ALASKA DEPARTMENT OF CORRECTIONS
HOUSE ARREST PROGRAM
ELECTRONIC MONITORING
CHECKLIST

NAME: ___________________________________ OBSCIS #: _____________________________
CURRENT CONVICTIONS(S): __________________________________________________________
CASE NUMBER(S): ________________________________________________________________
INSTITUTION: __________________ PRD: ___________ SENTENCE: __________________________

☐ HAP APPLICATION COMPLETED
☐ HAP TERMS AND CONDITIONS SIGNED
☐ VICTIM NOTIFIED (IF VICTIM NOTIFIED IN OBSCIS)
☐ CONFIRMED NATURE OF OFFENSE(S) (NO SEX OFFENSES & NO CURRENT DV CONVICTION)
☐ CRIMINAL HISTORY VERIFIED
☐ COHABITANT CRIMINAL HISTORY & WANTS/WARRANTS
☐ FURLOUGH MATRIX SCORING COMPLETED
☐ FIELD SUPERVISION Hx CHECKED IF PREVIOUSLY ON PROBATION/PAROLE
☐ FIELD/INSTITUTIONAL P.O. RECOMMENDS____
   DOES NOT RECOMMEND____

☐ SOBRIETOR REQUIRED
☐ DNA TEST REQUIRED
☐ NEEDS ACO APPROVAL (Sentence of 366 days or more)

COMMENTS:
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________
_______________________________________________________________________________

***************FINAL APPROVAL***************

Approved ____ Denied ____ EM/HAP Officer _____________________________ Date __________

Approved ____ Denied ____ EM/HAP P.O. III ____________________________ Date __________

Approved ____ Denied ____ Chief Class, Officer __________________________ Date ________

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