



STATE OF ALASKA  
DEPARTMENT OF CORRECTIONS

## Electronic Monitoring Information Form

**Fill in all information completely and please print.**

**Do not leave any sections blank. If an item does not apply, please use N/A.**

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

Name: \_\_\_\_\_ SSN: \_\_\_\_\_ Offender #: \_\_\_\_\_

Current Offense(s): \_\_\_\_\_

Case(s)#: \_\_\_\_\_

**Do you have any pending court cases? