SMART START IN-HOM® User Instructions



The SMART START IN-HOM^{\circ} ("IN-HOM^{\circ}") is a breath-alcohol device with a photo identification feature that requires the user to take a breath test during specified "test windows." The device will indicate to the user when a test is required with the use of an LCD located on top of the IN-HOM^{\circ} unit. The unit will also beep during the required "test windows". The same LCD is used to inform the user of the breath sample result. An instruction label is located on the left-hand side of the unit. The IN-HOM^{\circ} unit consists of four parts: the IN-HOM^{\circ} device, a mouthpiece, a power supply with A/C cord, and a transport case.

SETTING UP THE IN-HOM[®] UNIT:

- 1. Make sure the IN-HOM[®] unit is sitting on a flat, sturdy surface.
- 2. Connect the power supply cord to the IN-HOM[®] unit and plug it into an electrical outlet. The unit will activate and the LCD will display WAIT ####, and then BLOW. Remember to leave the IN-HOM[®] unit connected to power; not doing so may result in a missed test. The power may be removed if you plan to transport the device.
- 3. Place the mouthpiece in the nozzle found on top of the IN-HOM[®] unit.

HOW TO TAKE A TEST:

- 1. Make sure the LCD displays the word BLOW. At this time, drink WATER to eliminate any breath contaminants.
- 2. Take a deep breath and blow steadily into the mouthpiece of the unit while looking straight into the camera for approximately 3-4 seconds. During the test, the LCD will display the word TEST.
- 3. Keep blowing into the mouthplece until the unit clicks and the sound of the beep changes to a higher tone to let you know when to stop (approximately 4 seconds).
- 4. After testing the LCD will display ABORT or ANALYZING.

ABORT	Test is not complete, wait for the unit to display BLOW and take additional tests until the result is PASS			
ANALYZING	The unit is processing the breath sample followed by a result			
PASS	Test is complete			
• WARN	Test is not complete, wait for the unit to display BLOW and take additional tests until the result is PASS			
• FAIL	Test is not complete, wait for the unit to display BLOW and take additional tests until the result is PASS			
• VIOL	Test is not complete, wait for the unit to display BLOW and take additional tests until the result is PASS			

REQUIRED "TEST WINDOWS"

You must provide at least one sample with a "PASS" reading during this period. If you miss a "test window," a Violation will be reported. Taking a test after the "test window" WILL NOT reverse this, however the unit will allow a test.

When the IN-HOM⁶ unit reaches a scheduled "test window", the unit will beep, LED 2 will flash green, and the LCD will display "BLOW" along with a timer indicating how much time you have to take a test. A test MUST be taken during this time. As the "test window" nears the end of the allotted time, THE UNIT WILL BEEP MORE FREQUENTLY. You can voluntarily take a test outside of a "test window" as long as the device displays "BLOW". <u>Be sure to drink WATER prior to each and every test</u>.

SERVICE LOCKOUT

A <u>service lockout</u> is indicated by an LCD display of "LOCKOUT SRVC". Before completely locking out, the LCD will display " SvcLock ## hr". This is the number of hours remaining before the device locks out due to missing your service date. Once the grace period time expires, you will not be able to take a test and are required to call your service provider for further instructions on servicing your unit. DO NOT IGNORE THE SERVICE WARNING grace period.

VIOLATION LOCKOUT

A <u>violation lockont</u> is indicated by an LCD display of "LOCKOUT VIOL". Before completely locking out, the LCD will display "ViolLck ## br". This is the number of hours remaining before the device locks out due to violations. Once the grace period time expires, you will not be able to take a test and are required to call your service provider for further instructions on servicing your unit. A violation is caused by a HIGH LEVEL breath failure OR by missing a test. DO NOT IGNORE THE LOCKOUT WARNING grace period.

SMART START IN-HOM® Quick Reference Information

AFTER HOURS SERVICE

If you need service after normal business hours, call Smart Start's toll free at 1-888-234-0198.

IN-HOM[®] SERVICE

You will be instructed when to bring the IN-HOM[®] device for service. The device must always be carried in the transport case. Be sure to make note of your service appointment date.

