

**GENERAL DISTRIBUTION**

**WEST VIRGINIA  
DIVISION OF CORRECTIONS  
& REHABILITATION**

**NUMBER: 700.09**

**DATE: 15 February 2021**

**SUBJECT: ELECTRONIC MONITORING  
OF OFFENDERS SUPERVISED  
BY PAROLE SERVICES**

# **POLICY DIRECTIVE**

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**PURPOSE:**

To establish guidelines and procedures for the use of electronic monitoring equipment to aid in the supervision of offenders who are supervised by the Division of Corrections and Rehabilitation's Parole Services.

**REFERENCE:**

WV Code §§15A-4-3, 15A-4-17, and 62-11D-3; and 90CSR8 Title 90 Legislative Rule of the Division of Corrections.

**RESPONSIBILITY:**

No additional written instructions on this subject are required.

**CANCELLATION:**

Any previous written instruction on the subject including DOC Policy Directive 700.09, dated 01 January 2004.

**APPLICABILITY:**

All work units within the Division of Corrections and Rehabilitation (DCR) that supervise adult offenders. This Policy is available for general distribution and should be made available for offender review.

**DEFINITIONS:**

**Electronic Monitoring Equipment:** For the purpose of this Policy, an electronic device or apparatus approved by the DCR that is capable of recording or transmitting information regarding the offender's presence or non-presence in a designated area. The device shall

be minimally intrusive. Except to the extent provided in state code, the DCR shall not approve any monitoring device which is capable of recording or transmitting: (1) visual images, except for that of a still image of the offender that can only be transmitted by the offender triggering the monitoring system; or (2) information as to the offender's activities while he or she is within the designated area. A monitoring device may transmit information regarding blood alcohol levels. The monitoring device shall not be used to eavesdrop or record any conversation; provided, that conversations between the offender and the person supervising the offender may be recorded solely for purpose of voice identification.

**Offender:** Any person committed to the custody or supervision of the Division of Corrections and Rehabilitation as an inmate or as an in-state or out-of-state probationer or parolee.

**POLICY:**

- I. As authorized in state code, the Commissioner may use electronic monitoring equipment to aid in the supervision of offenders.
  - A. The Commissioner shall charge offenders subject to supervision by means of electronic monitoring equipment a reasonable fee to help defray the costs of the purchase and use of the equipment and the DCR's operational costs. Provided, that an offender's inability to pay a fee does not preclude the offender from being eligible for this program.
  - B. All fees collected shall be deposited in a special account in the State Treasury designated the "electronic monitoring program account."
- II. The Parole Services Regional Director over Enhanced Supervision shall serve as the Electronic Monitoring Coordinator for Parole Services.
- III. In order to place an offender on electronic monitoring, after consulting with his/her immediate supervisor, Parole Officers submit a Request for Electronic Monitoring (**Attachment #1**) to the Electronic Monitoring Coordinator outlining the offender's behavior and any recommendation from the Officer.
  - A. The Electronic Monitoring Coordinator reviews the request and, if suitable, refer the offender for admittance to the program.
  - B. The Director of Parole Services, a District Supervisor, a Regional Director, or Parole Officer may recommend an offender to the Electronic Monitoring Program as an intermediate sanction in lieu of revocation.
- IV. Offenders who pose a potential or substantial risk to the community are a priority to place in the program.

