



ELECTRONIC MONITORING COMPANY REQUIREMENTS

The entire listed items one (1) through seven (7) must accompany the completed application.

1. An application completely filled out in detail to include the following:
 - List of Elected Officers.
 - List of Members of the Board of Directors.
 - List of persons authorized to operate Business on behalf of the Electronic Monitoring Company.
2. A Criminal History Consent Form on all persons authorized to do Business on behalf of the Electronic Monitoring Company.
3. Copy of licenses required by the state
4. Copy of lease, rental agreement and business license
5. Certified copy of articles of incorporation and a Certificate of Existence from the Secretary of State.
6. A copy of license authorizing Electronic Monitoring Companies to do business in other counties/municipalities. Not applicable
7. A list of Electronic Monitoring Companies affiliated with during the past ten (10) years as the filing date of this application. Not applicable

Annual License Fee

All application packages must be accompanied by non-refundable annual filing fee of \$500.00 (License expires December 31st, of each year).

MAKE CHECKS PAYABLE TO: FULTON COUNTY SHERIFF'S OFFICE
(Include the Company name on the bottom of the check)

Return to: Fulton County Sheriff's Office
 Law enforcement Division
 185 Central Avenue 9th Floor
 Atlanta, Georgia 30303

APPLICATION TO PROVIDE ELECTRONIC MONITORING (GPS) SERVICES FOR
FULTON COUNTY SUPERIOR COURT/ FULTON COUNTY SHERIFF'S OFFICE

FILE NUMBER: _____

Original Certificate []	Sole Proprietorship []	Corporation []
Renewal Certificate []	Partnership []	Joint Venture []

Legal name of business: _____

Operating/Trade name of business: _____

Location of business: _____

Legal owner of business: _____

Residence Address: _____

City: _____ County _____ State: _____ Zip Code: _____

Res. Phone: _____ Bus. Phone: _____ Other: _____

Driver's License Number: _____ Social Security Number: _____

Are you a U.S. Citizen? Yes [] No [] Natural born: _____ Naturalized: _____

Are you a resident of Georgia? Yes [] No [] Years: _____

List owner of property where business is located: _____

Amount of rent: Monthly _____ Annually _____ Other _____

Person/Service authorized to accept service: _____

Address: _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY	
Approved [] Denied: []	
Sheriff _____	Date: _____
Chief Judge _____	Date: _____
Certificate issued by: _____	Date: _____

PERSONS AUTHORIZED TO SIGN ON BEHALF OF THE INDIVIDUAL, PARTNERSHIP, CORPORATION OR LIMITED LIABILITY CORPORATION

Name: _____
Residence Address _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Business: _____
Business Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Residence Phone: _____ Business Phone: _____

Name: _____
Residence Address _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Business: _____
Business Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Residence Phone: _____ Business Phone: _____

Name: _____
Residence Address _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Business: _____
Business Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Residence Phone: _____ Business Phone: _____

Name: _____
Residence Address _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Business: _____
Business Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Residence Phone: _____ Business Phone: _____

Name: _____
Residence Address _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Business: _____
Business Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Residence Phone: _____ Business Phone: _____

PERSONS AUTHORIZED TO ACCEPT SERVICE

Fill in below the names and address of the individuals or professional process service who shall be authorized to accept service of processes. (Must be residents of/located in Fulton County).

Name: _____
Residence Address _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Business: _____
Business Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Residence Phone: _____ Business Phone: _____

Name: _____
Residence Address _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Business: _____
Business Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Residence Phone: _____ Business Phone: _____

Name: _____
Residence Address _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Business: _____
Business Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Residence Phone: _____ Business Phone: _____

Name: _____
Residence Address _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Business: _____
Business Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Residence Phone: _____ Business Phone: _____

Name: _____
Residence Address _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Occupation: _____ Business: _____
Business Address: _____ Phone: _____
City: _____ State: _____ Zip Code: _____
Residence Phone: _____ Business Phone: _____

SHAREHOLDERS

Fill in below all shareholders of records as of the date of filing this application.

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

OFFICERS

Fill in below all officers. If space provided is inadequate, add another sheet and identify the additional information by item number.

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

PARTNERSHIP, JOINT VENTURE OR SOLE PROPRIETOR

Fill in below all partners, including all parties that have an equitable interest in the partnership and individuals or entities who are entitled to receive any valuable consideration, financial or otherwise from the operation of the Electronic Monitoring (GPS) Business.

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

Name: _____
 Residence Address _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Occupation: _____ Business: _____
 Business Address: _____ Phone: _____
 City: _____ State: _____ Zip Code: _____
 Residence Phone: _____ Business Phone: _____

ELECTRONIC MONITORING STANDARDS AGREEMENT

1. The Electronic Monitoring Provider must have a physical street address within the Atlanta metropolitan area.
2. The Electronic Monitoring Provider must use Active Global Positioning System (GPS) electronic monitoring devices, which provides the most intensive electronic monitoring method for defendants in the community.
3. Electronic Monitoring Provider:
 - a. The Electronic Monitoring Provider shall be staffed 24-hours a day /7-days a week/365 days a year.
 - b. The Electronic Monitoring Provider shall track all key events and report these events to the Fulton County Sheriff's Office. The Electronic Monitoring provider must also provide any monitoring data upon request to the Fulton County Sheriff's Office and the Fulton County District Attorney's Office, including computer generated reports and written records (such as violation logs and reports of telephone contact with a defendant). For those clients who are court ordered to Fulton County Pretrial Services, the Electronic Monitoring Provider must also send courtesy notification to Pretrial Services according to the Alert Notification Matrix.
 - c. The Electronic Monitoring Provider shall communicate with the defendant by telephone to verify an alert/violation, and try to restore normal monitoring conditions. If normal monitoring conditions can be restored within 60 minutes, the provider must prepare and forward a written report to the Fulton County Sheriff's Office by email at the beginning of the next business day. The written report shall include the date and time the event began, the date and time the event was resolved, and a description of the problem.
 - d. When an alert/violation has occurred, the Electronic Monitoring Provider has the responsibility to verify the authenticity of each key event/violation before notifying the Fulton County Sheriff's Office.
 - e. The Electronic Monitoring Provider shall contact the Fulton County Sheriff's Office on false alarms or equipment malfunctions. The provider will be responsible for the replacement of all faulty electronic monitoring equipment. The provider will be responsible for the recovery of all electronic monitoring equipment.
 - f. The Electronic Monitoring Provider must allow simultaneous access to their records regarding each person placed on court ordered electronic monitoring to the Fulton County Sheriff's Office, the Fulton County Superior Court, and the Fulton County District Attorney's Office. O.C.G.A. § 17-6-1.1(j)
4. The Electronic Monitoring Provider shall submit via email daily reports to the Fulton County Sheriff's Office that documents the defendant's 24-hour activities, including all key events such as unauthorized leave. For those clients who are court ordered to Fulton County Pretrial Services, the Electronic Monitoring Provider must also send courtesy notification to Fulton County Pretrial Services according to the Alert Notification Matrix.

5. The Electronic Monitoring Provider is responsible for sending alert notification of electronic monitoring violations to the Fulton County Sheriff's Office. In such cases, the provider must also send, via email, the defendant's court ordered bond, proof of the court order release and monitoring violations (tracking report), and the name of person who verified the violation (s). When violation alerts occur, all preceding information should be sent to the email address: warrant.service@fultoncountyga.gov, and when necessary the Electronic Monitoring provider shall contact Fulton County Sheriff's Office at 404-612-5100.
6. The Electronic Monitoring provider shall notify the Fulton County Sheriff's Office of the alert/violation according to the Alert Notification Matrix. Additionally, whenever a victim's name is listed on the defendant's bond order, the Electronic Monitoring Provider must provide notification to the Fulton County Victim Witness Assistance Program.
7. If, through any cause, the Electronic Monitoring provider (s) shall fail to fulfill their obligations under this Contract in a timely and proper manner, or in the event that any of the provisions or stipulations of the Agreement are violated by the Electronic Monitoring provider, the Sheriff/ Chief Judge shall thereupon have the right to immediately terminate this agreement by serving a written notice upon the Electronic Monitoring provider of its intent to terminate the contract. The terminated agreement will be giving written notice at least thirty (30) calendar days prior to termination (by hand delivery or posting in the U.S. Mail) to the Electronic Monitoring provider. If in the event the Electronic Monitoring provider determines it is no longer in its best interest to continue their contractual arrangement with the Sheriff/ Chief Judge, the Electronic Monitoring provider may likewise terminate this agreement by giving written notice at least thirty (30) calendar days prior to termination (by hand delivery or posting in the U. S. Mail) to Sheriff/ Chief Judge stating the reason for such termination. However, the Sheriff, in his or her discretion, may temporarily or permanently remove any provider from the list of approved providers should they violate O.C.G.A. § 17-6-1.1(k).
8. No Electronic Monitoring Provider, Proprietor, or Invested Interest shall be convicted of a felony or have pending felony charge (s), nor shall the company employ anyone who has been convicted of a felony or has pending felony charges. These will be grounds for immediate removal or suspension of services.



Fulton County Sheriff's Office Monitoring Company Form

Name of Monitoring Company:			
Address:			
City:	State:	Zip Code:	Phone Number:
Representative/Agent's Name:			

Name of Defendant (Inmate):					
Booking Number:		DOB:			
Race:	<input type="checkbox"/> Black	<input type="checkbox"/> White	<input type="checkbox"/> Hispanic	<input type="checkbox"/> Asian	<input type="checkbox"/> Other:
Monitor Placed on Defendant – Date:		Time:	AM/PM		

I certify that I am an authorized representative/agent of the above monitoring company and responsible for placing and securing the monitoring ankle device on to the defendant. As the representative/agent, I accept all responsibility for the monitoring of the device at all times.

Signature of Company Representative/Agent

Date:

Alert Notification Matrix

Electronic Monitoring Provider Key Event/Violation Alert Notification sends via email	Fulton County Sheriff's Office Receives Key Event/Violation Alert Notification Via Email	Electronic Monitoring Provider Provides Courtesy Notification to Surety Via Email and Fulton County Victim Witness Program Via Telephone
Unauthorized Leave	→ Immediate	→ 24 hours
Equipment Tamper	→ Immediate	→ 24 Hours
Exclusion Zone	→ Immediate	→ 24 Hours
AC Power Failure	→ 2 hours	→ 24 Hours
Telephone Service Loss	→ 2 hours	→ 24 Hours

The Undersigned Officers and members of the Board of Directors of _____ accept the Electronic Monitoring Standards enumerated above.

Signature: _____ Position: _____

Witness: _____ Date: _____