IN-HOM[®] LCD STATUS INFORMATION

LCD DISPLAYS	DESCRIPTION
WAIT ##	The unit is preparing for a breath test.
BLOW	The unit is ready to accept a breath test.
TEST	The unit is accepting the test.
SvcLock ## hr	A reminder of the number of hours remaining before the unit goes into lockout due to missing your service appointment.
ViolLck ## hr	A reminder of the number of hours remaining before the unit goes into lockout due to violations.
LOCKOUT VIOL	The device is in lockout due to violations. You will not be able to take a test and are required to call your service provider for further instructions on servicing your unit.
LOCKOUT SRVC	The device is in lockout due to missing your service date. You are not able to take a test and are required to call your service provider for further instructions on servicing your unit.
APPT MM/DD	A reminder, your appointment date is approaching. The device starts flashing before your appointment date.
MISSED TEST	A test with the result of "PASS" was not provided during a "test window".

• You must drink WATER prior to each and every breath test. This will eliminate breath contaminants. Remember: always take a DEEP BREATH immediately before taking a test.

- Do not use a breath freshening agent or any contaminants before taking a test; most of these agents contain a high level of alcohol.
- Once the device begins asking for a test, be sure to take the test; NOT doing so will result in a VIOLATION.
- Place the device where you can see the LCD and hear the BEEP TONES. If a test is requested and you are in a loud environment, you may not hear the beeping sound from the unit.
- Do not place the IN-HOM⁹ unit on the floor, around extreme temperatures, where it is prone to damage, or where you can't see it or hear it. Also, do not expose the unit to moisture from liquids. <u>You are responsible for damages due to negligence or abuse of the device</u>.
- Your picture is being taken and viewed. You are required to dress appropriately at all times.

If your IN-HOM[®] unit locks out or is not operating properly, please call Smart Start at 1-888-234-0198 for assistance. We may ask you to bring the unit to the nearest location for service.

Smart Start Wisconsin IN-HOM Payment Schedule

If your order is from a court that performs downloads on the IN-HOM device, you are required to make your program payments to our corporate office on a monthly basis.

Today's date: _____

Your monthly payment of <u>\$105.00 + local tax for the Standard IN-HOM, \$165.00 + local</u> <u>tax for the IN-HOM CELLULAR or 195 + local tax for the INHOM SMART Mobile</u> is due each month <u>prior to</u> the date listed above. If we do not receive payment by the date listed above, the device will go into a locked state and you will not be able to utilize this device for your daily breath tests until payment is made._____Initial

IN-HOM Cellular /SMART Mobile clients will be issued a \$15.00 late fee if their payment is not made by the above date and IN-HOM standard clients will be issued a \$30.00 fee for any missed appointments without 24 hour notice. _____ Initial

** Failure to return the device to Smart Start is considered Felony Theft and may result in charges being filed. ______ Initial

IN-HOM Standard	IN-HOM Cellular	<u>Smart Mobile</u>				
Enrollment= \$80	Enrollment= \$80.00	Enrollment \$80.00				
Lease = \$3.50/day + Local tax	Lease= 5.50/day + Local tax	Lease 6.50/day+local tax				
Downloads = \$10.00	End of Program= \$0.00	End of Program=\$0.00				
End of Program= \$0.00						
1 Free download per month included						

** A \$5.00 Administrative fee will apply to any reimbursements made.

Payment Options:

- Call in a credit/debit card payment. We accept Visa, MasterCard, and Discover.
- Mail in a Money Order
- Make a payment at one of our service centers

SMART START IN-HOM[®]/ SMARTMOBILE Client Checklist

Please initial each space indicating your understanding of Smart Start's requirements

- 1. _____ I understand it is my responsibility to provide my daily breath tests (PBTs) elsewhere if there is an issue with the IN-HOM[®]/SmartMobile Device.
- 2. _____ I understand that I CANNOT eat or drink anything except for water 15 minutes prior to providing a breath sample.
- 3. _____ I understand that many mouthwashes, cough syrups (Nyquil), medications, breath sprays, and foods contain alcohol and I CANNOT use any product containing alcohol. I should always use non-alcoholic versions of these products. If I accidently use any of these products and fail a breath test, I must immediately rinse my mouth and continue providing breath samples until I receive a PASS.
- 4. _____ I understand that I must rinse my mouth with water prior to any test.
- 5. _____ I understand that I must provide a validating test <u>after any failed test</u>. The device will reset and ask for another breath sample. A failed test is any test other than a PASS.
- 6. _____ I understand that it will be considered a Violation of my bond/probation if I fail a breath test and do not provide another breath sample(s) immediately. If I walk away after a failed breath test I am <u>admitting guilt</u>.

