

# Intensive Supervision Appearance Program BI SmartLINK S-Site Participant Agreement

Participants required to be monitored with location or curfew verification, will be monitored using the BI SmartLINK® Application.

AGREEMENT
1. I, _____, am authorized to travel to the _____ in the city of _____ within the United States. I agree to arrive at this final location by _____. Upon arrival at this final location, ERO-ATD will make a determination on next steps.
2. While in the Electronic Monitoring Program, I agree to carry a BI provided mobile device and keep it charged and powered on at all times.
3. I acknowledge receipt of BI mobile device ID#:
4. I agree that if I am required to submit a Check-In as part of my supervision program that: <ul style="list-style-type: none"> <li>• I understand I will receive a notification to submit my <input type="radio"/> Weekly or <input type="radio"/> Monthly on <b>Select Day:</b> _____ Check-In between _____ - _____ and will comply by completing my Check-In as required.</li> <li>• I understand that my mobile device allows the SmartLINK app to provide my location information</li> <li>• I agree to be in a cellular data coverage area or connected to a Wi-Fi hotspot with Internet connectivity at the time of my Check-In or other required event. If I do not have coverage at the time of my check-In or other event, I will move to an area of coverage as soon as possible.</li> </ul>
5. I understand that my identity is confirmed using biometric technology and I agree that I will not attempt to circumvent or take any action designed to circumvent the reliability of the biometrics technology.
6. I acknowledge that it is my responsibility to inform ERO immediately if I lose or damage the BI mobile device upon which the SmartLINK application is installed.
7. I agree to NOT drive a motor vehicle or operate machinery when using the SmartLINK application.
8. I agree to NOT tamper or discard the BI mobile device.
9. I understand I must return the BI mobile device at my first visit with the BI ISAP or ERO office.

ACKNOWLEDGEMENT OF REVIEW	
<b>My signature below acknowledges that I have received a copy of the rules and authorized schedule and that they have been explained to me. I also acknowledge that translation services were available upon request. I understand that I must comply with these rules until I have completed the Electronic Monitoring Program, or until otherwise notified by my Intensive Supervision Case Specialist. I also understand that any violation of these rules will constitute a violation that could result in termination of my participation in this program and return to detention.</b>	
Participant Name:	
Alien Number:	
Participant Signature _____	Date _____
Case Specialist Signature _____	Date _____

