

## HOME CONFINEMENT HOST AGREEMENT FORM

☐ HCN

314 Cherry Lane  
New Castle, DE 19720  
(302) 577-3443

☐ HCK

511 Maple Parkway  
Dover, DE 19901  
(302) 739-3786

☐ HCS

22855 DuPont Blvd  
Georgetown, DE 19947  
(302) 854-6994

OFFENDER NAME	SBI#
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I hereby grant permission for Department of Correction staff to install, inspect, maintain, and retrieve electronic monitoring equipment in my residence so that the above-named offender, who lives at my residence, may participate in the Home Confinement Program.

I will permit Department of Correction staff to enter my residence and remain at my property at any time to inspect, service, and/or retrieve the electronic monitoring equipment that has been installed in my residence. I also understand that Department of Correction staff may call my residence at any time in response to issues with this equipment. I also consent to a warrantless search of my residence by Department of Correction staff at any time.

I acknowledge that I must maintain electric and telephone ( ) services at my residence during the Home Confinement term. I also understand that extra devices (including an answering machine, computer, modem, fax machine, splitter, and other items that can interfere with direct access to the equipment) and extra features (including three-way calling, Caller ID, Call Waiting, number blocks, answering service, or anything other than basic services) cannot be attached or installed on the telephone line used for the Home Confinement equipment. I also understand that I must maintain unlimited long-distance calling capability on this telephone line and I agree to remove all cordless telephones from my residence for the duration of the Home Confinement term.

I acknowledge that the above-named offender is lawfully able to live at my residence pursuant to any State/Federal laws or regulations, court orders, lease/rental agreement, or the Conditions of Supervision and that, to the best of my knowledge, no other individual is living at my residence unlawfully. I agree to provide the names and other necessary demographic information of all other individuals living at my residence for the purpose of conducting a criminal background check. I certify that there are no firearms, ammunition, dangerous weapons or explosives in my residence or on my property and that none of these items will be brought into my home or on my property during the Home Confinement term.

I understand that I may rescind this agreement at any time and that this may result in the offender being cited for violation of the conditions of the Home Confinement Program. I also understand that my failure to abide by this agreement may also result in the offender being cited for violation of the conditions of the Home Confinement Program.

HOST NAME: \_\_\_\_\_

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

\_\_\_\_\_, DE \_\_\_\_\_

\_\_\_\_\_  
Host Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date

March 2024

## Electronic Monitoring and Supervised Custody Host Criteria

OFFENDER NAME \_\_\_\_\_ SBI \_\_\_\_\_  
HOST NAME \_\_\_\_\_ HOST DOB \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE# \_\_\_\_\_

Do you agree to host offender? ☐ YES ☐ NO

Have you ever hosted anyone on Home Confinement before? ☐ YES ☐ NO

Offender \_\_\_\_\_ From: \_\_\_\_\_ To: \_\_\_\_\_

Any problems? \_\_\_\_\_

Do you own or rent your home? \_\_\_\_\_

Is the residence government subsidized (Section 8/Low Income)? ☐ YES ☐ NO

Is offender on lease? ☐ YES ☐ NO

Can you provide documentation that offender is on lease? ☐ YES ☐ NO

Are there any weapons in your residence or on the property? ☐ YES ☐ NO

If so, agree to remove by (date) \_\_\_\_\_

Refuses to remove ☐ \_\_\_\_\_

Are you able to provide proof of Verizon phone and electric service? ☐ YES ☐ NO

Are you willing to remove all features from your phone service? ☐ YES ☐ NO

Are you willing to have unlimited long distance on your phone? ☐ YES ☐ NO

Who else lives at this residence? ☐ Self Host

Name	Date of Birth	Relationship