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- 7. _____ I understand that my picture is being taken and viewed and that I am required to *dress appropriately at all times while the device is in use*.
- 8. _____ I understand that I must use a supplied mouthpiece to provide all breath samples.
- 9. _____ I understand that I must keep my hands away from the mouthpiece while providing a breath sample.
- 10. _____ I understand that I must look straight into the camera while providing test.
- 11. _____ I understand I will not obstruct (hats, sunglasses, etc) or tamper with the camera.
- 12. _____ I understand that I must have adequate light in the room in which I am testing.
- 13. _____ I understand that I should not allow or intentionally permit others to test on the IN-HOM® device.
- 14. _____ I understand that the Cellular device will function normally regardless of cellular signal, so I must provide all of my scheduled tests.
- 15. _____ I understand that tampering with the device will be released to agents, court authorities, treatment providers or other monitoring authorities.
- 16. _____ I understand that I am responsible for the proper use and care of the IN-HOM[®] device.
- 17. _____ I understand that I may only use the SmartStart supplied power cord and use of any other will result in full replacement cost of the device.
- 18. _____ I understand that I must notify SmartStart of any address or phone number changes immediately.
- 19. _____ I am comfortable with the preceding and know to call 1-888-234-0198 with any questions or concerns.
- 20. _____ I understand that all Smart Start Services require a fee that I am responsible for these fees.

Never contact your P.O. (Probation Officer) regarding your equipment, they will not be able to assist you. Always contact Smart Start at 888-234-0198.

Signature of Client	Date
Printed Name of Client	D.O.B.

WHITE - SMART START | YELLOW - CLIENT



SMART START **CONTRACT FOR THE PROVISION OF MONITORING SERVICES** (hereinafter "CONTRACT")

COMPANY: SMART CHOICE MONITORING • 42111 IRWIN • HARRISON TWP., MI 48045

(hereinafter "SMART START")

888-234-0198

CLIENT (hereinafter "Client") INFORMATION

First Name	Middle	a (2) Uneda	andle of s	1. 125 1. 1914	Last	n 15 di day	^{the} Rosen in the	
Address	_ City	Start Start	apar al 166	State	Zip	og som tid an av " Dørstand yr begin De		Female cle one)
How long have you lived here?	_ Home Phone () _	ana un A secare		Cell ()		1.5207
Personal E-mail Address (Required)	o sin var menne.	이번 전품이 2017년 11월	01.77	USINI . FC	1171 Y-12 III	H MOZSEL H		1.00
Driver's License #	State Issued			How did y	ou hear abou	ut Smart Start?_	14	and and
Social Security #	พละสายได้มีหมายล	12701144	_ Date of	Birth	and Sec.			1000
						(Month, Day and	Year)	
Nearest relative not living with you	William State and a second	- 2 II. 114			Phone ()	2 1 1 Z BI	
	(Name and F	Relation)						
Employer	Employer Pho	ne ()	State Ser	Ler	ngth of Employ	ment	
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By signing below, I hereby authorize, without reservation, any law enforcement agency, institution, information service bureau, school, employer, reference or insurance company contacted by Smart Start, Inc. to furnish any investigative consumer report that may be requested in consideration of this CONTRACT.

THEFT WARRANTY - IGNITION INTERLOCK ONLY (THIS IS NOT INSURANCE)

This warranty is optional. Please read this carefully. This warranty will cover the replacement cost for equipment provided in performance of the monitoring service if the equipment is stolen. The warranty is valid under the following conditions: 1) the entire vehicle for which this service is provided is stolen AND 2) you supply a valid hard copy of a police report with your theft claim AND 3) you have paid the monthly warranty and CONTRACT fees on time each month and have brought your car in for all scheduled appointments. Term: This warranty shall commence on the Effective Date and shall continue in full force and effect until terminated (1) by court order effective as of the date set forth therein, (2) by the shop effective immediately upon discovery that the equipment has been tampered with or misused by client, or (3) by SMART START for any other reason effective Fifteen (15) days after SMART start's written notice to Client issued to Client's last known address as reflected in the records of SMART START. The cost of the warranty program may be changed at any time if deemed necessary by Smart Start. The warranty fee is non-refundable. The warranty cost of \$5.00 is prepaid monthly with your CONTRACT payment.

