Reset Form Print

Email to HouseArrest@LehighCounty.org

ELECTRONIC MONITORING PROGRAM SCHEDULE

This form must be submitted each Wednesday before 4:00 p.m. Schedules always begin on a Monday and end on a Sunday
Schedules must be filled out completely including all addresses for locations or your schedule will be denied
ONCE A SCHEDULE IS SUBMITTED, IT IS FINAL! Schedule changes will **only be permitted** for **MEDICAL EMERGENCIES**

FULL NAME: _____
ADDRESS: _____
_____

HOME TELEPHONE NUMBER: _____
WORK TELEHONE NUMBER: _____
CELLULAR TELEPHONE NUMBER: _____

ALTERNATE CONTACT TELEPHONE NUMBERS: _____
List anyone else residing in your home: _____
EMPLOYER NAME/ADDRESS/PHONE: _____

AA: no more than 2 ½ hours per meeting includes travel time
averhealth: no more than 2 hours per day includes travel time
Bank: approximately 30 minutes per week
Church: once a week no more than 2 ½ hours includes travel time
Doctor Appointments/Treatment: permitted as scheduled (may attend Dr. appointments for your minor children)
Employment: 40 hours per week/10 hours of SCHEDULED overtime will be permitted plus travel time
Grocery shopping/Laundry: only if living alone 2 hours per week includes travel time
Haircut: only permitted once per month if house arrest exceeds 30 days for 2 hours includes
Job Search: only if not employed full-time maximum of 4 hours per week includes travel time
School/College/Trade School: must be registered as a student (verification required)

DATE		LEAVE am/pm	RETURN am/pm	LOCATION	TELEPHONE NUMBER
Monday / /	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
Tuesday / /	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				

Wednesday __/__/__	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
Thursday __/__/__	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
Friday __/__/__	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
Saturday __/__/__	1				
	2				
	3				
	4				
	5				
	6				
	7				
Sunday __/__/__	1				
	2				
	3				
	4				
	5				
	7				
	7				