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Woodbury County Sheriff's Office

Electronic Monitoring Application

Applicant's full name: _____ Alias: _____

Applicant's address: _____ Apt / Lot #: _____

City: _____ State: _____ Zip: _____

Applicant's phone: _____ Cell: _____

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: _____

Attending AA/NA meetings: Yes No Location: _____

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 /restraining order? Yes No

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.	

INTERVIEW:

HOOKUP DATE:

Applicant's current criminal charges: _____

Applicant's criminal case #: _____ Length of **EM** sentence: _____

Applicant's Attorney: _____ Attorney phone: _____

Sentencing Judge: _____ County Attorney: _____

Is the client: PRE TRIAL SENTENCED NOT SENTENCED YET

Does the client have **ANY OTHER** charges pending in **ANY** court? Yes No

Charges: _____ Jurisdiction? _____

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 UNDERSTAND THAT I WILL BE GIVEN A DRUG URINALYSIS WHEN I REPORT TO BE HOOKED UP ON ELECTRONIC MONITORING. IF I TEST POSITIVE TO ANY ILLEGAL SUBSTANCES, I WILL NOT BE ALLOWED ELECTRONIC MONITORING AND I WILL BE IMMEDIATELY TRANSPORTED TO JAIL. ALL GOOD TIME THAT I WOULD HAVE RECEIVED IN THE JAIL WILL BE DENIED AND THE ORIGINAL SENTENCE WILL BE ORDERED.

Applicant's signature: _____ Date: _____

Attorney's signature: _____ Date: _____

Agent's signature: _____ Date: _____

OFFICIAL USE ONLY, DO NOT WRITE IN AREA BELOW

The applicant is a: _____ Good candidate _____ Fair candidate _____ Poor candidate

Notes from interview:

*Applicant is: _____ APPROVED _____ DENIED Date: _____

*If DENIED, reason for DENIAL:

ATTORNEY NOTIFIED OF: HOOK UP DATE DENIAL

PERSONALLY VOICEMAIL SECRETARY EMAIL

OFFICIAL USE ONLY, DO NOT WRITE IN AREA BELOW

Next court date: _____ @ _____ Courtroom _____ JUDGE: _____

PTC TRIAL PTS SENTENCING HEARING

ALREADY SENTENCED: MWH: _____ @ _____

DCI: _____ FBI: _____

NCIC WARRANTS: Negative Hit LOCAL WARRANTS: Negative Hit

DRIVERS LIC: VALID REVOKED SUSPENDED BARRED TRL NO RECORD

ACTIVE NO CONTACT ORDER? Yes No Attached? Yes No

Date NCIC completed: _____ by _____

REGISTERED SEX OFFENDER? Yes No CURRENT? Yes No

PROBATION / PAROLE? Yes No Officer: _____

GANG FILE CHECKED? Yes No

MEMBER / ASSOCIATED WHICH GANG: N/A _____

ROOM & BOARD CHECKED? Yes No Amount owed: \$ _____

ON EM PREVIOUSLY? Yes No When? _____

ASSAULTIVE HISTORY? Yes No ASSAULT ON POLICE? Yes No

JAIL INCIDENTS CHECKED? Yes No

CONTACT ATTEMPTS:

NOTES: