



COOK COUNTY SHERIFF'S OFFICE

ELECTRONIC MONITORING PARTICIPANT PLACEMENT - RESIDENTIAL CONSENT

PARTICIPANT NAME: Wilbourn, VondellBOOKING 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 VW 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 VW I have been given a Participant Information Sheet that provides important information regarding the Sheriff's EM program requirements.
- X VW I have had the opportunity to ask questions, and any questions have been answered to my satisfaction.
- X VW I understand that I can contact EM program staff at 877-326-9198 or cookcountysheriff@bl.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 VW 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 VW 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 VW 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 VW I understand the requirements of the EM Program as explained to me and I agree to allow the PARTICIPANT to reside in this home which their being electronically monitored as a Program Participant.

IF APPLICABLE:

X I confirm that (Protected Individual) does not reside in this home.

X I confirm that no children will be allowed at this home. Verified by Lease

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

 Driver's License No. / State ID / Passport: IL [REDACTED] Date of Birth: [REDACTED]

 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? Stated: ☐ YES ☒ NO IF YES, See Narrative on (FCN-88) (SEP 12)
- Are children present at the time of delivery? 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): <u>DUNN</u>	Star#: <u>0229</u>	Signature: <u>[Signature]</u>	Date: <u>4-12-2021</u>
---	--------------------	-------------------------------	------------------------

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