(Initial) **IACCEPT** the warranty.

(Initial) I DECLINE the warranty and accept responsibility for the replacement cost of service equipment.

RECOVERY COST

Client understands that the purchas	ed monitoring	service requires equipment be g	giver	n over to	the temporary care of Client. Client under	rsta	nds that
and the second					therance of this CONTRACT, reasonable we		
					for equipment prevents proper provision of		
Client agrees to pay to SMART STA	ART such sum a	as may be necessary to cover all	dam	aged, br	oken or missing parts of the equipment. Clie	ent	further
acknowledges and contracts that	in the event th	ne equipment described in this	CO	NTRAC	CT with SMART START is damaged beyo	ond	repair,
under section 8 RISK OF LOSS of	f this CONTRA	ACT, the recovery cost of the e	quip	ment sh	all be:		
SSI - 20/20 - 30	\$1,750.00	In-Hom Standard	\$1,	750.00	In-Hom Smart Mobile	\$2	,000.00
SSI - 20/20 - 30 Camera	\$ 300.00	In-Hom Cellular	\$2,	000.00	In-Hom Smart Mobile Power Supply	\$	40.00
SSI - 20/20 - 30 GPS Module	\$ 500.00	In-Hom Power Supply	\$	100.00	In-Hom Smart Mobile USB Cable	\$	25.00
SSI - 20/20 - 30 Camera Cable	\$ 50.00	In-Hom Power Cord	\$	50.00	In-Hom Smart Mobile Case	\$	100.00
SSI - 20/20 - 30 Curly Cord	\$ 50.00	In-Hom Packaging Material	\$	25.00	In-Hom Smart Mobile User Manual	\$	10.00
IID 20/20 - 30 Late Payments	\$ 15.00	In-Hom Cellular Late Payments	\$\$	15.00	In-Hom Smart Mobile Quick Reference	\$	5.00
Missed/Canceled	/Rescheduled	Appointment Within 24 Hours	\$	50.00	In-Hom Smart Mobile Mouth PCS (2)	\$	5.00
Client further ackno	wledges these a	are liquidated damages in the e	ven	t of any	court action. All fees subject to change.		

TRAINING ACKNOWLEDGMENT

I received written instructions, watched the training video (ignition interlock), and received instruction on the service purchased and the use of related equipment by a Smart Start technician. I know to rinse my mouth with water prior to each test. I understand that if my unit takes pictures, I am required to dress appropriately at all times while the equipment is in use. I am comfortable with the training I received. I know to call 1-888-234-0198 anytime with questions or problems. I know to always practice safe driving habits (ignition interlock).

_Client initials

CONTRACT CONDITIONS

Certificate of Acknowledgment and Acceptance of CONTRACT Conditions and Equipment

I hereby acknowledge that the monitoring service provided by SMART START requires my understanding and participation in the process put in place by SMART START and my appropriate use of and care for the equipment provided. I further acknowledge receipt of the equipment described in this CONTRACT with SMART START and accept the equipment and CONTRACT conditions after full inspection thereof as satisfactory for all purposes of the CONTRACT. Court Testimony subject to a \$500 per half day fee to be paid by client. The technician has explained, and I have read, understand and accept the CONTRACT. Warranty (Ignition Interlock) termination information, and additional conditions as outlined by this side and the reverse side of this document. I understand Smart Start may change terms and conditions of this service agreement at any time without notice. I understand this CONTRACT is available to me in Spanish for interpretation purposes. Si necesito ayuda, entiendo que este contrato de servicios esta disponible en Español, para el propósito de interprectación.

A \$50 fee will be applied for any missed/canceled or rescheduled appointment without 24 hour notice.

SIGNATURE OF CLIENT X

DATE

The vehicle's electrical s	ystem is not functioning properly and may prevent proper provision of the service. I have informaed the client of this situation
Client initials	Details of problem:

1. AGREEMENT: SmartStart (SS) hereby provides to Client the equipment described above (hereinafter, with all replacement parts and repairs, referred to as the "equipment"), on terms and conditions set forth above and below; for the term identified above, commencing on the date (commencement date) that the equipment is accepted by the Client, and continuing thereafter until terminated as provided for herein. All Service payments shall be made to SS at its address or at such other place as SS may designate in writing. Client hereby authorizes SS to insert in this Agreement the serial numbers and other identification data of the equipment when determined by SS.

