



CHAMPAIGN COUNTY SHERIFF'S OFFICE

204 E Main Street
Urbana, Illinois 61801-2799
(217)384-1204

INTERVIEW PROCEDURES

IF YOU WORK bring the following on company letterhead. The days YOU work (MON, TUE, ETC.), hours per day you work (8-4 ETC), total hours per week, AND amount you are paid per hour, include a contact person with return phone numbers, cell numbers if they have one.

IF SCHOOL IS INVOLVED for college you will need from the admissions office a copy of your paid classes, the days of the week you attend class and the hours of your classes. If you have kids in grades 1-5, you will need the same information from their school if you plan to be allowed to pick them up or drop them off.

GET FROM YOUR LAYWER The case number that you are going to be sentenced on AND the number days you are going to be in custody.

WHILE YOU DO NOT NEED A LANDLINE PHONE, You do need access to a cell phone (regular or prepaid) or a landline while on this program.

YOU MUST HAVE ALL PAGES OF THIS PACKET FILLED OUT COMPLETELY before your interview. Every line that applies to you must be answered and filled out. NO EXCEPTIONS

READ THE ABOVE VERY CAREFULLY.

IT IS YOUR RESPONSIBILITY TO GET THE ABOVE INFORMATION TO US AT THE TIME OF THE INTERVIEW

Revised 10-8-2009

C.H.I.P

COMPREHENSIVE HOME INCARCERATION PROGRAM

A/K/A: ELECTRONIC HOME DETENTION

- Fill out attached forms legibly and completely. Be sure you understand everything you initial.
- Call the Champaign County Jail at 384-1276, between 8:30 a.m. and 4:00 p.m., Monday through Friday, to get an appointment with Officer K. McCallister or Officer Foster.
- There is a \$12.00 fee per day for participating in the CHIPS program, which must be paid as directed by the CHIPS Officer. You must pay \$84.00 the day you are put on the program. The payment can be in cash, credit card or money order and can be made by someone other than the CHIPS client but the CHIPS client's printed full name, must be in the memo section of the money order and the money order must be made payable to the Champaign County Sheriff's Office, located at 204 E Main Street Urbana IL 61801. The payment is to be dropped off in person during normal business hours 8:00 am to 5:00 pm M-F and a receipt will be given. The front office will not know your balance so make sure you keep track yourself. No change will be made at the counter; no coins will be accepted as payment. **NO PAYMENTS CAN BE MADE ON A HOLIDAY.** If you are not sure it is a holiday for the county then call.
- You will periodically be told to meet with a Correctional Officer at the Satellite Jail to monitor your compliance. You may be ordered to give a urine sample to test for illegal drugs in your system at any time while on the program to include start, during and end of your sentence to CHIPS.
- **IMPORTANT:** On the day you are told by the Judge to turn yourself in at the Satellite Jail, you must be on time and you may be here several hours, depending upon how busy it is.

CHAMPAIGN COUNTY SHERIFF'S OFFICE
ELECTRONIC HOME DETENTION, AKA: C.H.I.P.
RULES, REQUEST, RELEASE AND AGREEMENT

CAREFULLY READ EACH PARAGRAPH AND INITIAL EACH ONE

Champaign County Sheriff's Office (hereinafter referred to as "CCSO") and Electronic Home Detention (hereinafter referred to as "CHIPS")

I _____ do hereby request to participate in
(print your full name above)
the CCSO CHIPS and I do hereby agree as follows:

1. That I shall remain within the interior premises of my home and I will not be outside or in the yard of _____
(print street address and city above where you will stay)
at any time except for absences approved by the CCSO.
2. I will admit any representative of the CCSO to the above residence at any time and to search my person and the residence to verify my compliance with the terms of this agreement and my CHIPS. If I refuse entrance, I hereby irrevocably grant permission and understand that as the residence becomes a penal institution, CCSO representatives may use force without a warrant to enter, arrest me and I will serve the remainder of my sentence in jail.
(initials)
3. I will make all necessary arrangements with my employer(s) and/or educational institution and/or counseling or treatment center for any representative of the CCSO to visit such site to verify my compliance with the terms of this agreement and my CHIPS.
(initials)
4. I will participate with the approved monitoring devices and I will maintain access to a working telephone and there may be a monitoring device in the residence and/or on my person.
(initials)
5. I will not change addresses or schedules without prior approval, in writing, from an authorized representative of CCSO.
(initials)
6. I realize the above residence is a penal institution while I am on CHIPS and a violation of the court order or the CCSO CHIPS rules or this agreement may subject me to prosecution for escape.
(initials)
7. **I will not violate any laws or commit any crimes during my CHIPS time period.**
If a new charge is filed by the States Attorney office, my permission to remain on