- A. All offenders on Mandatory Post-Release Supervision shall be subject to electronic monitoring for the entire period of supervision.
- B. Offenders designated as a sexually violent predator pursuant to WV Code §15-12-2a who are on probation, parole, or supervised release, shall be subject to electronic monitoring as a condition of probation, parole, or supervised release.
- C. Offenders required to register as a sex offender pursuant to WV Code 15-12-1 *et seq.* may, as a condition of probation, parole, or supervised release, be subject to electronic monitoring.
- D. Offenders may be candidates for the Electronic Monitoring Program if they have, but not limited to, any of the following factors in their history.
  - 1. Violence or threats of violence towards any person.
  - 2. Extensive drug trafficking/sales and/or marginal roles in these types of activity.
  - 3. Deviant or criminal sexual behavior with or without violence.
  - 4. Potential and/or ability to cause extensive financial harm to an organization(s) or individual(s).
  - 5. Recent sanction incarcerations.
  - 6. Granted recent decision by the WV Parole Board with an improvement period.
  - 7. Continued non-compliance of curfew.
- E. Offenders with a history of non-compliant behavior while under supervision and whose failure to comply with supervision creates a substantial risk to the community receive consideration for the Electronic Monitoring Program. Factors such as, but not limited to, the following considerations:
  - 1. Offenders who test positive for illegal drug use or offenders abusing alcohol with associated behaviors.
  - 2. Offenders committing new criminal conduct while under supervision.
  - 3. Offenders continued under supervision by the Parole Board for serious violations constituting criminal conduct, absconding or blatant technical violations, or offenders likely to be returned to a DCR facility by the Parole Board if charges are submitted for review.
  - 4. Offenders who made bond while awaiting pending parole violation hearings and/or disposition of pending criminal charges.

5. Offenders who are banned from neighboring counties.
- V. Once an offender has been accepted into the Electronic Monitoring Program, the offender signs a contractual agreement and participates in an orientation process.
- A. The supervising Parole Officer completes the Electronic Monitoring Offender Enrollment Form (**Attachment #2, page #1**), including the offender's schedule and reviews the terms and conditions as outlined in the Electronic Monitoring Client Agreement (**Attachment #2, page #2**) with the offender and sends to the Electronic Monitoring Coordinator.
  - B. Program costs and billing/collection procedures shall be explained to the offender.
    1. An offender's inability to pay a fee does not preclude the offender from being eligible for this program. Offenders requesting a waiver or reduction of applicable fees shall complete the Request for Exemption or Reduction of Daily Monitoring Fees (**Attachment #3**).
    2. The completed request form is sent to the Electronic Monitoring Coordinator who shall examine the offender's income to determine whether the offender is capable of making a partial payment or providing a form of community service or some combination of both to compensate for the reduced or waived fee.
    3. Should the request be denied, the offender shall be notified immediately. The denial decision may be appealed to the Commissioner or designee for final decision.
    4. If the request is approved, the offender shall be notified the requested exemption or reduction is valid only as long as the circumstances under which it was granted remain the same. It is the offender's responsibility to notify his/her supervising Parole Officer should these circumstances change. In any event, the exemption or reduction will expire thirty (30) days after the initial approval is given. If another exemption or reduction is needed, a new request must be submitted by the offender.
    5. Offenders who are authorized for an exemption must perform community service work as approved by their supervising Parole Officer in lieu of paying the electronic monitoring fee. The offender must be eligible to leave his or her home for such work.
    6. Offenders designated as a sexually violent predator or required to register as a sex offender who are subject to electronic monitoring may present an affidavit (**Attachment #4**) to the circuit court of the county of supervision if unable to pay for the electronic monitoring.
      - a. If it appears to the satisfaction of the court that such offender is in fact financially unable to pay for such monitoring, the court shall issue an order

reflecting such findings and forward said order to the supervising entity who shall be responsible for paying the cost of the electronic monitoring.

- b. Upon receipt of such order, the supervising Parole Officer completes an Invoice for Electronic Monitoring (**Attachment #5**) and submits along with a copy of the court order and financial affidavit to the Electronic Monitoring Coordinator.

C. The offender is fitted with an Electronic Monitoring System bracelet.

VI. Responsibilities of Parole Officers include:

- A. Submitting the offender for consideration as previously outlined.
- B. Recording the equipment identification numbers and providing to the Enhanced Supervision Officer in his/her region.
- C. Developing written curfew schedules that allow for adequate time allowances for an offender's travel to and from approved scheduled activities away from the residence.
- D. Following all manual instructions for the installation/activation of the electronic monitoring equipment.
- E. Sending connections, disconnections, and changes in schedule to the Enhanced Supervision Officer in his/her region.
- F. Reporting any broken or inoperable equipment immediately to the Enhanced Supervision Officer in his/her region.
- G. Developing a special condition placing the offender on electronic monitoring.

