Home Electronic Detention System (HEDS), I am subject to random drug and alcohol testing. I hereby consent to all conditions of the Burlington County Department of Corrections drug/alcohol testing policy, including but not limited to the collection, testing and reporting of results. I further understand that:

- 1 Refusing to provide a specimen or tampering, diluting or switching a specimen will result in rejection of my participation in the HEDS Program.
- 2 In the event of a positive test result (drugs present in specimen), I will be immediately terminated from the HEDS Program and returned to the Facility.
- 3 A condition of My participation in the Burlington County Department of Corrections HEDS program is compliance with regulations relating to the testing for the improper use of drugs by individuals who participate in the HEDS Program.
- 4 Any use of alcohol or drugs is cause for immediate termination from the HEDS Program.
- 5 I hereby release and hold harmless the Burlington County Department of Corrections Employees thereof for any liability resulting from the request to provide a specimen, the testing and subsequent decision made concerning my HEDS status based on these tests.

---

Participant's Signature

Date

Print Name

---

HEDS Officer  
(Signature)

Date

HEDS Officer  
(Print Name)

## HOME ELECTRONIC DETENTION SYSTEM CONDITIONS OF AGREEMENT

I, the undersigned, have been informed of the custody status change approving my placement into, (HEDS) in which I voluntarily agree to participate. In order to participate in HEDS, I agree to abide by the following rules and conditions of the program. Furthermore, I understand that any violation of these rules and conditions may result in removal from this program and I will be returned to the Correctional Facility.

1. I agree to abide by the curfew restrictions and to comply with the rules and conditions set forth in every respect.
2. I understand that my participation in this program will be monitored by a tamper-proof ankle bracelet, which I agree to wear 24 hours a day 7 days a week during my entire involvement with the HEDS program.
3. I know that it shall be necessary for a monitoring device to be connected to my home telephone by the HEDS unit. I agree to allow any staff member of the HEDS unit to enter the residence to install, maintain, and inspect this device at any time during the day or night at any time.
4. I agree to remain in my residence at all times, except for those hours agreed upon to fulfill my employment education and/or any approved family or community program responsibilities that have been scheduled for me by the HEDS Unit.
5. In event of an emergency, I must contact the Burlington County HEDS Unit and request to speak to a HEDS Officer. I understand that the phone number to be called is (609)265-5979, at which time they will contact the HEDS Unit.
6. I agree to submit to provide a urine sample or alcohol test upon request during any home visit by the HEDS unit. I understand that any tests given shall result in a fee being charged to my account that I agree to pay in full each week as stipulated in these rules and conditions.
7. I understand that the monitoring equipment that I will be utilizing is expensive and I agree to return all equipment assigned to me in the same condition it was issued. I agree to reimburse Burlington County for any and all damages sustained to this equipment by myself or anyone else within my residence.
8. If I or anyone else in my residence is utilizing the telephone and a clicking or buzzing sound is heard or see a visual indicator made by the Receiver, then they or I shall immediately hang up. I understand that failure to respond to any of these signals shall be considered a violation of the program.
9. I understand that the consumption or possession of any alcohol in any fashion and or the possession or utilization of any drug or narcotic is illegal and prohibited while on this program. If at any time it is determined that I have consumed, possessed, or utilized any drugs, alcohol or narcotics that I shall be removed from the program and criminally charged. This is to include anywhere in my residence.