2. TERM: This Agreement shall commence on the Effective Date and shall continue in full force and effect until terminated (1) by Client returning the device to Smart Start, (2) by SS effective immediately upon discovery that the equipment has been tampered with or misused by Client, or (3) by SS for any other reason effective Fifteen (15) days after SS's written notice to Client issued to Client's last known address as reflected in the records of SS.

3. SMART START'S OBLIGATIONS; During the term of this Agreement, SS agrees to (1) install the equipment in Client's vehicle; (2) retrieve from the equipment, upon delivery of Client's vehicle to SS, all data pertaining to Client's use of the equipment; (3) recalibrate the equipment, upon completion of each information retrieval, for further use of Client; (4) forward all information retrieved from the equipment to any court or agency to whom SS must provide it: (5) repair or replace the equipment, during SS's normal business hours, if it is not functioning properly; (6) send to any court or supervisory agency a non-compliance report if SS determines that the equipment has been tampered with or removed from Client's vehicle; and (7) remove the equipment from Client's vehicle upon termination of Agreement. EXCEPT AS SHOWN IN ITEMS (1) THROUGH (7) ABOVE, SS DISCLAIMS ALL WARRANTIES, BOTH EXPRESSED AND IMPLIED AND ALL OTHER OBLIGATIONS UNDER THIS AGREEMENT INCLUDING, WITHOUT LIMITATION, THE IMPLIED WARRANTIES OF MERCHANT ABILITY AND FITNESS FOR A PARTICULAR PURPOSE. SS SHALL NOT BE LIABLE TO CLIENT OR TO ANY THIRD PERSON FOR ANY DIRECT, INDIRECT, INCIDENTAL, EXEMPLARY OR CONSEQUENTIAL DAMAGES ARISING FROM CLIENT'S USE, MISUSE, OR NON-USE OF THE EQUIPMENT OR ANY FEATURE OF THE EQUIPMENT EVEN IF SS HAS BEEN ADVISED OF THE POSSIBILITY OF THOSE DAMAGES.

4. CLIENT'S OBLIGATIONS; During the term of this Agreement, Client agrees to (1) pay an installation fee, a removal fee and lock out fee as stated under Agreement payments; (2) prepay at installation of the equipment and, at each recalibration period every 30/60 days thereafter, the equipment's rental amount; (3) pay to SS a fee in the amount of the current rate for both SS's service calls to Client and SS's in-house repair services which are attribut-able by SS to Client's altering, modifying or tampering with the equipment; (4) pay to SS all taxes applicable to payments required under this Agreement; (5) reimburse SS for any loss or damage to the equipment which occurs while the equipment is in Client's possession: and (6) deliver Client's vehicle to SS during SS's normal business hours for information retrieval, recalibration and upon termination of this Agreement removal; (7) make all payments to SS by pre-approved MasterCard/Visa, money order, cashier's check or cash and (8) pay collection fee of 35% of outstanding delinquent balances should we have to turn your account over to an agency. CLIENT ACKNOWLEDGES THAT CLIENT'S SOLE REMEDY UNDER THIS AGREEMENT IS TO CAUSE SS TO REPAIR OR REPLACE ANY EQUIPMENT THAT IS NOT FUNCTIONING PROPERLY.

5. TITLE; SS shall at all times retain title to the equipment. Client shall not change or remove an insignia or lettering which is on the Equipment at time of delivery thereof or which is thereafter placed thereon indicating SS's ownership thereof.

6. CARE AND USE OF EQUIPMENT: So long as the equipment is not misused by Client, SS shall maintain the equipment in good operating condition, repair and appearance and protect the same from deterioration except for normal wear and tear. If Client is determined by SS to have intentionally or negligently misused or damaged the device. Client shall be responsible for all costs incurred by SS in effecting the repair or replacement of the equipment.

7. INDEMNITY: Client Shall and does hereby agree to indemnify and save SS, it's agents, servants, successors, and assigns harmless against and from any liability, damages or loss, including reasonable counsel fees, arising out of the selection, possession, renting, operation (regardless of where, how and by whom operated) control, use, condition (including but not limited to latent and other defects, whether or not discoverable by Client), maintenance, delivery and return of the equipment. The indemnities and obligations herein provided shall continue in full force and effect notwithstanding termination of this Agreement.

