



**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 _____