VII. Responsibilities of Enhanced Supervision Officers include:

- A. Entering the offender's information into the Electronic Monitoring System and the electronic monitoring device is installed at the parole office within five (5) working days of receiving the Electronic Monitoring Coordinator's approval.
- B. Assisting Parole Officers in conducting after-hour supervision of the offender in the Electronic Monitoring Program.
- C. Maintaining a record of all Electronic Monitoring Devices in use and devices being stored in his/her region.

VIII. Responsibilities of the Electronic Monitoring Coordinator include:

- A. Maintaining a file on each offender in the Electronic Monitoring Program.

- B. Determining the level of violation notification for offenders in the Electronic Monitoring Program.
  - C. Notifying the supervising Parole Officer when a violation has occurred that has not already been addressed by the supervising officer.
  - D. Assisting Enhanced Supervision Officers with offender connections and disconnections.
- IX. Upon notification or alert received from the electronic monitoring company, the supervising Parole Officer reviews the violation and reports the outcome to the Electronic Monitoring Coordinator and his/her Regional Director. A violation report follows if needed.
- A. When an offender has not demonstrated his/her ability to comply with the Electronic Monitoring Program at a level that would indicate successful completion of the program, the supervising Parole Officer completes an Electronic Monitoring Status Report (**Attachment #6**) and makes a recommendation to the Electronic Monitoring Coordinator whether the offender should be continued in the program for an additional length of time or be removed from the program.
  - B. If the offender is removed from the program for failure to successfully complete, the Electronic Monitoring Coordinator advises appropriate staff involved in the program and ensures that all appropriate steps are taken concerning any action necessary in the offender's case.
- X. The Electronic Monitoring Program is designed for a length of ninety (90) to one hundred eighty (180) days or longer if necessary and appropriate. If after that time, the offender has maintained a stable lifestyle, complied with conditions of supervision, and has no outstanding Electronic Monitoring debt or problems in the community, the offender may be removed from the Electronic Monitoring Program. The supervising Parole Officer completes an Electronic Monitoring Status Report (**Attachment #6**) and submits to the Electronic Monitoring Coordinator to recommend having the offender removed from the Electronic Monitoring Program.
- XI. Upon successful or unsuccessful completion of the Electronic Monitoring Program by an offender, the Parole Officer retrieves all Electronic Monitoring System equipment within twenty-four (24) hours of the completion date.
- A. If any damage is observed, the Officer notifies the Electronic Monitoring Coordinator immediately and charges the offender accordingly.
  - B. Once the equipment is retrieved and the equipment identification numbers verified, the Officer notifies the Electronic Monitoring Coordinator via Electronic Monitoring Status Report.

- C. The Electronic Monitoring Coordinator and/or Enhanced Supervision Officer deactivates the electronic monitoring equipment assigned to the offender in the Electronic Monitoring System.
  - D. Enhanced Supervision Officers are responsible for maintaining the inventory of electronic monitoring equipment within their region, including recording the equipment identification numbers and sending any maintenance equipment (batteries, additional ankle straps, etc.) at the officer's request.
- XII. If there are any changes in the electronic monitoring status (e.g. deactivation of device due to arrest, change of equipment, program completion, etc.), the Enhanced Supervision Officer enters the reason for the change of status in the electronic monitoring system and the supervising Parole Officer notes the details in a case note in the offender's parole term.