CHIPS will be revoked. If the new charge is not filed, then an investigation will take place by the CHIPS officer to determine what further action is needed. You will remain in custody until the investigation is completed.

(Initials)

8. **There will be no firearms in my residence during my CHIPS time period.**

(Initials)

9. There will be no alcoholic beverages or illegal drugs consumed by the client or in the residence during my CHIPS time period. I will not consume any alcoholic beverages or illegal drugs of any kind during OR BEFORE the start of my CHIPS program. If I am using illegal drugs, they must be stopped immediately. DO NOT TAKE ANYTHING containing alcohol such as (mouthwash, Nyquil, etc.) the odor of an alcoholic beverage on my breath is a violation of CHIPS rules and I will be brought back to jail.

(Initials)

10. I will submit, at any time, to any breath, urine or blood tests as requested by any representative of the CCSO.

(Initials)

11. I will pay the sum of \$ 12.00 per day for _____ days = \$ _____ sentenced to the CCSO while on CHIPS.

(initials)

12. During the period of home detention I will maintain access to a phone and I agree not to use other devices that might interfere with or attempt to defeat the monitoring system.

(Initials)

13. I understand that any violation of the CHIPS court order or this agreement in any way could result in the permission for CHIPS being revoked and I could do the remainder of my sentence in the CHAMPAIGN COUNTY JAIL.

(Initials)

14. Any unapproved absence from the above residence is a violation of this agreement and in addition to my CHIPS being revoked I may be prosecuted for escape.

(Initials)

15. I understand and agree that work schedules and changes need to be FAXED in advance to the CCSO at 384-1272 for approval by the CHIPS officer.

(initials)

16. I understand and agree that if I don't show up at work, school, counseling or treatment and don't return to the above residence when I am done at work, school, counseling or treatment, I am in violation of the CHIPS rules and I will serve the balance of my sentence at straight time.

(Initials)

17. I will report to the CCSO as instructed by CCSO representative.

(Initials)

18. If CHIPS is revoked, I will be returned to the Champaign County Correctional Center to complete the remainder of my sentence. I will have a disciplinary hearing with appeal rights.

19. While at the residence, school, counseling, work and while traveling to these locations, I agree to immediately contact the CCSO at 384-1243 whenever my monitoring device is caused to vibrate or tone even if I am sick or sleeping. **Failure to respond is a violation of the rules.**

(initials)

(initials)

20. If at any time I am scheduled to be at the residence and I fail for any reason whatsoever to answer the door and/or admit a representative of the CCSO into the residence or fail for any reason whatsoever to answer the phone when a representative of the CCSO attempts to reach me by phone, I am in violation of this agreement and my CHIPS may be revoked.

(Initials)

21. I understand and agree that I do not have a right to CHIPS, it is being granted by the Sheriff and it may be revoked for any violation of this agreement. I further understand and agree that my being able to work or attend school is only as a part of CHIPS.

(Initials)

22. I understand and agree that this document is also the rules of the CCSO CHIPS.

(Initials)

23. I understand and agree that I only have one hour (60 minutes) to get to and from work/school and home.

(Initials)

24. I have a valid driver's license Yes No

(Initials)

If no, I will get to and from work/school using the following methods/rides or persons:

I HAVE CAREFULLY READ, UNDERSTOOD AND AGREE TO THE ABOVE.

