

11.) You are responsible for the HEM equipment while it is in your possession and any damages to the equipment. Equipment must be returned to the HEM office immediately upon completion of your sentence. Damage to the equipment or failure to return the equipment will result in financial liability and possible criminal charges. **Be sure the HEM equipment is charged so that it is fully functional.**

12.) Information about your case may be shared with the Court, your probation officer, other Corrections or governmental agencies, or law enforcement in accordance with the Minnesota Data Practices Act. HEM staff are Mandated Reporters defined in Minnesota statutes and must report knowledge or suspicion of child abuse or neglect to the appropriate child protection or law enforcement authority.

13.) **Provide a copy of your driver's license or limited driver license at intake** and proof of Ignition Interlock if it is a condition of your driver's license.

EMERGENCIES – MEDICAL, POLICE AND FIRE: In the event of an emergency, the primary concern is your safety and well-being. You may leave your residence without prior approval to address a current emergency that places your or a dependent's safety at immediate risk. You will be required to provide verification of the situation.

In an emergency, please contact the HEM client contact phone number as soon as safely and reasonably possible. Leave a message with your name, nature of emergency, where you will be going, and how to reach you.

As soon as the emergency has been addressed, provide written verification of the incident within 48 hours including the name of the facility or doctor, phone number, time and nature of the emergency. If police or fire department are involved, provide the agency's name, responding officer's name, dates/times of the incident, and any case file numbers.

This written verification is to be provided to the HEM office within 48 hours.

HEM Office Location

Rum River Human Service Center
Fahr Building #10
3300 4th Avenue
Anoka, MN 55303
763-324-4910

Office Hours

Monday through Friday

9:00 AM – 4:00 PM

Saturday

9:00 AM – 11:45 AM

Use the back door during the Saturday or holiday hours.

Weekly Check-In Tuesdays

9:30-11:45 AM -or- 1:00-4:00 PM



Anoka County
HUMAN SERVICES DIVISION
Community Corrections

Anoka County Community Corrections

Home Electronic Monitoring (HEM)

PROGRAM EXPECTATIONS



763-324-4910
763-324-4964 fax

Home Electronic Monitoring (HEM) is an alternative to incarceration that allows offenders to serve jail sentences on home confinement. HEM is a privilege allowing individuals to maintain approved employment, attend treatment, or other court-ordered activities during the sentence.

Failure to comply with HEM expectations may result in a loss of privileges or termination from the program including transfer to the Anoka County Workhouse or a probation violation before the Court.

Please review the following expectations prior to your intake and orientation.

PROGRAM EXPECTATIONS

1.) While under HEM supervision, cooperate with and remain respectful to all program staff. Failure to comply with program rules or abusive behavior may result in program termination and transfer to the Anoka County Workhouse.

2.) The length of your HEM sentence is determined by the Court. There is no earned good time credit while on HEM. HEM is considered home confinement and your activity will be limited or restricted during your sentence. Program staff must pre-approve any outside activities.

Your whereabouts will be monitored through computer technology. Remain within the physical confines of your approved residence unless approved for outside activities. Comply with the activity schedule developed with and approved by HEM program staff. Failure to follow an approved schedule or activity restrictions are grounds for removal from the HEM program.

3.) NO USE OF MOOD ALTERING CHEMICALS

Remain alcohol and drug free at intake and throughout the HEM sentence. Any use of mood-altering chemicals excluding verifiable prescription medications will result in a program violation. Any alcohol use is prohibited including, but not limited to: beverage alcohol; mouthwash with alcohol; breath fresheners with alcohol; and over-the-counter liquid medications such as: Nyquil, Dayquil or other cough syrups with alcohol.

You must submit to chemical use testing at any time if requested by HEM staff. Failure to comply with chemical use testing is a program violation.

Bring any current prescribed medications to your HEM intake appointment.

4.) FEES

You will be charged \$17.00 per day for HEM equipment and monitoring. Individuals ordered to Remote Alcohol Monitoring are charged \$18.00 per day. Payments are accepted by money order, cashier's check, debit or credit card only. **CASH IS NOT ACCEPTED.**

Individuals serving 14 days or more on HEM must pay for the first 14 days of fees at or before intake. If serving 14 less days or less, full payment is required. Program fees are assessed weekly and payment is required each week until the full amount is paid for the sentence length.

Failure to maintain payments may result in program termination. Full payment is accepted at any time during your sentence.

5.) EMPLOYMENT REQUIREMENTS

You may be permitted to work during your HEM sentence. All employment must be verifiable and legitimate, or it will be denied. **At intake, bring a letter from your employer on company letterhead,** that provides the employer's name, address and phone number, a contact person that can verify the employment, and identifies your scheduled work days and shifts. Additionally, **provide the two most recent paycheck statements.**

You will be required to **provide weekly verification of hours worked** through time cards, pay statements, or other agreed upon means.

If self-employed, provide the following at intake:

- Full business name, address and phone number with verification of business filing with the State of Minnesota.
- Copy of any current business licenses required to operate your business in Minnesota.
- Copy of State and Federal Tax ID for the business and Sales Tax ID if resales are involved.
- A 1099 tax form from the previous year and copies of previous year's federal and state income tax statements.
- Current liability insurance.
- Copies of current ongoing employment contracts.
- Copies of current invoices for work completed or on-going and proof of payments made to the business for that work.
- Copy of Workers' Compensation insurance if mandated by law
- **You will be required to verify work daily by calling in locations and providing copies of contracts, invoices and other approved documents weekly.**

You are limited to **50 hours** of work in a week and **no more than 6 days a week.** The Court may approve additional work up to 60 hours per week.

You may not be away from your approved residence for more than 12 hours for a single period and cannot work more than a 50-mile radius away from your permanent address.

6.) REPORTING REQUIREMENTS

You are required to **report to the HEM office once a week.** Designated check-in will be scheduled between the hours of 9:00-11:30 AM or 1:00-4:00 PM. If there is a work or treatment conflict, an alternate date may be arranged with HEM staff.

At check-in, you must provide **a written weekly schedule of proposed activities** for the upcoming week. This schedule will be reviewed and must be approved by HEM staff. All schedule requests or changes not made at check-in must be in writing and in person at the HEM office at least 24 hours in advance. **No schedule changes will be accepted over the phone.**

You are allowed 3 hours each week for maintenance time for essential errands such as grocery shopping and banking. This is not "recreational time." Maintenance time will be scheduled during intake and weekly check-ins.

7.) Participation in treatment and court-ordered activities will be approved if they are verifiable and written verification of attendance. You are **required to sign releases of information** allowing HEM staff to verify your approved activities.

8.) HOME CONTACTS

You are **subject to random home visits and random testing for alcohol and drug use.** Failure to allow HEM staff access to your home or to cooperate with visits will result in removal from the HEM Program.

9.) **Remain law abiding and of good behavior.** Immediately report any law enforcement contacts or new criminal charges to HEM staff.

10.) Immediately after HEM intake or release from the Anoka County Workhouse, proceed directly to your approved residence for home monitoring. Failure to do so will result in removal from HEM.