



## **Notification Form** Inmate / Prisoner / Defendant

**YOU ARE HEREBY INFORMED THAT YOU ARE BEING REQUIRED TO WEAR AN ELECTRONIC IMOBILIZATION SYSTEM FOR CUSTODY PURPOSES, TRANSPORTATION, AND / OR DURING ANY COURTROOM OR MAGISTRATE APPEARANCE / PROCEEDING.**

This System contains 50,000 volts of electricity. By means of a remote transmitter, an attending officer has the ability to activate the stun package attached to you, thereby resulting in the following:

1. Immobilization, causing you to fall to the ground.
2. Possible of self-urination.
3. Possible of self-defecation.

**FAILURE TO COMPLY WITH ANY COURT OFFICER'S DIRECTION COULD LEAD TO ANY / ALL OF THE ABOVE!**

The system could be activated under the following actions on your behalf and notification is hereby made:

1. Any outburst or quick movement.
2. Any hostile movement.
3. Any tampering with the System.
4. Any attempt to escape custody.
5. Any loss of vision of your hands by the custodial officer.
6. Any overt act against any person within (50) fifty feet of the inmate / prisoner / defendant.

**This apparatus will NOT be activated for simply consulting with legal counsel**

I HEREBY ACKNOWLEDGE AND UNDERSTAND THE ABOVE INFORMATION.

Control Officer: \_\_\_\_\_

Subject Name: \_\_\_\_\_

Subject Signature: \_\_\_\_\_

Date: \_\_\_\_\_