8. RISK OF LOSS; Client hereby assumes the entire risk of loss damage or destruction of the equipment from any and every cause whatsoever during the term of this Agreement and thereafter until redelivery to SS. In the event of loss, damage, or destruction of the equipment. Client at its expense (except to the extent of any proceeds of any insurance provided by Client which shall have been received by SS as a result of such loss, damage or destruction) shall repair such item, returning it to its previous condition, unless damaged beyond repair whereby the equipment will be replaced by new equipment.

9. ASSIGNMENT: NOTICE OF INTENDED ASSIGNMENT; SS may, without Client's consent, assign or transfer this Agreement or any equipment, rent or other sums due or to become due hereunder, and in such event SS's assignee or transfere shall have the rights, powers, and privileges of SS hereunder. Client hereby acknowledges notice of SS's intended assignment of SS's interest in this Agreement, and upon such assignment Client agrees not to assert, as against SS's assignee, any defense, setoff, claim or counterclaim, that it may have against SS whether arising under this Agreement transaction or otherwise.

10. RETURN OF THE EQUIPMENT; Upon the termination or expiration of this Agreement, or any extension thereof, the Client shall forthwith deliver the equipment to SS at an address designated by SS complete and in good order and condition, reasonable wear and tear alone accepted. The Client shall also pay to the SS such sum as may be necessary to cover replacement of all damaged, broken or missing parts of the equipment. If upon such expiration or termination the Client does not immediately return the equipment to SS, the equipment shall continue to be held and leased hereunder and this Agreement shall thereupon be extended indefinitely as to the term at the same monthly Agreement payment, subject to the right of either the Client or SS to terminate the Agreement upon thirty (30) days written notice, whereupon the Client shall forthwith deliver the equipment to SS as set forth in this paragraph.

11. EFFECTIVE DATE: This Agreement shall become valid when executed and accepted by SS, notice of SS's acceptance of this Agreement being hereby waived by Client.

12. GOVERNING LAW: As used in this paragraph "Applicable Jurisdiction" means the state, as the same may change from time to time, where the holder of SS's interest in this Agreement maintains its principal office responsible for administering this Agreement. This Agreement shall be interpreted and construed in accordance with, and governed by, the laws of the applicable Jurisdiction applicable to Agreements made and to be fully performed in the Applicable Jurisdiction.

Additional Conditions

Complete payment is due at time of service in the form of MasterCard, Visa, Discover, Money Order, or Cash.

Client understands that he/she can only operate a vehicle equipped with an Ignition Interlock Device.

Be sure to obtain and KEEP a receipt for ALL service and payment transactions.

You must return on or before your LOCKOUT date for calibration. Failure to return is a violation and may result in a fee to reset the device. Smart Start will notify the appropriate monitoring authority when you are out of compliance.

Smart Start is not responsible for tow fees, unless direct fault is found to be with the device and Smart Start approved the tow.

Any unused portion of your monthly lease is NOT pro-rated at the time of removal. (Removal fees apply on all removals.)

Smart Start reserves the right to collect a refundable security deposit. Deposits cannot be applied to services rendered.

You are responsible for timely lease payments until you return for removal, even if you are not using the device or your car is not operable. Keep in mind that pricing may vary between Smart Start locations.

Failure to return the device to Smart Start is considered Felony THEFT and will result in charges being filed.

Smart Start is not responsible for vehicles left overnight on our premises. Vehicles left over 48 hours may be towed at owner's expense.

Client understands that he/she must rinse his/her mouth with water prior to each and every test and he/she is responsible for all tests.

When using the device, always practice safe driving habits and keep your eyes on the road. Client understands that he/she has several minutes to complete a running retest. (Find a safe place to park before taking a retest).

Smart Start does not give copies of datalog reports to clients.

WARNING: The manufacturer of this device disclaims all warranties expressed or implied as to the safety of any person operating this vehicle after drinking any amount of alcohol, or any passenger in this vehicle. Any individual tampering, circumventing or misusing this device shall be subject to prosecution and/or civil liability.

There will be a mobile service charge of \$150.00 minimum Includes first 2 hours, then \$50 per hour thereafter for non-unit related problems if applicable.

Removal Procedures: Removal Procedures are governed by the state, county, court and monitoring authority. <u>Smart Start does not have the authority to authorize a removal</u> for any reason, without proper authority from the authorized jurisdiction. Regardless of the situation, REMOVALS will be reported to the appropriate monitoring authority.