



COOK COUNTY SHERIFF'S OFFICE
ELECTRONIC MONITORING PARTICIPANT PLACEMENT - RESIDENTIAL CONSENT

PARTICIPANT NAME: Wilbourn, Vondell

BOOKING ID: 19-080-8140

CONSENTING: Homeowner Leaseholder Resident

The Delivering Participant listed above has been court-ordered to the Cook County Sheriff's Electronic Monitoring Program in lieu of being detained in the Cook County Department of Corrections. I have agreed to allow the Sheriff to place the Participant in my residence. By initialing below, I confirm that I have read and understand the following:

X W Inquiries have been made regarding my safety and I have not revealed any safety concerns at this time regarding the placement of the DELIVERING PARTICIPANT listed above in this home.

X W I have been given a Participant Information Sheet that provides important information regarding the Sheriff's EM program requirements.

X W I have had the opportunity to ask questions, and any questions have been answered to my satisfaction.

X W I understand that I can contact EM program staff at 877-326-9198 or countysheriff@BI.com if I have any additional questions or concerns, or to notify program staff that the participant can no longer reside in this home.

X W I consent to an officer conducting a safety tour of this home and understand that Sheriff's officers will visit this home as necessary during the duration of PARTICIPANT'S placement in the program.

X W I understand that my property and/or residence may be subject to a warrantless search in order to ensure PARTICIPANT's compliance with the terms of the Program, any applicable court orders and ongoing officer safety.

X W I affirm that I am authorized to permit the PARTICIPANT to reside in this home, and that neither my lease nor any other legal document or rule prohibits their placement here.

X W I understand the requirements of the EM Program as explained to me and agree to allow the PARTICIPANT to reside in this home which their being electronically monitored as a Program Participant.

IF APPLICABLE:

X W I confirm that _____ does not reside in this home.

(Protected Individual)

Verified by Lease

Host Address: 8450 S. Colfax City: Chicago State/Zip: IL, 60617

Driver's License No/State ID / Passport: IL Date of Birth: 12/12/19

Consent Individual's Name: Wilbourn, Vondell Signature: X Vondell Wilbourn Date: 4-12-2021

COOK COUNTY SHERIFF'S OFFICE STAFF

DELIVERING EQUIPMENT

DELIVERING PARTICIPANT: Wilbourn, Vondell

(NAME)

19-080-8140

(BOOKING ID NUMBER)

HOME CHECK CONDUCTED?

YES (Running Water and electricity are mandatory for placement)

No If NO, return participant to RCDC

IF APPLICABLE

PARTICIPANT IS A SEX OFFENDER OR CRIME VS. CHILD

Do children presently live at this residence?

Are children present at the time of delivery?

Stated: YES

NO If YES, See Narrative on (FCN-88) (SEP 12)

Verified: YES

NO If YES, return participant to RCDC

PROTECTED INDIVIDUALS:

Are protected person(s) present at the time of delivery?

Yes

NO If YES, return participant to RCDC

CCSO Staff Member Name (print): Dunn

Star# 6229

Signature:

Date: 4-12-2021

THIS FORM MUST BE COMPLETED FOR EACH NEW DELIVERY AND RELOCATION OF A PARTICIPANT
Failure to secure written authorization from the homeowner/leaseholder or other adult(s) who live at the residence shall be sufficient to deny placement at this location.

WHITE/ORIGINAL - File

YELLOW - Homeowner/Leaseholder

PINK - Program

Exhibit B Page 1