**ATTACHMENT(S):**

- #1 Request for Electronic Monitoring
- #2 Electronic Monitoring Client Agreement (page #1) and Electronic Monitoring Offender Enrollment Form (page #2)
- #3 Request for Exemption or Reduction of Daily Monitoring Fees
- #4 Affidavit: Eligibility for Waiver of Costs
- #5 Invoice for Electronic Monitoring
- #6 Electronic Monitoring Status Report

APPROVED SIGNATURE: \_\_\_\_\_

  
Betsy C. Jividen, Commissioner

2-8-21  
Date

**PAROLE SERVICES**



**REQUEST FOR  
 ELECTRONIC MONITORING**

<b>To:</b>	<b>Date:</b> / /	<b>Supervision Level:</b>
<b>Type of Supervision:</b>	<b>Arrival Date:</b> / /	<b>Sentencing County:</b>

**OFFENDER INFORMATION**

<b>Offender's full name (Last, First, MI):</b>		<b>OID Number:</b>	
<b>AKA:</b>			
<b>SS#: XXX - XX -</b>	<b>Sex:</b>	<b>Race:</b>	<b>DOB: / /</b>
<b>Arrival Date: / /</b>	<b>Maximum Expiration Date: / /</b>		
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Telephone: ( ) -</b>

**MARITAL STATUS**

Single  Divorced  Widowed  Married **If married, list spouse's name:**

**EMPLOYMENT**

Unemployed  Student  Disabled  Part-Time  Full-Time **Monthly Income:**

<b>Company Name:</b>			
<b>Address:</b>			
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Telephone:</b>

**CRIMINAL OFFENSE(S) AND/OR RECENT VIOLATIONS**

<b>Sex Offender:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Offense(s):</b>
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**SUMMARY SUPPORTING REQUEST**

**ELECTRONIC MONITORING COORDINATOR RECOMMENDATION**

<b>Approved:</b> <input type="checkbox"/> No <input type="checkbox"/> Yes	<b>Device Approved For:</b> <input type="checkbox"/> GPS <input type="checkbox"/> Alcohol Unit <input type="checkbox"/> Two-Piece w/Base Unit
<b>Signature:</b> _____	<b>Date:</b> _____

<b>CC:</b>	<b>Officer Name:</b>
	<b>District Number:</b>





## PAROLE SERVICES

### ELECTRONIC MONITORING OFFENDER ENROLLMENT FORM

GPS Enrollment  Alcohol Unit  Two-Piece

Parole Board Mandated  Officer Sanction  Mandatory Supervision  Conditional Release

OID#: \_\_\_\_\_ Officer Name/District #: \_\_\_\_\_ Agency: \_\_\_\_\_

#### OFFENDER INFORMATION

Last Name: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ County of Residence: \_\_\_\_\_

Telephone #: \_\_\_\_\_ DOB: \_\_\_\_\_

GPS Coordinates: \_\_\_\_\_ SSN (Last 4) : \_\_\_\_\_

Receiver SN: \_\_\_\_\_ Transmitter SN: \_\_\_\_\_ Handheld (if applicable): \_\_\_\_\_

Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_

Sex Offender: Yes  No

OFFENDER SCHEDULE				Date Given to ESO: / /			
	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
<b>DATES:</b>	/ /	/ /	/ /	/ /	/ /	/ /	/ /
<b>Leave</b>	:	:	:	:	:	:	:
<b>Return</b>	:	:	:	:	:	:	:
<b>Leave</b>	:	:	:	:	:	:	:
<b>Return</b>	:	:	:	:	:	:	:

COMMENTS:



## WV DIVISION OF CORRECTIONS & REHABILITATION PAROLE SERVICES

### Request for Exemption or Reduction of Daily Monitoring Fees

(To be completed by offender)