Defendant Signature

Date

**ALL PEOPLE IN THE HOUSEHOLD
MUST AGREE TO THESE TERMS**

CONSENT FOR ELECTRONIC HOME MONITORING

PARTICIPANT: _____ CASE: _____

ADDRESS TO BE MONITORED: _____
(Print street address and city above)

(Print names of adults below)

_____, _____, _____,
_____, _____, _____,

THE ABOVE INDIVIDUALS RESIDE WITHIN THE RESIDENCE LISTED ABOVE. THE SUPERVISING AUTHORITY HAS INFORMED ME OF BOTH THE NATURE AND EXTENT OF THE APPROVED ELECTRONIC MONITORING DEVICES TO BE UTILIZED IN MONITORING THE COMPLIANCE OF THE ABOVE-LISTED PARTICIPANT WITH THE CONDITIONS OF HIS/HER DETENTION. UNDERSTANDING BOTH THE NATURE AND EXTENT OF THE APPROVED ELECTRONIC MONITORING DEVICES TO BE UTILIZED, I GIVE MY WRITTEN CONSENT AS FOLLOWS:

1. I CONSENT TO THE INSTALLATION AND USE OF SAID MONITORING DEVICES IN THE ABOVE LISTED RESIDENCE, WORK, SCHOOL AND ON MY PERSON TWENTY-FOUR HOURS EACH DAY AND SEVEN DAYS EACH WEEK.
2. I AGREE TO CALL THE CCSO WHENEVER MY DEVICE VIBRATES OR GENERATES A TONE.
3. I CONSENT TO THE ENTRY AT ANY TIME INTO THE ABOVE-LISTED RESIDENCE OF ANY PERSON OR AGENT DESIGNATED BY THE SUPERVISING AUTHORITY IN ORDER TO VERIFY THE COMPLIANCE OF THE PARTICIPANT WITH THE CONDITIONS OF HIS/HER DETENTION.
4. I AGREE TO RETURN ALL EQUIPMENT THAT THE CCSO HAS ISSUED TO ME DURING MY TIME PERIOD ON THE CHIPS PROGRAM.
5. I UNDERSTAND THAT MY FAILURE TO RETURN THE ABOVE EQUIPMENT IN AN UNDAMAGED STATE WILL RESULT IN MY BEING RESPONSIBLE FOR THE REPLACEMENT COST OF THE EQUIPMENT IN ADDITION TO CRIMINAL CHARGES.
6. YOU WILL BE REQUIRED TO CONNECT THE MONITORING DEVICE INTO AN ELECTRICAL OUTLET TWO (2) TIMES EACH DAY FOR A PERIOD OF THIRTY (30) MINUTES EACH.

(Print legible)

Date of birth: _____

SSN# _____

(Print full name)

(Signature)

(Date)

YOU ARE RESPONSIBLE FOR EVERYONE COMPLYING WITH THE ABOVE WRITTEN RULES WHILE ON THE CHIPS PROGRAM

QUESTIONS:

1. ARE YOU WILLING TO SUBMIT TO DRUG AND/OR ALCOHOL TESTING YES NO
 2. WILL EVERYONE LIVING WITH YOU CONSENT TO ALLOWING THE ELECTRONIC MONITORING EQUIPMENT TO BE IN THE HOUSE AND DIRECTIONS ON HOW THE ELECTRONIC EQUIPMENT WORKS? YES NO
 3. CAN CCSO PERSONNEL TALK TO YOUR EMPLOYER TO VERIFY YOUR EMPLOYMENT, GETTING YOUR WORK SCHEDULE, AND VERIFYING OVERTIME WORKED? YES NO
 4. DO YOU HAVE ACCESS TO A TELEPHONE? YES NO
 5. ARE YOU WILLING TO LET PROBATION OR SHERIFF'S OFFICE PERSONNEL ENTER YOUR RESIDENCE TO VERIFY YOUR COMPLIANCE WITH THE ELECTRONIC MONITORING EQUIPMENT? YES NO
 6. ARE YOU PRESENTLY ON ANY PRESCRIBED MEDICATIONS? IF YES, NAME MEDICATION(S) _____ YES NO
 7. ARE YOU CURRENTLY A DRUG AND/OR ALCOHOL ABUSER? YES NO
 8. HAVE YOU EVER FAILED TO APPEAR IN COURT? YES NO
 9. WHAT KINDS OF CONVICTIONS HAVE YOU HAD (CRIMINAL AND TRAFFIC) _____
-