## CONDITIONS OF AGREEMENT

10. I agree that all medical expenses incurred while I am on the program shall be my responsibility, and I shall be covered by my employers insurance and or workman's compensation if I am employed or by parents or guardian's insurance.
11. In the event that if I am terminated from my employment or laid off, or my work / school schedule changes in any way that is different from my permanent approved schedule that I MUST contact the HEDS unit.
12. I understand that schedule changes can only be approved when notification is given at least 24 hours in advance. I will contact the HEDS Unit at the following number (609)265-5979.
13. I understand that I am subject to search at any time while on the program, to include but not limited to: Vehicle, Residence, and Property.
14. I understand that I must sign the Consent to Waiver of Extradition. If for any reason I leave the State of New Jersey, I consent to be transported back to New Jersey.
15. I understand that if I am detained for any reason by any law Enforcement Official, I shall state to them that I am a participant in the Burlington County Jail HEDS Program and show them my bracelet.
16. I understand that I shall actively participate in a program that I am assigned to, while in the I-IEDS program, included but not limited to:
  - a. Substance Abuse,
  - b. Educational / Vocational,
  - c. Mental Health,
  - d. Day Reporting, and
  - e. Any other program as deemed appropriate.
17. I understand that I must immediately report any malfunctions that I observe of the electronic monitoring equipment to a I-IEDS Officer or I shall contact the Burlington County Jail and request to speak to someone from the HEDS Unit.
18. I understand that I shall be required to pay a fee to participate on the HEDS Program. The fee shall be in the amount of \$10.00 a day (\$70.00 a week) in cash. All payments shall be paid one (1) week in advance, on the designated day during the week that is on my permanent schedule.
19. If for some reason I fail to pay the amounts owed to the Burlington County Jail, than I shall be removed from the program and brought back to the Facility.
20. I understand that there are additional fees required when any alcohol and or drug tests are conducted on me. These fees also are required to be paid in full when I report to the HEDS Unit to complete my schedule.

## CONDITIONS OF AGREEMENT

21. I understand that if I have any questions or concerns regarding the program, I can call the 1-JEDS Unit at any time and request to speak to a HEDS Officer or Supervisor.
22. If while on the program I am charged with a crime or offense, I will be returned to the Facility, possibly removed from the program and complete my entire sentence.
23. I agree that while on the program I am subject to all of the Inmate Rules and Regulations of the Burlington County Jail and the HEDS Program. I agree to abide by these rules and regulations and understand that any violation will result in disciplinary and/or criminal charges placed against me and that I may be removed from the program.
24. I agree that if I violate any the terms and conditions of this program the following events may occur: (if applicable).
  - a. If have been released to the program as a condition of bail pending trial, my bail status will be revoked and I will be returned to the County Jail for a bail violation.
  - b. I may be prosecuted for criminal contempt based upon a violation of my bail condition.
  - c. If I am on probation and compliance with this program was a special condition of my probation, I will be returned to the County Jail; my probation may be violated; and the Judge who sentenced me will have the authority to impose a new sentence based upon this violation.
  - d. If I am serving a municipal sentence, I will be returned to the County Jail to complete the remaining portion of my sentence; and if I am on municipal probation, my probation may be violated and Judge who sentenced me will have the authority to impose a new sentence based upon this violation.
25. I agree that I have received a copy of the Burlington County Jail Rules and Regulations book.

By my signature below, I agree to abide by the Conditions of Agreement as listed above and verify that these conditions have been read to me and I understand them.

---

Participant's Signature

Date

Print Name

---

HEDS Officer  
(Signature)

Date

HEDS Officer  
(Print Name)

**BURLINGTON COUNTY DEPARTMENT OF CORRECTIONS  
HOME ELECTRONIC DETENTION SYSTEM**

**CONSENT TO WAIVER OF EXTRADITION**

I understand that in the event that I am arrested outside of the State of New Jersey, I have a right to contest extradition. I hereby knowingly waive extradition proceedings and agree to return voluntarily to the State of New Jersey in the custody of New Jersey Law Enforcement officers.

I hereby certify that the named participant has read and/or has been read and explained to him/her the above acknowledgement, and that I do hereby witness the participant's signature.

---

Participant's Signature	Date	Print Name
-------------------------	------	------------

---

HEDS Officer (Signature)	Date	HEDS Officer (Print Name)
-----------------------------	------	------------------------------

**BURLINGTON COUNTY DEPARTMENT OF CORRECTIONS  
HOME ELECTRONIC DETENTION SYSTEM**

**CONSENT TO WAIVER OF EXTRADITION**

I understand that in the event that I am arrested outside of the State of New Jersey, I have a right to contest extradition. I hereby knowingly waive extradition proceedings and agree to return voluntarily to the State of New Jersey in the custody of New Jersey Law Enforcement officers.

