

STATE OF ALASKA DEPARTMENT OF CORRECTIONS

Electronic Monitoring Indigent Form

In accordance with applicable Alaska Statute determined that this offender need not pay the	•		¥ • ·
Therefore, it is recommended that the offender			
Offender Name	Offender #		Application Date:
EM Officer	Approved	Denied	Date
EM Supervisor	Approved	Denied	Date
Probation Officer IV	Approved	Denied	Date
Comments:			
Proof of the following must be made availal (You must report any significant change in your ci		immediately.)	
Is the offender working? Yes / No			
House Payment/Rent:			
Expenses:			
Child Support:			
Other (including outstanding or recurring debt	ts):		
Ages of Dependent Children:			