

**NOTICE FOR OFFENDERS ASSIGNED TO THE
ELECTRONIC MONITORING PROGRAM FOR DUI OFFENDERS**

By accepting placement into the Electronic Monitoring Program for DUI Offenders, I understand that I accept full responsibility for all costs incurred by me for any medical or dental care provided to me and understand that while assigned to this program, I will receive no medical care or dental care provided by the Department of Corrections.

Offender/DOC Number

Date

Witness

Date