

**INTERMEDIATE PUNISHMENT PROGRAM**  
**DRIVING UNDER SUSPENSION (1543 b)**  
**APPLICATION**

Chester County Adult Probation and Parole  
201 West Market Street  
Suite 2100  
P.O. Box 2746  
West Chester, PA 19380-0989

## **INSTRUCTIONS FOR COMPLETING THE INTERMEDIATE PUNISHMENT DRIVING UNDER SUSPENSION APPLICATION**

*Please read this page before completing the application!*

*This application will take up to 30 days to process, from the date you return it to the Adult Probation/Parole Office. You may contact the Adult Probation/Parole Office at any time with questions regarding the completion of the application. Please ask to speak with an IPP Officer when you call.*

The application process for the Intermediate Punishment Driving Under Suspension Program consists of two parts.

- Part 1) Completing a Drug/Alcohol Evaluation at a certified drug and alcohol facility of your choice. (Please see following page for facilities)
- Part 2) Completing and returning the attached application to the Adult Probation/Parole Office in *PERSON*.

### Instructions for Part 1:

- 1) You must schedule a Drug/Alcohol evaluation.
- 2) You must sign a release of information giving the Adult Probation/Parole Office the right to verify your appointment and/or your progress in treatment.
- 3) You must pay for all fees required by the drug and alcohol facility for the evaluation.
- 4) You must pay all fees required for any treatment ordered.
- 5) If treatment of any kind is ordered, you must begin treatment immediately upon notification by the facility.

### Instructions for Part 2:

- 1) All information requested in the attached packet must be complete. Incomplete answers will slow the application process and possibly result in your application being denied.
- 2) Please place your initials in the appropriate spaces. Initialing verifies that you understand the specific condition being set forth by the program.

After completing the attached application and scheduling the appropriate evaluation, please return the application to the Adult Probation/Parole Office located on the first floor of the Chester County Courthouse in West Chester.

***THE APPLICATION MUST BE RETURNED IN PERSON BY THE APPLICANT BETWEEN THE HOURS OF 9:00 AM AND 3:00 PM. WE ARE UNABLE TO ACCEPT AN IPP APPLICATION WITHOUT A COPY OF THE DRUG/ALCOHOL ASSESSMENT.***

## Treatment Providers

Chester Counseling Center  
701 Main Street  
Phoenixville, PA 19460  
(610) 933-8880

Gaudenzia, Inc.  
West Chester Plaza  
110 Westtown Road, Suite 115  
West Chester, PA 19380  
(610) 429-1414

Holcomb Counseling  
920 E Baltimore Pike  
Kennett Square, PA 19348  
(610) 388-9225

CeJa Associates  
35 N. 3<sup>rd</sup> St.  
Oxford, PA. 19363  
(610) 888-5001 or  
(610) 344-0554

Gaudenzia Coatesville  
31 South 10<sup>th</sup> Avenue Suite 8  
Coatesville, PA 19320

Pathway Counseling Services  
811 West Chester Pike  
West Chester, PA. 19382  
(610) 269-8396

Center for Addictive Diseases - Mainline Behavioral Health  
Oaklands Corporate Center, Suite 800  
479 Thomas Jones Way  
Exton, PA 19341  
610-648-1130

**\*\* YOU MAY OBTAIN A DRUG/ALCOHOL ASSESSMENT AT ANY DEPARTMENT OF HEALTH LICENSED TREATMENT PROGRAM. THE LIST IS NOT LIMITED TO THE ABOVE!**

A REQUIREMENT OF THIS PROGRAM IS THAT YOU UNDERGO A DRUG AND ALCOHOL ASSESSMENT AT A DEPARTMENT OF HEALTH LICENSED TREATMENT PROGRAM. YOU ARE ALSO REQUIRED TO BE IN COMPLIANCE WITH THE RECOMMENDED TREATMENT AS A PART OF SENTENCING. YOU MUST SCHEDULE THIS ASSESSMENT AND HAVE IT COMPLETED PRIOR TO SUBMITTING THIS APPLICATION TO THE ADULT PROBATION AND PAROLE DEPARTMENT. A COPY OF THE ASSESSMENT MUST ACCOMPANY YOUR APPLICATION.

INITIAL \_\_\_\_\_

**In order to process your application  
all information must be accurate and complete.  
Failure to provide the information may result  
in a delay or denial of the application.**

INITIAL\_\_\_\_\_

**DEFENDANT/FAMILY INFORMATION**

NAME: LAST \_\_\_\_\_ FIRST \_\_\_\_\_ M.I. \_\_\_\_\_

ALSO KNOWN AS: \_\_\_\_\_

DATE OF BIRTH: \_\_\_\_\_ AGE: \_\_\_\_ SOCIAL SECURITY NO: \_\_\_\_\_

CITY/STATE OF BIRTH: \_\_\_\_\_, \_\_\_\_\_

SEX: M OR F RACE: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

SCARS: \_\_\_\_\_ MARKS: \_\_\_\_\_

TATTOOS: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_ APT # \_\_\_\_\_ CITY: \_\_\_\_\_

TOWNSHIP: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ CELLULAR TELEPHONE #: \_\_\_\_\_

TELEPHONE # FOR EHC/GPS: \_\_\_\_\_ HOW LONG AT ADDRESS \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ STATE: \_\_\_\_\_  
(IF DIFFERENT)

MARITAL STATUS: \_\_\_\_\_ SPOUSE'S NAME: \_\_\_\_\_ NO. OF CHILDREN: \_\_\_\_\_

NAME AND /RELATIONSHIP OF PERSON(S) YOU RESIDE WITH (You must list everyone):

\_\_\_\_\_  
\_\_\_\_\_

EDUCATION: LESS THAN GRADE 12 OR GRADE 12 OR G.E.D. OR MORE THAN GRADE 12

ARE YOU IN SCHOOL: YES OR NO , IF YES WHERE \_\_\_\_\_

MILITARY BRANCH: \_\_\_\_\_ NO. OF YEARS: \_\_\_\_\_ DISCHARGE: \_\_\_\_\_

**FINANCIAL /EMPLOYMENT**

UNEMPLOYED: YES OR NO LENGTH OF TIME UNEMPLOYED: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_ COMPANY NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO. :( ) \_\_\_\_\_ HOW LONG EMPLOYED: \_\_\_\_\_

NET INCOME: \$ \_\_\_\_\_ WEEKLY OR BI-WEEKLY OR MONTHLY

WORK HOURS (SPECIFY DAYS AND HOURS) \_\_\_\_\_

IMMEDIATE SUPERVISORS NAME: \_\_\_\_\_

**OTHER FINANCES**

SOCIAL SECURITY: YES OR NO AMOUNT: \_\_\_\_\_ EVERY MONTH

WELFARE: YES OR NO AMOUNT: \_\_\_\_\_ EVERY MONTH

DO YOU RECEIVE SPOUSAL/CHILD SUPPORT: YES OR NO AMOUNT: \_\_\_\_\_

DO YOU PAY COURT ORDERED SUPPORT: YES OR NO AMOUNT: \_\_\_\_\_

**VEHICLE INFORMATION**

VEHICLE MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ COLOR: \_\_\_\_\_

OPERATOR'S LICENSE NO.: \_\_\_\_\_ STATE: \_\_\_\_\_

LICENSE PLATE NO. \_\_\_\_\_ OWNER: \_\_\_\_\_

**DEFENDANT'S FAMILY**

MOTHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: ( ) \_\_\_\_\_

FATHER'S NAME: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: ( ) \_\_\_\_\_

**EMERGENCY CONTACT PERSON(S)**

**YOU MUST LIST TWO (OTHER THAN THOSE ALREADY LISTED ABOVE)**

A) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: ( ) \_\_\_\_\_

B) NAME: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP CODE: \_\_\_\_\_

TELEPHONE NO.: ( ) \_\_\_\_\_

\_\_\_\_\_  
DEFENDANT'S SIGNATURE                      DATE                      PROBATION OFFICER                      DATE

**INFORMATION SHEET**

1. WHAT CRIMINAL OFFENSE(S) ARE YOU CHARGED WITH?
  
2. WHAT DATE WERE YOU ARRESTED?
  
3. WHAT POLICE DEPARTMENT ARRESTED YOU?
  
4. WAS THERE AN ACCIDENT INVOLVED IN THE INCIDENT? IF YES, EXPLAIN.
  
5. WHO IS YOUR ATTORNEY? (NAME, ADDRESS, PHONE NUMBER)
  
6. HAVE YOU EVER LIVED IN ANOTHER STATE? IF YES, WHERE AND WHEN.
  
7. WHO WAS IN THE CAR WITH YOU AT THE TIME OF THIS DUS? YOU MUST LIST ALL OCCUPANT'S NAMES AND AGES.
  
8. LIST ANY OTHER NAMES YOU HAVE BEEN KNOWN BY. (MAIDEN, PREVIOUS MARRIED NAME, ALIAS, ETC.)
  
9. PLEASE LIST ANY ARRESTS OR CITATIONS AS A JUVENILE.

DATE	CHARGE	STATE/COUNTY	RESULT

10. PLEASE LIST ANY ARRESTS OR CITATIONS AS AN ADULT.

DATE	CHARGE	STATE/COUNTY	RESULT

11. BESIDES THE CHARGE(S) FOR WHICH YOU ARE APPLYING, DO YOU HAVE ANY OTHER PENDING CHARGES? IF YES, EXPLAIN.

12. ARE YOU CURRENTLY ON PAROLE?

13. IF YES, WITH WHAT STATE OR COUNTY ARE YOU ON PAROLE?

14. WHO IS YOUR PAROLE OFFICER?

**WARNING: FAILURE TO REPORT ALL PRIOR ARRESTS, INCLUDING SUMMARY, AND DISPOSITION OR ANY OTHER DISPOSITION, WILL RESULT IN AUTOMATIC DENIAL OF YOUR APPLICATION.**

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**INELIGIBLE OFFENSES**

- 18 Pa. CSA sec. 901 Criminal Attempt(ineligible offense)
- 18 Pa. CSA sec. 902 Criminal Solicitation(ineligible offense)
- 18 Pa. CSA sec. 903 Criminal Conspiracy(ineligible offense)
- 18 Pa. CSA sec. 907 Possessing Instruments of Crime
- 18 Pa. CSA sec. 908 Prohibited Offensive Weapons
- 18 Pa. CSA sec. 911 Corrupt Organization
- 18 Pa. CSA sec. 2502 Murder
- 18 Pa. CSA sec. 2503 Voluntary Manslaughter
- 18 Pa. CSA sec. 2504 Involuntary Manslaughter
- 18 Pa. CSA sec. 2702 Aggravated Assault
- 18 Pa. CSA sec. 2703 Assault by Prisoner
- 18 Pa. CSA sec. 2704 Assault by Life Prisoner
- 18 Pa. CSA sec. 2709 Stalking
- 18 Pa. CSA sec. 2901 Kidnapping
- 18 Pa. CSA sec. 2910 Luring a Child into a Motor Vehicle
- 18 Pa. CSA sec. 3121 Rape
- 18 Pa. CSA sec. 3122 Statutory Rape
- 18 Pa. CSA sec. 3123 Involuntary Deviate Sexual Intercourse
- 18 Pa. CSA sec. 3124 Voluntary Deviate Sexual Intercourse
- 18 Pa. CSA sec 3124.1 Sexual Assault
- 18 Pa. CSA sec. 3125 Aggravated Indecent Assault
- 18 Pa. CSA sec. 3126 Indecent Assault
- 18 Pa. CSA sec. 3301 Arson and Related Offenses
- 18 Pa. CSA sec. 3302 Causing or Risking a Catastrophe
- 18 Pa. CSA sec. 3502 Burglary (felony 1 only)
- 18 Pa. CSA sec. 3701 Robbery
- 18 Pa. CSA sec. 3702 Robbery of a Motor Vehicle
- Chapter 39 of Crimes Code - Theft and Related Offenses (except < \$25,000)
- 18 Pa. CSA sec. 3923 Theft by Extortion
- 18 Pa. CSA sec. 4302 Incest
- Chapter 49 of Crimes Code - Falsification and Intimidation
- 18 Pa. CSA sec. 5121 Escape
- 18 Pa. CSA sec. 5122 Weapons or Implements for Escape
- 18 Pa. CSA sec. 5123 Contraband
- 18 Pa. CSA sec. 5501 Riot
- Chapter 61 of Crimes Code - Firearms and other Dangerous Articles
- 18 Pa. CSA sec. 6301 Corruption of Minors
- 18 Pa. CSA sec. 6312 Sexual Abuse of Children
- 18 Pa. CSA sec. 6314 Drug Trafficking to Minors
- 18 Pa. CSA sec. 7508 Drug Trafficking
- Any offense committed while in possession of a "Deadly Weapon" as defined in
- 18 Pa. CSA sec. 2301

1. HAVE YOU EVER BEEN **ARRESTED** FOR OF ANY OF THE ABOVE OFFENSES?  
  
YES OR NO
2. IF YES, PLEASE CIRCLE WHICH OFFENSES.
3. I HAVE READ THE LIST OF OFFENSES.

INITIAL\_\_\_\_\_

**CIRCUMSTANCES UNDER WHICH YOU WILL BE DENIED  
THE INTERMEDIATE PUNISHMENT PROGRAM**

Reasons the Program staff will recommend **DISAPPROVAL** of the Intermediate Punishment Program include, **but are not limited to the following:**

1. The defendant's failure to follow through with efforts to establish the Intermediate Punishment Program.  

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2. The defendant's failure to comply with previous periods of Probation/Parole to the extent that compliance with the terms of the Intermediate Punishment Program is unlikely.  

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3. The current offense involves serious injury to another person.  

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4. The defendant has been convicted of a violent offense within the last 10 years, as defined on the previous page.  

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5. The defendant committed the current offense while on supervised parole or while serving an Intermediate Punishment Sentence.  

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6. The defendant exhibits violent propensities.  

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7. At the time of this offense a minor was present in the vehicle.  

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**THIS CHART IS EFFECTIVE FOR ALL SENTENCINGS ON OR AFTER JUNE 30, 2005.**

THE MINIMUM ELEMENTS OF THE INTERMEDIATE PUNISHMENT PROGRAM ARE AS FOLLOWS:

Offense	Total Confinement Prison and/or PRP Flat Sentence	Partial Confinement	Supervised Probation Concurrent with all other sentences under this program.	Minimum Fine	Ignition Interlock	Electronic Monitoring OR Residential Treatment	Community Service	Drug & Alcohol Assessment & Treatment
<b>SINGLE COUNT OF DUI AND DUS</b>						INTERMEDIATE PUNISHMENT PORTION OF SENTENCE		
<b>DUI- FIRST BAC .08 TO .099</b>	<b>NOT ELIGIBLE</b>							
<b>DUI- FIRST BAC .10 TO .159</b>	NONE	NOT APPLICABLE	6 MONTHS	\$500.00	NO	10 DAYS	32 HOURS	YES
<b>DUI- FIRST BAC .16 And Higher</b>	24 HOURS	NOT APPLICABLE	6 MONTHS	\$1,000.00	NO	20 DAYS	32 HOURS	YES
<b>DUI - SECOND BAC .08 TO .099</b>	48 HOURS	NOT APPLICABLE	6 MONTHS	\$300.00	YES	45 DAYS	80 HOURS	YES
<b>DUI – SECOND BAC .10 TO .159</b>	72 HOURS	NOT APPLICABLE	6 MONTHS	\$750.00	YES	60 DAYS	80 HOURS	YES
<b>DUI- SECOND BAC .16 and Higher</b>	15 DAYS	NOT APPLICABLE	Up to 5 YEARS	\$1,500.00	YES	75 DAYS	80 HOURS	YES
<b>DUI- THIRD BAC .08 TO .099</b>	5 DAYS	NOT APPLICABLE	2 YEARS	\$500.00	YES	75 DAYS	160 HOURS	YES
<b>DUI- THIRD BAC .10 TO .159</b>	30 DAYS	NOT APPLICABLE	Up to 5 YEARS	\$1,500.00	YES	90 DAYS	160 HOURS	YES
<b>DUI – THIRD BAC .16 And Higher</b>	90 DAYS	90 DAYS Consecutive to Total Confinement	Up to 5 YEARS	\$2,500.00	YES	6 MONTHS	240 HOURS	YES
<b>All other eligible offenses (including VOP's)</b>	1 – 3 MONTHS	NOT APPLICABLE	2 YEARS	VARIES	NO	75 – 180 DAYS	180 HOURS	YES
<b>DUS/DUI Related 1<sup>st</sup> offense Only</b>	5 DAYS	NOT APPLICABLE	60 DAYS	\$500.00	NO	55 DAYS	-----	YES
<b>DUS/DUI Related 2nd offense In last 10 years</b>	10 DAYS	NOT APPLICABLE	90 DAYS	\$500.00	NO	80 DAYS	-----	YES

\*Note: FOR THE PURPOSE OF THIS SENTENCING CHART, A MONTH EQUALS 30 DAYS.

\*DUS/DUI Related are **SUMMARY Offenses ONLY**.

The above chart indicates **SINGLE OFFENSES ONLY**. When sentencing a defendant for multiple Driving Under the Influence charges, multiple Driving Under Suspensions charges, or any combination of eligible offenses, such as DUI and DUS charges, **ALL** prison days and/or hours are consecutive sentences, all Electronic Monitoring days are consecutive sentences, and all Community Service hours are totaled together.

**Example:** A 2<sup>nd</sup> Offense DUI (BAC range .10 to .159) and a DUS 1543 (B) (1<sup>st</sup> Offense).

**Sentence:** Incarceration is 5 days for the DUS, 72 hours consecutive for the DUI; 55 days Electronic Monitoring for the DUS, 60 days consecutive for the DUI (total of 115 days of EHC); and 80 hours of Community Service.

**Example:** A 2<sup>nd</sup> offense DUI (BAC .10 to .159), a 3<sup>rd</sup> Offense DUI (BAC .08 to .099), and DUS 1543 (B) (2<sup>nd</sup> Offense).

**Sentence:** Incarceration is 10 days for the DUS, 72 hours consecutive for the 2<sup>nd</sup> offense DUI, and 5 days consecutive for the 3<sup>rd</sup> offense DUI; 80 days Electronic Monitoring for the DUS, 60 days consecutive for the 2<sup>nd</sup> DUI, and 75 days consecutive for the 3<sup>rd</sup> DUI (total of 215 days of EHC); and 240 hours of Community Service (80 for the 2<sup>nd</sup> DUI and 160 for the 3<sup>rd</sup> DUI).

**\*\* Eligibility is not an entitlement to this Program. The Court may exercise its discretion to disapprove any offender who otherwise is eligible.**

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**EACH AND EVERY LINE MUST BE INITIALED**

**ELECTRONIC HOME CONFINEMENT**

**ELECTRONIC HOME CONFINEMENT CONSISTS OF A MONITOR THAT IS CONNECTED TO THE TELEPHONE LINE AND A TRANSMITTER WORN ONLY AROUND THE ANKLE. THE UNIT WILL MONITOR THE CLIENT'S ACTIVITY.**

1. WHILE ON ELECTRONIC HOME CONFINEMENT YOU ARE PERMITTED TO LEAVE YOUR RESIDENCE FOR THE FOLLOWING REASONS **ONLY** AND **ONLY** WITH PRIOR AUTHORIZATION FROM YOUR PROBATION OFFICER:
  - A) WORK (**EXCEPTION:** WORKING AS A BARTENDER OR IN ANY POSITION REQUIRING THE DIRECT SERVING OF ALCOHOL IS **PROHIBITED** WHILE ON EHC. YOU MAY CONTINUE YOUR EMPLOYMENT, BUT YOU MUST BE MOVED TO ANOTHER POSITION FOR THE DURATION OF EHC.)
  - B) COMMUNITY SERVICE
  - C) DRUG/ALCOHOL, MENTAL HEALTH, DOMESTIC VIOLENCE, AND SEX OFFENDER TREATMENT.
  - D) DOCTOR'S APPOINTMENTS FOR YOURSELF OR A MINOR IN YOUR CUSTODY **AND ONLY** WHEN YOU ARE THE ONLY ADULT IN THE HOME
  - E) ALCOHOL SAFE DRIVING PROGRAM
  - F) WEEKLY APPOINTMENTS WITH YOUR PROBATION OFFICER

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2. WHILE ON ELECTRONIC HOME CONFINEMENT YOU MUST REPORT **AT LEAST ONCE PER WEEK IN PERSON.**

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3. THE DEFENDANT MUST REMAIN WITHIN THE INTERIOR OF THE DWELLING WHEN NOT AT ONE OF THE ABOVE APPROVED LOCATIONS. THIS MEANS NO PORCH, DECK, YARD, ETC.

