

4305 N 10TH ST MCALLEN TX 78501
PROFESSIONAL PLAZA SUITE D
956-622-5458 / 956-322-7838

CAMERON@SOBERSENSE.NET
GLORIA@SOBERSENSE.NET



CR# _____ PROBATION OFFICER/MONITOR: _____

FIRST: _____ LAST NAME: _____ MID: _____ DOB: _____

HOME ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

EMAIL: _____ PHONE NUMBER: _____

_____ I UNDERSTAND IT IS MY RESPONSIBILITY TO KEEP THE DEVICE CHARGED AND IN MY POSSESSION AT ALL TIMES. I WILL AVOID ANY SITUATION WHERE THE DEVICE CAN BE DAMAGED OR CONTAMINATED. EX. HEAT/WATER, OTHER ALCOHOL, PERFUME/COLOGNES, PAINT/FUMES... IN ANY WORK/LIFE SITUATIONS

_____ I UNDERSTAND THAT THE SERVICES SOBERSENSE PROVIDES ARE DEPENDENT ON A WORKING AND COMPATIBLE MOBILE DEVICE. IT IS MY RESPONSIBILITY TO KEEP AND MAINTAIN SUCH DEVICE. I UNDERSTAND THAT I CAN USE THE SOBERSENSE APPLICATION ON ANY COMPATIBLE DEVICE

_____ I WILL TAKE THE TEST IN ORDER AND BETWEEN THE SCHEDULED TESTING WINDOWS (ANY MISSED/LATE TESTS MUST BE DISCUSSED WITH PROBATION OFFICER OR MONITORING AUTHORITY)

_____ I WILL SUBMIT MY SESSIONS BEFORE USING TOOTHPASTE, MOUTH WASH, COUGH MEDICINE, OR ANYTHING THAT MAY CONTAIN ALCOHOL IN ITS INGREDIENTS TO AVOID FALSE POSITIVES.

_____ ANY EFFORT TO TAMPER WITH, DISTORT, COVER, OR OBSTRUCT VIEW FROM CAMERA WILL BE REPORTED TO PROBATION OFFICER AND OR THE COURTS. I WILL NOT WEAR SUNGLASSES, MASK OR ANYTHING THAT MAY HINDER MY APPEARANCE

_____ WHEN TESTING, I WILL CONDUCT TEST IN A WELL-LIT AREA AND LOOK DIRECTLY INTO THE CAMERA UNTIL TEST IS COMPLETE

_____ ANY DAMAGED OR LOST DEVICE, I MUST SET AN APPOINTMENT IMMEDIATELY PURCHASE A NEW DEVICE

_____ SOBERSENSE WILL NOT ACCEPT OR SAVE ANY EXCUSES FOR A LATE OR MISSED TEST FOR ANY REASON

_____ RECEIVED INFORMATION ABOUT INSTRUCTIONS, TROUBLESHOOTING, NON COMPLIANCE, AND ALL VIOLATIONS

_____ IF A RESULT COMES BACK POSITIVE FOR WHATEVER REASON. I WILL SUBMIT THE SECONDARY RETESTS EVERY TEN MINUTES UNTIL THE SESSION DISAPPEARS. THIS WILL GIVE ME MORE DATA TO SHOW THE BAC LEVELS DROPPING

_____ I UNDERSTAND SOBERSENSE IS THE TESTING AGENCY, AND CAN ONLY REPORT MY RESULTS. THIS INCLUDES DAILY, ANY POSITIVE/ MISSED/ LATE TESTS, ALONG WITH MONTHLY/ WEEKLY REPORTS TO MY PROBATION OFFICER/ MONITOR

_____ IT IS MY RESPONSIBILITY TO NOTIFY SOBERSENSE IMMEDIATELY IF AND WHEN MY PROBATION OFFICER/ MONITOR CHANGES

_____ I UNDERSTAND THAT MY PROFILE WILL BE REPORTED TO PROBATION FOR NON-COMPLIANCE. EX: INCORRECT TESTING/ NON-PAYMENT (STRONG CHANCE OF GOING TO JAIL WHEN THIS OCCURS!!!!)

PRINT NAME: _____ SIGN: _____

USERNAME: _____ PASSWORD: _____

_____ DAILY TESTING WINDOWS IN ORDER: 1. _____ 2. _____ 3. _____

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AUTODRAFT INFORMATION: _____

EXP: _____

SECURITY CODE: _____

ZIP: _____

I AM AUTHORIZING THE MONTHLY PAYMENT TO BE CHARGED TO THIS CARD ON THE
1ST OR **15TH** / MONTHLY (CIRCLE ONE)

_____ TO STOP MONTHLY PAYMENTS, I AM REQUIRED TO BRING IN REMOVAL ORDER
FROM THE COURT/ PROBATION OFFICER ALONG WITH THE SOBERSENSE DEVICE

SIGNATURE

DATE: _____

_____ DAILY TESTING WINDOWS IN ORDER: 1. _____ 2. _____ 3. _____