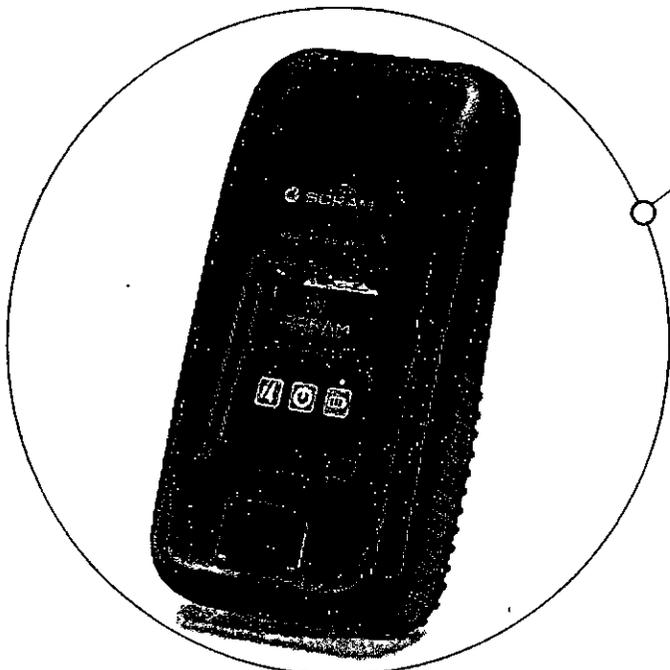




# SCRAM™

REMOTE BREATH

The most flexible **OPTION** in breath testing.  
From the industry-leading SCRAM Systems® line of alcohol and location monitoring solutions.



### SCRAM Continuous Alcohol Monitoring™

Continuous Alcohol Monitoring (CAM), or combined CAM + House Arrest, at the flip of a switch. It's 24/7 monitoring for your higher-risk/higher-need alcohol clients.

### SCRAM Remote Breath™

The first and only handheld, wireless, portable breath alcohol device with automated facial recognition and GPS with every type of test. For your lower-risk clients or those who need or have earned less intensive monitoring.

### SCRAM GPS™

A one-piece Global Positioning System that combines superior location monitoring accuracy and 2-way offender communication with an industry-leading strap design that virtually eliminates false alerts. SCRAM Systems offers GPS solutions on all cellular networks to provide comprehensive location monitoring options.

### SCRAM House Arrest™

Standalone house arrest monitoring built to work with today's home communications systems. Operates over home Internet routers, standard or digital phone lines, DSL, Vonage®, or an optional SCRAM-provided wireless system.

### SCRAM Systems Program Management Center™

The SCRAMNET™ secure web application is the core of the Project Management Center (PMC), which brings together everything from monitoring of our entire product line to our best-in-industry court support program, 24/7 customer support, mobile applications, offender compliance analytics, and beyond.

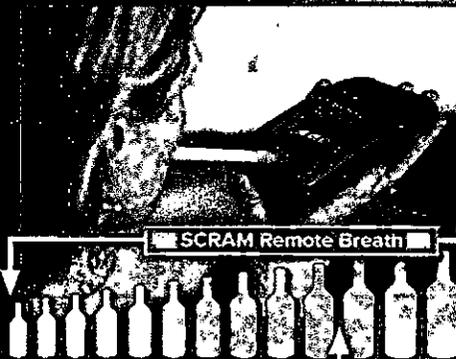
*SCRAM Remote Breath delivers exactly the solution our courts and agencies have asked for to create flexible monitoring options for every alcohol client."*

— Nancy Ciadis  
Director, Ada County Monitoring Services

## SCRAM Systems **OPTIONS** in Alcohol Monitoring

### Lower Level Alcohol Misuse

- 1st time DUI
- Public order offenses
- Low BAC at time of arrest
- Earns reduced monitoring through program compliance



### Higher Level Alcohol Dependence and Addiction

- Repeat/Hardcore Drunk Drivers
- Domestic Violence
- High BAC at time of arrest
- Requires more intensive monitoring after a violation

