

Plymouth County Sheriff's Office
Electronic Monitoring Application

Applicant's full name: _____ Alias: _____
Applicant's address: _____ Apt / Lot # _____
City: _____ State: _____ Zip: _____
Applicant's phone: _____ Cell: _____ Pager: _____
DOB: _____ SOC: _____ Race: _____ Sex: _____
Eye color: _____ Hair color: _____ Height: _____ Weight: _____
Single _____ Married _____ Divorced _____ Separated _____ Widowed _____
Scars/marks/tattoos: _____
Applicants Employer: _____
Employers Address: _____ Phone: _____
Supervisor: _____ How long with this employer: _____
Work Schedule: Days of work: _____ Hours of work: _____
Additional work schedule notes: _____
Special needs schedule: _____
Does Applicant have **VALID** drivers license.- Y N State: _____ DL# _____
Vehicle (s) that applicant will be operating: _____
Is the applicant currently involved in a no-contact order? Y N
If yes, names of people involved in order: _____
Address (s) of parties involved in no-contact order: _____
Person (s) living in residence with applicant:

<u>Name</u>	<u>Relationship</u>
1.	
2.	
3.	
4.	
5.	

Does applicant use illegal drugs or alcohol? Y N What: _____

Last time applicant has used either: _____ Has had drug/alcohol treatment? Y N

Does the applicant agree to random drug and alcohol screening? Y N

Does the applicant agree to random home visits by Sheriffs Office? Y N

Is applicant sentenced or pre-trial? (circle) Sentenced Not sentenced yet Pre-Trial

Applicant's current criminal charges: _____

Applicant's criminal case #- _____ Length of sentence: _____

Credit for any time served? Y N If yes, how much: _____

Applicant's Attorney: _____ Attorney phone: _____

Attorney e-mail: _____

Sentencing Judge: _____ County Attorney: _____

Does the applicant understand that he/she will not be allowed to be on the Electronic Monitoring program if he/she does not submit to random drug and or alcohol screenings or violates any of the rules while on the Electronic Monitoring program?

_____ Yes _____ No Applicants Initials _____ Attorney initials _____

THE INFORMATION THAT I HAVE GIVEN TO MY ATTORNEY AND THE SHERIFF'S OFFICE IS TRUE AND CORRECT. I UNDERSTAND THAT ANY INFORMATION THAT IS FOUND TO BE FALSE WILL DISQUALIFY ME FROM THE ELECTRONIC MONITORING PROGRAM. I HAVE BEEN ADVISED THAT ANY VIOLATION OF THE ELECTRONIC MONITORING PROGRAM COULD RESULT IN IMMEDIATE REVOCATION FROM THE PROGRAM.

Applicant's signature: _____ Date: _____

Attorney's signature: _____ Date: _____

Agent's signature: _____ Date: _____

OFFICIAL USE ONLY, DO NOT WRITE IN AREA BELOW

- 1. Went over all information / understands agreement _____
- 2. Advised of drug/alcohol usage and random testing _____
- 3. Advised of random residence checks _____
- 4. Advised of importance of scheduling changes _____
- 5. Advised of weekly fees (CASH ONLY) / appointments _____
- 6. Advised of violations that constitute removal _____
- 7. Advised of equipment requirements _____
 - a. Electrical outlet close _____
 - b. Not next to window, appliances _____
 - c. Phone Jack close _____
 - d. Table to place base on _____
 - e. No extension cords _____
 - f. Can use cordless phone, phone access in back _____
 - g. Clear line, no call waiting, caller ID, voice mail, answering machines, must have long distance access, no 800/900 blocks, limit internet use _____