Name: \_\_\_\_\_ Contact Phone: \_\_\_\_\_

Address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

\_\_\_\_\_ Social Sec.#: XXX-XX- \_\_\_\_\_

Request for Exemption

Request for Reduction; Reduce amount to: \$ \_\_\_\_\_

Gross Monthly Income:		Total Assets:		Total Monthly Expenses:	
Employment	_____	Cash	_____	Rent/Mortgage	_____
Public Assistance	_____	Checking/Savings	_____	Car payments	_____
Disability Benefits	_____	Other <i>(explain)</i>	_____	Loans/credit cards	_____
Other <i>(explain)</i>	_____	Vehicle(s):		Utilities	_____
		<i>List model and year</i>	_____	Prescriptions	_____
				Child Care	_____
				Other <i>(explain)</i>	_____
<b>Monthly Total</b>	_____	<b>Total Assets</b>	_____	<b>Monthly Expenses</b>	_____

Other factors or possible consequences to be considered(e.g. educational/vocational program, treatment program, age or physical infirmity, limited prospects for employment, mental health issues, etc.) \_\_\_\_\_

I understand I will be notified if my request is denied and that I may appeal to the Commissioner for a final decision. I also understand if the request for exemption or reduction is approved, it is only valid for as long as the circumstances under which it was granted remain the same and it is my responsibility to notify my Parole Officer should these circumstances change. In any event, the exemption or reduction will expire 30 days after the initial approval is given. If another exemption or reduction is needed, I must submit another request.

\_\_\_\_\_  
*Offender's signature and date*

\_\_\_\_\_  
*Officer's signature and district*

Approved       Denied      Waiver Start and End Dates: \_\_\_\_\_ - \_\_\_\_\_

\*\*If the offender is capable of making a partial payment or providing a form of community service or some combination of both to compensate for the reduced or waived fee if shall be noted here: \_\_\_\_\_

\_\_\_\_\_  
*Signature of Electronic Monitoring Coordinator and Date*

## West Virginia Division of Corrections & Rehabilitation – Parole Services

Affidavit: Eligibility for Waiver of Costs for Electronic Monitoring Pursuant to WV Code §62-11D-3(c)

NAME: \_\_\_\_\_ CONTACT PHONE: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ DATE OF BIRTH: \_\_\_\_\_  
SOCIAL SEC. #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Length of Supervision: \_\_\_\_\_  
Parole Officer: \_\_\_\_\_  
Offense for which supervision is imposed: \_\_\_\_\_  
Parole Office Location: \_\_\_\_\_

**GROSS MONTHLY INCOME from ALL sources:** Employer \_\_\_\_\_; Spouse's Employment \_\_\_\_\_;  
Self-employment \_\_\_\_\_; Public Assistance \_\_\_\_\_; Food Stamps \_\_\_\_\_; Unemployment \_\_\_\_\_;  
Benefits \_\_\_\_\_; Disability Benefits (VA, Worker's Comp) \_\_\_\_\_; Social Security/SSI \_\_\_\_\_;  
Alimony/Child Support Received \_\_\_\_\_; Pensions \_\_\_\_\_; Rental Income \_\_\_\_\_; Interest \_\_\_\_\_;  
Dividends \_\_\_\_\_; Annuities \_\_\_\_\_; ODD JOBS \_\_\_\_\_; OTHER (Specify) \_\_\_\_\_  
**MONTHLY TOTAL FROM ALL SOURCES \$** \_\_\_\_\_

	NAMES OF DEPENDENTS SUPPORTED BY YOU:		TOTAL NO. OF DEPENDENTS YOU SUPPORT		
	LAST NAME	FIRST NAME	RELATIONSHIP	AGE	DISABILITIES
1.	_____	_____	_____	_____	_____
2.	_____	_____	_____	_____	_____
3.	_____	_____	_____	_____	_____
4.	_____	_____	_____	_____	_____
5.	_____	_____	_____	_____	_____

**TOTAL ASSETS:** Cash \_\_\_\_\_; Checking/Savings \_\_\_\_\_; Monies Owed to You \_\_\_\_\_; Tax Refunds Due \_\_\_\_\_;  
Value of Real Estate (other than your residence) \_\_\_\_\_; Vehicles: Model/Year \_\_\_\_\_;  
Spouse's Vehicle \_\_\_\_\_; Stocks \_\_\_\_\_; Bonds \_\_\_\_\_; Notes \_\_\_\_\_; OTHER? \_\_\_\_\_