I hereby certify that the named participant has read and/or has been read and explained to him/her the above acknowledgement, and that I do hereby witness the participant's signature.

---

Participant's Signature	Date	Print Name
-------------------------	------	------------

---

HEDS Officer (Signature)	Date	HEDS Officer (Print Name)
-----------------------------	------	------------------------------

**HOME ELECTRONIC DETENTION SYSTEM**  
**HOME/SPONSER AGREEMENT**

Agreement of Spouse, Relative, Self or other Live in Companion:

The HEDS program is administered under the auspices of the Burlington County Department of Corrections. The program allows carefully selected inmates to be incarcerated within the confines of a private dwelling.

Since you have agreed to sponsor a participant on this program, it is important that you have an understanding of the programs Rules and Regulations being a sponsor is a commitment which you will enter into through this contractual agreement. This contract will place restrictions on certain aspects of your personal life and if the participant being investigated is eventually placed on the HEDS program he/she will also sign a contract. It is recommended that you also familiarize yourself with the participants Rules and regulations.

It is important to realize that the restrictions on the participant are no different from the restrictions if he/she were inside of a correctional institution. If removed from the HEDS program for a program violation, the inmate WILL NOT again is eligible for the program during the incarceration.

In order to facilitate the placement of the participant in the HEDS program, your assistance and support is needed to provide the nurturing environment essential for his/her successful reintegration into the community.

I \_\_\_\_\_ being the primary homeowner or

Leaseholder at \_\_\_\_\_

telephone \_\_\_\_\_ do hereby give my

permission for \_\_\_\_\_ CCIS# \_\_\_\_\_.

to live in my home and attend any mandatory programs. Furthermore, I understand that he/she cannot leave this residence except for approved purposes I understand and agree to cooperate with all Correctional or HEDS Staff, and:

- 1) I agree to obey all city, state and federal laws.
- 2) I will not allow weapons, alcohol or illegal drugs in my home.
- 3) I agree to allow all HEDS staff in my home AT ANY TIME of the day or night for periodic checks, search of the residence and/or equipment repair, and I agree not to interfere with them in any way.

## HOME/SPONSER AGREEMENT

- 4) I agree to the installation of all electronic monitoring equipment that may be required. This involves a connection to an electrical outlet and my home telephone system. I agree not to tamper with the equipment and will not allow anyone in my home to tamper with the equipment. I agree to limit all phone conversations to no more than (10) minute. I understand that I can not have any special features on my telephone.
- 5) I understand and agree that I will not hold the Department of Corrections liable for any damages to my personal property and/or home caused by the inmate while participating on the HEDS program.
- 6) I will notify the Burlington County HEDS Unit if there is any change in the living conditions at my home. (Example; A relative moves into the home.)
- 7) I will immediately notify the HEDS Unit at the Burlington County Department of Corrections at (609) 265-5979 if the inmate violates any schedule requirement and/or Rules and Regulations.
- 8) I understand that if I fail to comply with any conditions of this agreement, the participant shall be removed from my home and taken off the program.
- 9) I understand that if I decide to terminate this agreement for any reason, I will immediately contact the HEDS Unit at the Burlington County Department of Corrections.
- 10) Upon release, escape, re-arrest or administrative removal of the inmate, I agree and consent to allow HEDS personnel into my home for the express purpose of retrieving all of the equipment installed to monitor the inmate.
- 11) I understand and have received a copy of the Home / Sponsor Agreement. I agree to all of the conditions set forth in this agreement.

I hereby acknowledge receipt of this agreement and will abide by all the conditions set forth herein.

