

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: _____

HOME TELEPHONE NUMBER: _____

ADDRESS: _____

WORK TELEPHONE 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 <u> / / </u>	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
Thursday <u> / / </u>	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
Friday <u> / / </u>	1				
	2				
	3				
	4				
	5				
	6				
	7				
	8				
Saturday <u> / / </u>	1				
	2				
	3				
	4				
	5				
	6				
	7				
Sunday <u> / / </u>	1				
	2				
	3				
	4				
	5				
	7				
	7				