

Ace monitoring

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m

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Referral For Electronic Home Monitoring

Applicant Name: _____ DOB _____

Offense / Charges: _____

Address: _____

Phone Number: _____ Social Sec.: _____

Start Date: _____ End Date: _____

I prefer this Offender be Placed on:

____ GPS Monitoring Only

____ GPS with Alcohol Monitoring

____ House Restriction (Ankle Bracelet Only)

____ House Restriction with Alcohol Monitoring

____ SCRAM Alcohol Monitoring

____ Alcohol Monitoring Only _____ tests per day

This Offender _____ is on Pre-Trial Release _____ is under sentence.

Does the Offender have an abusive history with officers? _____

Special Instructions or Comments: _____

Violation/Weekly Report To: _____

Submitting Agent/Atty/Court: _____

FOR OFFICE USE ONLY

Court Order on File: _____ Officer Assigned: _____ Client Appt. Date: _____ Time: _____

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