### SCRAM Continuous Alcohol Monitoring™

## Automated Facial Intelligence™ (AFI™)

- Government security grade **FACIAL RECOGNITION** software—not just photos
- Intelligent bio confirmation system and automated matching—reduces manual review of photos by 90–95%
- High-resolution images—clear photos of the 5–10% you do review
- Scalable & Manageable—significant reductions in the staff time required to confirm identities
- Real-time notifications with automated, simultaneous client verification

## FEATURES

- Automated Facial Intelligence
- Device-initiated testing—automatically turns on and prompts clients for scheduled and on-demand tests
- STORE & FORWARD, up to 48,000 test results
- GPS location with taken *and* missed tests
- One-piece, handheld, cellular
- DOT-approved Dräger® fuel cell
- Rugged, built for corrections
- Optional reminders and notifications to client's cell phone
- Random, scheduled, and on-demand testing

**Passed BrAC  
FAILED Identification**

**SCRAMNET**

REMOTE BREATH RESULT DETAILS

**Circumvented BrAC 0.000**

Facial Comparison

Circumvention Identified

Received 02/06/2014 04:02 PM  
On Demand 04:02 PM  
Serial Number RB100FD

Notes  
Facial recognition detected this was not a match. Officer concurs. Client attempted to circumvent testing.

Status  
 In Progress  Resolved

Breath Test Details

Enrollment Photo 02/06/2014 01:54 PM

Initial Test BrAC 0.000 02/06/2014 04:02 PM  
View location

**AFI caught mismatch on photos.  
Client admitted to having cousin  
take his scheduled test while he  
was drinking.**

## BENEFITS

- Immediate notification of both BrAC and positive client ID
- On-board, automated testing prompts and client notifications ensure clients always know when it is time to test
- Stores test results when out of cell coverage and forwards them when service is reacquired, so you'll never lose test data
- GPS locations provide more supervision data, especially on missed tests
- Flexible testing schedules—multiple options for both agencies and clients
- Integrates with SCRAMNET—one company, one integrated system for every client
- Portable, easy to carry, easy to use
- SCRAM Systems industry-leading Product Training & 24/7 Customer Support
- SCRAM Court Support Program

Follow us at



scramsystems.com/remotebreath • 800.557.0361

**SCRAM**  
SYSTEMS

***HOWARD COUNTY COMMUNITY CORRECTIONS***

120 East Mulberry St. Suite 108

Kokomo, Indiana 46901

Tx: (765) 452-0649

**SPECIFIC CONDITIONS OF SCRAM MONITORING**

- \_\_\_\_\_1. I, \_\_\_\_\_, have been selected to participate in the Howard County Community Corrections SCRAM Program. I agree to all the conditions set forth in this contract and will remain in compliance with these provisions during my sentence in SCRAM.
  
- \_\_\_\_\_2. I agree to be held criminally and civilly liable for any damage to the monitoring equipment placed on me or in my home that exceeds normal wear and tear. If found guilty of failure to return the equipment assigned to me, I will be responsible for the replacement cost.
  
- \_\_\_\_\_3. I agree to pay \$12.00 per day. I will receive a receipt from Howard County Community Corrections each time a payment is made. **SCRAM fees must be paid every week. Failure to keep fees paid every week could cause a violation to be filed with the Prosecutor's Office, and the Court.**
  
- \_\_\_\_\_4. I understand and agree to allow Howard County Community Corrections to begin collection procedures against me in Civil Court for unpaid fees due Howard County Community Corrections while being monitored or for damage to or loss of the equipment I have been assigned. I agree to pay all attorney fees, court costs and fines and costs involved in retrieving the money owed to Howard County Community Corrections and for any damages to or loss of the equipment.
  
- \_\_\_\_\_5. I will respond to a knock at my door by the Community Corrections Staff within (3) minutes of the initial knock. It is my responsibility to be sure that I am able to hear the Field Officer when he comes to my residence. I will allow members of the Community Corrections staff, with proper identification, to enter my residence at any time. I understand that no member of our staff will enter my residence without someone being home at the time of entry.
  
- \_\_\_\_\_6. I release the County of Howard and Howard County Community Corrections from any illnesses or injuries suffered during my SCRAM sentence.
  
