

## **NOTICE FOR INMATES ASSIGNED TO THE GPS SURVEILLANCE PROGRAM**

By accepting placement into the GPS Surveillance Program, 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.

\_\_\_\_\_  
Inmate/DOC Number

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness

\_\_\_\_\_  
Date