Manitowoc County Electronic Monitoring Application

Name: _____ DOB: _____
(Last Name) (First Name) (M.I.)
Address: _____ City: _____ Zip Code: _____
Telephone Number: _____ Cell Phone Number: _____
How Long Have You Lived at the Above Location: _____ Rent or Own: _____
List All the Person(s) Living with you (including shared custody children):

Name: DOB: Relationship:

_____
_____
_____
_____
_____

Emergency Contact (in event we can't reach you): _____
Do You Have Any Disabilities or Special Medical Conditions? YES NO
If "Yes" Explain: _____
_____
_____

Are You Currently Taking a Prescribed Medication(s)? YES NO
Names of Medication(s): _____
_____
_____

Do You Have Special Family Circumstances We Should Know About? YES NO
If "Yes" Explain: _____
_____
_____

List Any Weapon(s) Kept in the Home: _____
_____

Employment Information:

Employer: _____ Position: _____
(Self-Employment Requires Proof: i.e Injury Accident Insurance, Fed. Tax Number, WI Seller's Permit)
Address: _____ City: _____ Zip Code: _____
Telephone Number: _____ Length of Employment: _____
Supervisor's Name: _____ Extension: _____
Does Your Supervisor Work on Site With You? YES NO
Does Your Employment Take You Outside of Manitowoc County? YES NO
If "Yes" Explain: _____
_____

Will You Have Transportation That Meets Huber Requirements? YES NO
(i.e. Valid Driver, Vehicle Registration, Valid Insurance, ect.)

Do You Have Childcare Privileges? YES NO

Weekly Work Schedule:

Day of Week:	***Hours:***
Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

Do You Have Any Regularly Scheduled Appointments Besides Work? YES NO
(i.e. counseling, treatment, probation appointments, ect.)

If "Yes" Explain: _____

_____

_____

_____

Household Support Schedule:
(i.e. Shopping, Laundry, Yardwork, ect.)_____

_____

_____

Criminal Information:

What is the Current Charge(s) You are In or Coming to Jail For? _____

_____

_____

When does or did your sentence start? _____

Do You Have Any Charges Pending? YES NO

If "Yes" Explain: _____

_____

_____

Are You Currently on Probation/Parole? YES NO

If "Yes" What is your Agent's Name: _____

What is the Charge(s) You are on Probation For? _____

_____

Have You Ever Been Convicted of a Domestic Violence Related Offense? YES NO

If "Yes" What was the Date of the Offense? _____

Are You Currently Living with the Victim? YES NO

Have You Ever Been Convicted of Any Illegal Substance Charges? YES NO

If "Yes" Explain: _____

_____

_____

_____

Do You Have, or Have You Ever Had, Any Restraining Orders/Injunctions Against You? YES NO

If "Yes" Explain: _____

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_____

_____

<u>Please Explain Why You Should Be Considered for The Electronic Monitoring Program:</u>

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I agree that the information provided on the application is true and accurate. Any information that I provide that misleads will result in me being disqualified from the program and may result in disciplinary actions against me.

I also understand that completion of this application ***<u>does not</u>*** guarantee that I will be accepted on the Electronic Monitoring Program. If I am accepted, I agree to remove all alcohol and weapons from the property prior to my placement on the program. I also will cooperate with Law Enforcement and Electronic Monitoring Program staff during required home checks.

Signature: _____ Date: _____