- \_\_\_\_\_7. I agree to confine all animals at my residence, both inside and outside, in order to allow free access by the Community Corrections Staff.

- \_\_\_\_\_ 8. I agree to have the SCRAM equipment placed in my residence and to perform the tests that are requested when the computer generated test call is placed. Failure to perform these tests will result in a violation being filed with the Prosecutors office and the court. I agree to charge the SCRAM unit twice a day for 1 hour per charge.
  
- \_\_\_\_\_ 9. I agree to waive my fourth amendment rights to search and seizure in order for the Community Corrections Staff or Police Agency to search my residence, car, out building and any other structure on the property for weapons or illegal drugs, precursors or paraphernalia.
  
- \_\_\_\_\_ 10. Problems or concerns regarding Community Corrections Personnel should be brought to the attentions of, **The Director of Community Corrections**. For the purpose of documentation, you may be required to submit any complaint or concern in written form.
  
- \_\_\_\_\_ 11. I understand all of the above conditions and agree to comply with each provision. I understand that if I am found to be in violation of any of the aforementioned condition, a violation will be filed with the prosecutor's office and the court.

I, the undersigned, have read, and/or have had explained to me all the above stated conditions of the Howard County Community Corrections SCRAM Program and, by my signature, do acknowledge the understanding of and agree to all the conditions of the SCRAM program in addition to any other rules as set forth by the sentencing court. I further acknowledge that I have received a copy of these conditions.

_____	_____
SCRAM Participant	date
_____	_____
Community Corrections Staff	date

STATE OF INDIANA  
COUNTY OF HOWARD  
Sworn to before me, a Notary Public, in and for said County  
This \_\_\_\_\_ day of \_\_\_\_\_, 20

_____	_____
Signature	Printed or typed name of Notary Public

My commission expires: \_\_\_\_\_

**HOWARD COUNTY COMMUNITY CORRECTIONS  
HOME DETENTION DIVISION**

120 East Mulberry Street  
Suite 108

Kokomo, Indiana 46901

Phone: (765) 452-0649

**INFORMATION RELEASE FORM**

I, \_\_\_\_\_, do authorize the release of my

Employment records, Medical records (including urine screens, substance abuse and mental health records), School records, Pension Income Information, W-2 Earnings, and/or Phone company records to **Howard County Community Corrections**.

This information may be given in person to a Field Officer, faxed to (765) 452-2128, or e-mailed to howardcoihd@co.howard.in.us. Any information obtained will be used for verification purposes and therefore kept in strict confidentiality.

\_\_\_\_\_  
SCRAM Participant

\_\_\_\_\_  
date

\_\_\_\_\_  
Community Corrections Staff

\_\_\_\_\_  
date

STATE OF INDIANA

COUNTY OF HOWARD

Sworn to before me, a Notary Public, in and for said County

This \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Printed or typed name of Notary Public

My commission expires: \_\_\_\_\_

**HOWARD COUNTY COMMUNITY CORRECTIONS**

120 East Mulberry Street

Suite 108

Kokomo, Indiana 46901

Phone: (765) 452-0649

**RESPONSIBILITY FOR EQUIPMENT**

I, \_\_\_\_\_, accept full responsibility for the loss or damage to the monitor unit installed at my residence, where I will reside during my enrollment in the SCRAM Program.

I understand that if the equipment is stolen or there is damage to the monitor unit I will be wholly responsible for the monitor even if the loss or damage is caused by someone other than myself.

Listed below are the costs for the electronic monitoring equipment.

SCRAM UNIT	\$1,500.00
SCRAM CASE	\$ 125.00
SCRAM CHARGER	\$ 75.00

\_\_\_\_\_  
SCRAM Participant \_\_\_\_\_  
date

\_\_\_\_\_  
Community Corrections Staff \_\_\_\_\_  
date

STATE OF INDIANA  
COUNTY OF HOWARD  
Sworn to before me, a Notary Public, in and for said County  
This \_\_\_\_\_ day of \_\_\_\_\_, 20

\_\_\_\_\_  
Signature \_\_\_\_\_  
Printed or typed name of Notary Public

My commission expires: \_\_\_\_\_