Signature

Date

Print name

CHAMPAIGN COUNTY SHERIFF'S OFFICE

Ask for:
**Officer K. McCallister or
Officer Foster
Or Supervisor on Duty**

**PHONE: 217-384-1276
FAX: 217-384-1272
Attention CHIPS
with your name on it.**

**IT IS YOUR
RESPONSIBILITY TO
KEEP A CURRENT
SCHEDULE FAXED TO US
AT ALL TIMES**

CHIP CLIENT'S COPY

ELECTRONIC HOME DETENTION, AKA: C.H.I.P. RULES / AGREEMENT

Champaign County Sheriff's Office (hereinafter referred to as "CCSO") and Electronic Home Detention (hereinafter referred to as "CHIPS")

You will agree as follows:

- That I shall remain within the interior premises (i.e. I will not be outside or in the yard) at all times except for absences approved by the CCSO.
- I will admit any representative of the CCSO to the residence at any time and to search my person and the residence to verify my compliance with the terms of this agreement and my CHIPS. If I refuse entrance, I hereby irrevocably grant permission and understand that as the residence becomes a penal institution, CCSO representatives may use force without a warrant to enter, arrest me and I will serve the remainder of my sentence in jail.
- I will make all necessary arrangements with my employer(s) and/or educational institution and/or counseling or treatment center for any representative of the CCSO to visit such site to verify my compliance with the terms of this agreement and my CHIPS.
- I will participate with the approved monitoring devices and I will maintain a working telephone and there may be a monitoring device in the residence and/or on my person.
- I will not change addresses or schedules without prior approval, in writing, from an authorized representative of CCSO.
- I realize the residence is a penal institution while I am on CHIPS and a violation of the court order or the CCSO CHIPS rules or this agreement may subject me to prosecution for escape.
- I will not violate any laws or commit any new crimes during my CHIPS time period.
- **There will be no firearms in the residence during my CHIPS time period.**
- There will be no alcoholic beverages or illegal drugs in the residence during my CHIPS time period. I will not consume any alcoholic beverage, illegal drug or over the counter medication containing alcohol (i.e., mouthwash containing alcohol, Nyquil) during my CHIPS time period. I acknowledge that having the odor of an alcoholic beverage on my breath is a violation of CHIPS rules.

- I will submit, **at any time**, to any breath, urine or blood tests as requested by any representative of the CCSO.
 - During the period of home detention I will maintain a telephone and I agree not to use other devices that might interfere with or attempt to defeat the monitoring system.
 - I ACKNOWLEDGE THAT ANY VIOLATION OF THE COURT ORDER, THIS AGREEMENT OF THE CCSO CHIPS RULES WILL RESULT IN THIS HOME DETENTION PROGRAM BEING REVOKED WITHOUT A HEARING OF ANY SORT AND ME SERVING STRAIGHT TIME IN JAIL. If you are returned to jail, you will have a disciplinary hearing and appeal rights.
 - Any unapproved absence from the residence is a violation of this agreement and in addition to my CHIPS being revoked I may be prosecuted for escape.
 - I understand and agree that work schedules and changes need to be submitted in advance to the CCSO for approval by fax. No phone calls will be accepted. Everything must be faxed.
 - I understand and agree that if I don't show up at work, school, counseling or treatment; don't promptly and directly return to the above residence when I am done at work, school, counseling or treatment, or return late to the residence and/or leave the residence when I am not authorized by the CCSO, I am in violation of the CHIPS rules and can serve the balance of my sentence in custody. Further, I may be prosecuted for escape.
 - I will report to the CCSO as instructed by CCSO representative.
 - If CHIPS is revoked I will **NOT** be allowed to work or go to school or to counseling or treatment.
 - While at the residence, work, school, counseling, treatment or traveling to these locations, I will immediately contact the CCSO whenever my monitoring device vibrates or generates a tone, even if I am sick or sleeping, so a representative of the CCSO may contact me.
 - If at any time I am scheduled to be at the residence and I fail for any reason whatsoever to answer the door and/or admit a representative of the CCSO into the residence or fail for any reason whatsoever to contact CCSO when my monitoring device vibrates or generates a tone or when a representative of the CCSO attempts to reach me by phone, that I am in breach of this agreement and my CHIPS may be violated.
 - **I understand and agree that I do not have a right to CHIPS, it is being granted by the Sheriff and it may be revoked for any violation of this agreement. I further understand and agree that my being able to work or attend school is only as a part of CHIPS, as I was sentenced to straight time.**
 - I understand and agree that this document is also the rules of the CCSO CHIPS.
 - I understand and agree to go directly to and from work/school/ treatment/probation visits and home. The travel time not free time for anything else unless directed by the CHIPS office.
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ALL ADULTS IN THE RESIDENCE AGREE:

