



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Electronic Monitoring Information Form
For First Time DUI / Refusals

Fill in all information completely and please print.

Any false statements made to DOC staff or on this information form may result in termination from the Electronic Monitoring Program.

Electronic Monitoring

Home Confinement

Name: _____ SSN#: _____ Offender#: _____

Current Offense(s): _____

Case(s) #: _____

Do you have any open, or pending, court cases? Y/N **Court cases in appeal status? Y/N**

Explain: _____

Date of Birth: _____ Age: _____ Sex: _____ Height: _____ Weight: _____ Hair Color: _____

Physical Address: _____ Zip: _____

Telephone Phone #: _____ Cell phone#: _____

Emergency Contact: _____ Phone #: _____

Employment:

Company Name: _____ Job Title: _____

Address: _____ Telephone: # _____

Supervisor: _____ Is worksite address different? Y / N

Salary: \$ _____ Pay schedule: _____

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

Signature

Date