

# Alaska Department of Corrections Electronic Monitoring Application

Fill in all information completely and please print very clearly; incomplete and/or illegible applications will be returned. Any false statements made to DOC staff or on this application may result in termination from the Electronic Monitoring Program.

Full legal name: \_\_\_\_\_ Social Security Number: \_\_\_\_\_  
Current Offense(s): \_\_\_\_\_ Case Number(s): \_\_\_\_\_  
Sentence Length: \_\_\_\_\_ (List the actual sentence, i.e., 60 days with 20 days suspended, etc.)  
Number of days or hours already served on this conviction? \_\_\_\_\_  
Court Ordered to report to jail by? \_\_\_\_\_ Currently on Felony Supervision? Yes \_\_\_ No \_\_\_  
Date of Birth: \_\_\_\_\_ Age: \_\_\_ Sex: \_\_\_ Height: \_\_\_ Weight: \_\_\_ Hair Color: \_\_\_  
Eye Color: \_\_\_\_\_ Tattoos: \_\_\_\_\_  
Physical Address: \_\_\_\_\_  
All Telephone #s: \_\_\_\_\_ Cell #: \_\_\_\_\_  
Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

List anyone who resides with you, or anyone that may visit overnight.

Full legal name:	Date of Birth:	Gender:	Relationship:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

List Pets:

\_\_\_\_\_

Employment:

Company Name: \_\_\_\_\_ Work Site: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Company Address: \_\_\_\_\_ Telephone #: \_\_\_\_\_  
Supervisor: \_\_\_\_\_ Telephone #: \_\_\_\_\_

**Work Schedule: Hours and Days of the Week**

	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
<b>Start</b>	_____	_____	_____	_____	_____	_____	_____
<b>Stop</b>	_____	_____	_____	_____	_____	_____	_____

**Treatment:**

If your crime involved substance abuse or violence, what steps have been taken to address this issue?

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If you are currently in treatment, list the name, address, and telephone number of the provider and your treatment schedule:

Treatment provider:

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**Treatment Schedule:**

	<b>MON</b>	<b>TUES</b>	<b>WED</b>	<b>THURS</b>	<b>FRI</b>	<b>SAT</b>	<b>SUN</b>
<b>Start</b>	_____	_____	_____	_____	_____	_____	_____
<b>Stop</b>	_____	_____	_____	_____	_____	_____	_____

*A clean UA sample must be provided prior to placement on EM.* Can you do this now? Yes \_\_\_ No \_\_\_

**Medical:**

List all medications you take (prescription and over the counter): \_\_\_\_\_  
Have you or are you currently seeing a mental health professional? Yes \_\_\_ No \_\_\_ If Yes, please explain:

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**Telephone:** \_\_\_\_\_

You may not have any of the following: voice dialing, 3-way calling, call waiting, call forwarding, answering machine, voice mail, long distance block, 900 blocks, dial-up modem, caller ID, or cordless phone. Circle the ones that apply.

I certify that the above statements are true and correct to the best of my knowledge.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Submit Application to: Electronic Monitoring Supervisor  
EM Application. doc