INITIAL\_\_\_\_\_

4. THE COST OF ELECTRONIC HOME CONFINEMENT IS \$10.00 PER DAY, WHICH MUST BE PAID IN WEEKLY INSTALLMENTS OF \$70.00 UNTIL PAID IN FULL.

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5. THE DEFENDANT MUST COMPLY WITH THE SET SCHEDULE, (WHICH IS INTENDED TO BE PERMANENT), INCLUDING THE FOLLOWING:
  - A) THE APPROVED LEAVE AND RETURN TIMES
  - B) THE DESIGNATED LOCATION

INITIAL\_\_\_\_\_

6. THE DEFENDANT MUST HAVE AND MAINTAIN A WORKING TELEPHONE LINE IN THE RESIDENCE THROUGHOUT THE PERIOD OF ELECTRONIC HOME CONFINEMENT. THIS NUMBER MAY NOT BE CHANGED.

INITIAL\_\_\_\_\_

7. THE DEFENDANT MUST HAVE AND MAINTAIN A LEGAL RESIDENCE THROUGHOUT THE PERIOD OF ELECTRONIC HOME CONFINEMENT. THIS RESIDENCE MAY NOT BE CHANGED. INITIAL\_\_\_\_\_
8. PHONE LINES **MAY NOT** HAVE ANY ENHANCEMENTS SUCH AS:  
A) CALL WAITING, CALL FORWARDING  
B) ANSWERING MACHINE, ANSWERING SERVICE, ANSWERING SERVICE THROUGH THE PHONE COMPANY  
C) FAX MACHINE  
D) COMPUTER MODEM  
E) COMPUTER  
F) CALLER ID, CALLER ID BLOCK, LINE BLOCKING  
G) MULTIPLE LINE PHONE  
H) SPLITTER, MULTIPLE LINE JACK  
I) VONAGE  
J) SATELLITE EQUIPMENT, ALARM SYSTEM, AND/OR SIMILAR DEVICE  
K) OR ANY OTHER ENHANCEMENT THAT WILL INTERFERE WITH THE OPERATION AND FUNCTION OF THE ELECTRONIC HOME CONFINEMENT EQUIPMENT.  
L) DIAL-UP SERVICE INITIAL\_\_\_\_\_
9. PHONE LINE MUST BE ESTABLISHED BY DAY OF SENTENCING INITIAL \_\_\_\_\_
10. THE PHONE LINE MUST BE EQUIPPED WITH A MODERNIZED PHONE JACK (NOT HARD WIRED). INITIAL\_\_\_\_\_
11. THE ELECTRONIC HOME CONFINEMENT UNIT SHOULD BE INSTALLED IN THE BEDROOM. INITIAL\_\_\_\_\_
12. THE ELECTRONIC HOME CONFINEMENT UNIT **WILL NOT** BE INSTALLED IN THE KITCHEN. INITIAL\_\_\_\_\_
13. THE TRANSMITTER CANNOT BE SUBMERGED IN WATER (BATHTUB, WHIRLPOOL, JACUZZI, ETC.). SHOWERS ARE ACCEPTABLE. INITIAL\_\_\_\_\_
14. IF YOU ARE ON ELECTRONIC HOME CONFINEMENT OVER A MAJOR HOLIDAY YOU WILL BE ON A 24-HOUR CURFEW UNLESS YOU PROVIDE WRITTEN VERIFICATION THAT WORK IS MANDATORY. INITIAL\_\_\_\_\_
15. THE ELECTRONIC HOME CONFINEMENT UNIT WILL NOT BE REMOVED UNTIL THE MINIMUM NUMBER OF ELECTRONIC HOME CONFINEMENT DAYS ORDERED HAVE BEEN SERVED. INITIAL\_\_\_\_\_