---

DATE

PRINT

(HOME SPONSOR)

SIGNATURE

**HOME ELECTRONIC DETENTION SYSTEM**  
**HOME/SPONSER AGREEMENT**

**Agreement of Spouse, Relative, Self or other Live in Companion:**

The HEDS program is administered under the auspices of the Burlington County Department of Corrections. The program allows carefully selected inmates to be incarcerated within the confines of a private dwelling.

Since you have agreed to sponsor a participant on this program, it is important that you have an understanding of the programs Rules and Regulations being a sponsor is a commitment which you will enter into through this contractual agreement. This contract will place restrictions on certain aspects of your personal life and if the participant being investigated is eventually placed on the HEDS program he/she will also sign a contract. It is recommended that you also familiarize yourself with the participants Rules and regulations.

It is important to realize that the restrictions on the participant are no different from the restrictions if he/she were inside of a correctional institution. If removed from the HEDS program for a program violation, the inmate WILL NOT again is eligible for the program during the incarceration.

In order to facilitate the placement of the participant in the HEDS program, your assistance and support is needed to provide the nurturing environment essential for his/her successful reintegration into the community.

I \_\_\_\_\_ being the primary homeowner or

Leaseholder at \_\_\_\_\_

telephone \_\_\_\_\_ do hereby give my

permission for \_\_\_\_\_ CCIS# \_\_\_\_\_.

to live in my home and attend any mandatory programs. Furthermore, I understand that he/she cannot leave this residence except for approved purposes I understand and agree to cooperate with all Correctional or HEDS Staff, and:

- 1) I agree to obey all city, state and federal laws.
- 2) I will not allow weapons, alcohol or illegal drugs in my home.
- 3) I agree to allow all HEDS staff in my home AT ANY TIME of the day or night for periodic checks, search of the residence and/or equipment repair, and I agree not to interfere with them in any way.

## HOME/SPONSOR AGREEMENT

- 4) I agree to the installation of all electronic monitoring equipment that may be required. This involves a connection to an electrical outlet and my home telephone system. I agree not to tamper with the equipment and will not allow anyone in my home to tamper with the equipment. I agree to limit all phone conversations to no more than (10) minute. I understand that I can not have any special features on my telephone.
- 5) I understand and agree that I will not hold the Department of Corrections liable for any damages to my personal property and/or home caused by the inmate while participating on the HEDS program.
- 6) I will notify the Burlington County HEDS Unit if there is any change in the living conditions at my home. (Example; A relative moves into the home.)
- 7) I will immediately notify the HEDS Unit at the Burlington County Department of Corrections at (609) 265-5979 if the inmate violates any schedule requirement and/or Rules and Regulations.
- 8) I understand that if I fail to comply with any conditions of this agreement, the participant shall be removed from my home and taken off the program.
- 9) I understand that if I decide to terminate this agreement for any reason, I will immediately contact the HEDS Unit at the Burlington County Department of Corrections.
- 10) Upon release, escape, re-arrest or administrative removal of the inmate, I agree and consent to allow HEDS personnel into my home for the express purpose of retrieving all of the equipment installed to monitor the inmate.
- 11) I understand and have received a copy of the Home / Sponsor Agreement. I agree to all of the conditions set forth in this agreement.

I hereby acknowledge receipt of this agreement and will abide by all the conditions set forth herein.

---

DATE

PRINT

(HOME SPONSOR)

SIGNATURE

# Burlington County HEDS

## Unauthorized Absence

I understand that as a participant in the Burlington County Home Electronic Detention Program (HEDS), I must abide by all curfew restrictions as stipulated by the Rules and Conditions of the program, as well as all orders given to me by staff.

I understand that if I willfully fail to return to my residence within the prescribed time, or leave my residence at an invalid time, such absence shall be deemed a violation of the program Rules and Conditions and may be considered an escape from my official place of detention.

---

Participant's Signature

Date

Participant's Printed Name

---

Sponsor's Signature

Date

Sponsor's Printed Name

---

HEDS Officer's Signature

Date

HEDS Officer's Printed Name