1. I CONSENT TO THE INSTALLATION AND USE OF SAID MONITORING DEVICES IN THE RESIDENCE.
2. I CONSENT TO THE ENTRY AT ANY TIME INTO THE RESIDENCE OF ANY PERSON OR AGENT DESIGNATED BY THE SUPERVISING AUTHORITY IN ORDER TO VERIFY THE COMPLIANCE OF THE PARTICIPANT WITH THE CONDITIONS OF HIS/HER DETENTION.
3. I AGREE NOT TO USE OTHER DEVICES WHICH MIGHT INTERFERE WITH OR ATTEMPT TO DEFEAT THE MONITORING SYSTEM.
4. I AGREE TO RETURN ALL EQUIPMENT THAT THE CCSO HAS ISSUED TO ME DURING MY TIME PERIOD ON THE CHIPS PROGRAM.
5. I UNDERSTAND THAT MY FAILURE TO RETURN THE ABOVE EQUIPMENT IN AN UNDAMAGED STATE WILL RESULT IN MY BEING RESPONSIBLE FOR THE REPLACEMENT COST OF THE EQUIPMENT IN ADDITION TO CRIMINAL CHARGES.

INSTALLATION INSTRUCTIONS

You will be monitored by a tamper-proof, non-removable ankle apparatus which you will wear 24 hours a day during the entire period of your participation in the CHIPS Program. You will be monitored by a central computer.

Your CHIPS device will continually record the current location and transmit this information to the central computer. You will be required to connect the monitoring device into an electrical outlet two (2) times each day for a period of thirty (30) minutes each.

CHIPS PAYMENT PROCEDURE

ALL money orders are to be made out to the Champaign County Sheriff's office.

Payments must be made in cash, credit card or money orders at the Champaign County Sheriff's Office 204 E. Main Street Urbana from 8:00am to 5:00 pm Monday through Friday. No payments can be made on Holidays. Please pay in the biggest dollar

denominations possible. No coins will be accepted as payment.

Payments must be made every week with no exceptions. Example \$12.00 per day x 7 days equals \$84.00 (remember to subtract each of your payments from the total amount you owe, this will keep a running total for you until it is paid in full).

RULES OF CHIPS

- 1. Keep a current schedule faxed to 384-1272 every week. If you have a schedule that is the same every week then you only need to fax when your schedule changes. Do not leave early and do not come home late. You must travel directly to and from work. Travel between the permitted locations is not to be used for any other purpose.**
- 2. Do not get your power or phone shut off. You need both of these to be on this program.**
- 3. Make your payments on time and when you are told to. The total amount that you owe must be paid in full before you are off the program. There are no exceptions.**

- 4. You are to stay within the four walls of your home when you are not at work. When you are home you can not be on the porch, backyard, garage, or driveway, you are to be within the four walls of your home. If you cannot stay within the four walls of your home then you will be brought back to the jail and stay within those four walls.**
- 5. You cannot use alcohol or illegal drugs while on CHIP.**
- 6. The above are the main rules of this program, if you show any alerts that are not verified, you will be violated and a violation report will be filed with the state's attorney office for further proceedings.**
- 7. These rules are non-negotiable and they will be enforced. So follow the rules and you will have no problems.**