



# COUNTY OF LAWRENCE

**PRESIDENT JUDGE**  
DOMINICK MOTTO

**ADULT PROBATION & PAROLE**  
JAMES R. JENDRYSIK, CHIEF

**HOUSE ARREST DIVISION**  
ANDREA ANDERSON, ASSISTANT CHIEF

## LAWRENCE COUNTY HOUSE ARREST WITH ELECTRONIC MONITORING RESIDENCY AGREEMENT

**Defendant:** \_\_\_\_\_ **Date:** \_\_\_\_\_

The aboved named defendant has submitted your name and place of residence as a possible location to serve his/her House Arrest with Electronic Monitoring sentence.

In order to be considered for the program, we need for you to completely fill out the form below and return it the Adult Probation Office, 430 Court Street, New Castle, PA 16101. Should you have any questions concerning this please call 724-656-1990. The defendant will not be permitted to begin their sentence at this residence until all information has been completely filled out by you, the home owner, and verified by the I.P.P. staff/ Adult Probation Staff.

**Home owner:** \_\_\_\_\_ **Phone:** \_\_\_\_\_

**Address:** \_\_\_\_\_  
\_\_\_\_\_

**3. CO-HABITATION:** (List all the persons whom reside within the above residence. List their ages and relationship to you.)

	NAME	AGE	RELATIONSHIP
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

**4.** Is anyone residing at the above named address that is currently on probation/parole, have any criminal background, or have any outstanding bench warrants?

If yes list names and criminal history.

5. Are there any firearm or other deadly weapons in the residence you will serve your House Arrest?  
If yes, are they registered and/or under lock and key?
6. Are there any alcoholic beverages currently within the residence?
7. Is any person residing at the above named address currently on prescription medications for pain, anxiety, depression, or mental health?  
If yes, please indicate name and type of medication prescribed.
8. Is any person residing at the above named address dependant on drugs and/or alcohol?  
If yes, please list names.
9. Are there any pets/animals in the residence?  
If yes, please list animal, breed, size, and if it could be a danger.

Please answer **yes** or **no** to the following questions and sign your initials.

10. I agree to share my household with the above named defendant. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initials
11. I agree to and understand that my residence is subject to search, 24 hours – 7 days a week. \_\_\_\_\_ Yes \_\_\_\_\_ No \_\_\_\_\_ Initials

Your signature below acknowledges that you have answered the questions honestly and to the best of your knowledge. You understand that by answering dishonestly the defendant's request for residency can be denied and the defendant may be incarcerated.

You also consent to the search of your person, property and place of residence without a warrant by officers of the I.P.P. / Adult Probation and Parole Department of Lawrence County. Any item(s) present, which constitutes a violation of the House Arrest with Electronic Monitoring / I.P.P. program shall be subject to seizure and may be used as evidence in the revocation process.

You also acknowledge that the I.P.P Staff/Adult Probation Staff must approve the residence before the defendant will be permitted to begin his/her sentence at that residence.

\_\_\_\_\_  
SIGNATURE OF HOME OWNER      DATE

\_\_\_\_\_  
WITNESS      DATE