**TOTAL MONTHLY EXPENSES:** Rent/Mortgage \_\_\_\_\_; Car Payment \_\_\_\_\_; Loan Payment \_\_\_\_\_;  
Utilities (gas/electric/phone/water/sewage/heat) \_\_\_\_\_; Job-Related Expenses \_\_\_\_\_;  
Child/Health Care \_\_\_\_\_; Alimony \_\_\_\_\_; Child Support \_\_\_\_\_;  
Other One-Time Debts You Currently Owe \_\_\_\_\_ **TOTAL EXPENSES \$** \_\_\_\_\_

**WARNINGS!**

- (1) False Swearing May Result in Criminal Prosecution  
(2) The Information in This Affidavit Is **NOT** Confidential and May Be Made Available to Other Persons!

I hereby swear under penalty of law that the statements herein made are true and accurate to the best of my knowledge and belief.

DATE: \_\_\_\_\_ SIGNATURE: \_\_\_\_\_

Taken, subscribed, and sworn or affirmed before me by \_\_\_\_\_ this  
\_\_\_\_\_ day of \_\_\_\_\_, \_\_\_\_\_ in \_\_\_\_\_ County, WV.

\_\_\_\_\_  
NOTARY PUBLIC



**WV Division of Corrections & Rehabilitation  
Parole Services**

**Invoice for Electronic Monitoring**

Please find attached a statement for services in the amount of \$\_\_\_\_\_ for the period beginning \_\_\_\_\_ to \_\_\_\_\_ provided by the WV Division of Corrections & Rehabilitation’s Electronic Monitoring Program and a copy of a court order in which Judge \_\_\_\_\_ of the \_\_\_\_\_ circuit has made a judicial finding that \_\_\_\_\_ is unable to pay for electronic monitoring and has ordered the supervising entity, the WV Division of Corrections & Rehabilitation to pay for electronic monitoring as required by WV Code 62-11D-3(c).

\_\_\_\_\_  
Probation & Parole Officer

Approved by: \_\_\_\_\_  
Electronic Monitoring Coordinator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

You must attach to this invoice, (1) the Court Order finding the defendant’s inability to pay and ordering the supervising entity to pay for the electronic monitoring, and (2) the Financial Affidavit.

**PAROLE SERVICES**



**ELECTRONIC MONITORING  
 STATUS REPORT**

<b>To:</b>	<b>Date:</b> / /	PB Mandated <input type="checkbox"/> Sanction <input type="checkbox"/> Mandatory Supervision <input type="checkbox"/>	Duration Months
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**OFFENDER INFORMATION**

<b>Offender's full name (Last, First, MI):</b>		
<b>Supervision Type:</b>	<b>Sentencing County/State:</b>	<b>OID #:</b>

**ELECTRONIC MONITORING INFORMATION**

<b>Start Date:</b> / /	<b>End Date:</b> / /	<b>Completed Successfully:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain no in comments section)
<b>Fee Status:</b> Paid in full <input type="checkbox"/> Delinquent <input type="checkbox"/> Amount \$	<b>EOS Completed:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain no in comments section)	

**EQUIPMENT INFORMATION**

<b>Equipment Returned:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain no in comments section)	<b>Condition of Equipment:</b>
<b>Receiver Number:</b>	<b>Transmitter Number:</b>
<b>Equipment Cleaned and Returned to Enhanced Supervision Officer:</b> Yes <input type="checkbox"/> No <input type="checkbox"/> (Explain no in comments section)	

**COMMENTS**

**Will the Offender be placed back on Electronic Monitoring:** Yes  No  (Explain in the comments section above)

<b>CC:</b>	<b>Officer Name:</b>
	<b>District Number:</b>