

Administrative Office of the Courts-Twentieth Judicial Circuit
Application and Affidavit for Electronic Monitoring Service Providers

Applicant/Business Name: _____

Name/Title of Authorized Representative of Applicant: _____

Physical Address: _____

E-mail/Website: _____

Telephone/Fax: _____

Type of Service to be provided (check all that apply): ☐ **GPS/Location Monitoring** ☐ **Alcohol Use Monitoring**

PURSUANT TO ARTICLE V, SECTION 2(D) OF THE FLORIDA CONSTITUTION, SECTION 43.26, FLORIDA STATUTES, AND FLORIDA RULE OF JUDICIAL ADMINISTRATION 2.215, THE CHIEF JUDGE OF EACH JUDICIAL CIRCUIT IS CHARGED WITH THE AUTHORITY AND THE POWER TO DO EVERYTHING NECESSARY TO PROMOTE THE PROMPT AND EFFICIENT ADMINISTRATION OF JUSTICE

I. Please read, complete, and initial the following minimum qualifications:

- _____ I, the Applicant, am able to have the GPS and/or alcohol monitoring device monitored 7 days a week, 24 hours a day, and will ensure that Law Enforcement will be contacted immediately, via telephone, of a violation of an exclusion or inclusion zone established by the Court.
- _____ I, the Applicant, agree to accept payments directly from supervisees fitted with a device, and will further inform the AOC (pretrial/probation officer) regarding all required payment or non-payment events.
- _____ I, the Applicant, am able to accurately track supervisees fitted with a device to within fifty (50) feet of his or her actual location.
- _____ I, the Applicant, agree to possess an adequate supply of equipment such that no supervisee is ever required to wait for a device to become available.
- _____ I, the Applicant, agree to be available to place the device on supervisees 7 days a week, within 12 hours of the Court order directing placement of the device.
- _____ I, the Applicant, agree to maintain insurance (workers' comp, commercial general liability, and professional liability) with minimum limits of \$1 million.
- _____ I, the Applicant, agree that all employees of the Applicant WILL submit to a background check to be performed by the AOC, and further agree to provide the AOC with completed NCIC/FCIC authorizations of all current and future employees (within 24 hours of hire).
- _____ I, the Applicant, acknowledge that I have read, understand and agree to abide by the requirements of Administrative Order 2.31.
- _____ I, the Applicant, currently have no familial and/or business relationships with any employee of the AOC or the judiciary, and will notify the AOC within 24 hours of developing any such relationships in the future.
- _____ I, the Applicant, agree to continuously abide by these application requirements and subsequent MOU terms, and to require the same for any and all officers, employees, subordinates, and subcontractors.
- _____ I, the Applicant, will notify the AOC within 24 hours of any of the following such future events: a) any change, even if temporary, of the ability to comply with any of these minimum qualifications; b) address change; c) legal name change; d) change in contact information; e) any change in the status of a professional/business license; or f) any event changing the status of the original background check.
- _____ I, the Applicant, have attached to this application a list of 3 professional references and proof of having been in the business of providing electronic monitoring and/or alcohol monitoring for a minimum of 2 years.

II. Indicate the counties in which you agree to provide services:

☐ **Charlotte**

☐ **Collier**

☐ **Glades**

☐ **Hendry**

☐ **Lee**

III. Declaration: I am aware that any omissions, falsifications, misstatements, or misrepresentations above may disqualify me from service, and may be grounds for removal from the list at a later date. I declare under penalty of perjury, under the laws of the State of Florida, that the information, statements and facts indicated in this Affidavit and all other documents provided are true and correct.

Name of Affiant and Title providing signatory authority

Legal Name of Applicant/Business

Signature of Affiant

Date

STATE OF FLORIDA
COUNTY OF _____

Sworn to or affirmed and signed before me on this _____ day of _____, 20_____.

NOTARY PUBLIC - Signature

[Print, type, or stamp commissioned name of notary]: _____

_____ Personally known

_____ Produced identification

Type of Identification produced _____

Submit original to:

Administrative Office of the Courts
Attn: Court Innovations
1700 Monroe Street
Fort Myers, FL 33901

Additionally, E-mail copy to:

E-mail: **GPSCCommittee@ca.cjis20.org**

For internal use by AOC:

Date Reviewed: _____

Approved to list: _____

Not approved: _____