

JOTF JOB OPPORTUNITIES TASK FORCE

Advocating better skills, jobs, and incomes

Advantage Sentencing Alternative Programs, Inc.
309 East Joppa Road Towson, MD 21286
Office: 410-832-1717 Fax: 410-832-1719

AGREEMENT OF FINANCIAL RESPONSIBILITY

1. I agree to pay an evaluation fee of: **\$0.00**
2. I agree to pay a onetime connecting fee of: **\$100.00**
3. I agree to pay a daily fee of: **\$10.00**
4. I agree to pay for random drug and alcohol testing **\$ 30.00**
5. I agree that all payments made to this office are non-refundable.
6. I further agree to pay an initial daily fee equal to fourteen (14) days service prior to activation and to pay all subsequent charges weekly in advance as directed by A.S.A.P., Inc.
7. If I become two (2) weeks delinquent in payments, I understand that A.S.A.P., Inc. will only accept cash or money order payments and I may be violated from the program.
8. I understand that failure to return all parts of the home monitoring equipment will result in me being charged with Grand Theft and I will be charged full price for the non-returned equipment. Equipment costs listed on Equipment Responsibility Form. An additional \$50.00 will be charged if an A.S.A.P. Inc. representative has to retrieve the equipment for any reason.
9. I understand that if I write a personal check to A.S.A.P., Inc and it is returned for any reason I must pay a \$35.00 returned check fee and A.S.A.P., Inc will no longer accept personal checks from me.
10. I understand that all fees to A.S.A.P. Inc., must be paid in advance by cash, money order, certified funds, or other means as agreed to with A.S.A.P., Inc. Failure to pay A.S.A.P. Inc., as provided shall result in immediate termination from the monitoring program and constitutes a violation of my condition of release.
11. I am aware that if I should violate the rules and conditions of my home detention, I am not eligible for any refund on fees paid.
12. I agree to pay a \$75.00 termination fee at termination, or no later than six (6) weeks after hookup, whichever comes first. Final payments must be made in cash or money order only. Final reports to the Court, Defense Attorney and Probation Office will be sent only upon payment in full.
13. I understand that if I dispute a positive drug test, the sample can be sent for further analysis or I can report to Friends Medical Laboratory on the same day, there will be an additional \$35.00 cost.
14. If an A.S.A.P., Inc. agent must appear in Court for any reason, there will be a \$100 fee charged for this service.
15. There is a \$.10 per page fee, if you request a copy of your home detention file.

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Office: 410-832-1717 Fax: 410-832-1719 asap.homedetention@yahoo.com

Cincere Johnson:
Your hookup appointment was on 8/24, at which you paid \$ 282.00.
Below is a reminder about your next appointment and what is needed to complete your basic file.
Your 1st biweekly appointment after hookup is scheduled for 9/9.
 In office
 Phone appointment
and the amount due will be \$ 212.00. This includes 17 days and the cost of your first urinalysis. The following items are still needed for your file:

- _____ 2nd Guarantor signature on Equipment Agreement; must be received by _____.
- _____ 2nd Guarantor signature on Financial Agreement; must be received by _____.
- _____ 2nd Guarantor photo ID (do not fax)
- _____ Phone Bill
- _____ Resident/Phone Line Agreement Form
- _____ Lease, Mortgage, Renters Agreement, Tax Bill, or Deed
- _____ Photo ID
- _____ Court Order
- _____ Employment Information (FULL Address, Phone #, Supervisor Name)
- _____ Probation officer's name, address, phone and fax numbers
- _____ Other _____

ng verification for all of your outings to each appointment. Also, read all of your agreements a
es Regulations of the program. If you have any questions, you should ask them at this app

r your first biweekly appointment, your payment schedule will be as follows: 2nd biweekly
appointment \$ 212.00 (includes urinalysis), 3rd biweekly appointment \$ 257.00
(includes urinalysis and supervision fee), and \$ 182.00 every two weeks thereafter. Clients behind on payment
are required to pay weekly.

I WILL NOT RECEIVE ANY FURTHER NOTICES, BILLS, OR REMINDERS. YOU ARE RESPONSIBLE FOR KEEPING TRACK OF YOUR PAYMENTS, WHAT IS NEEDED FOR APPOINTMENT DATES TIMES FROM THIS DATE FORWARD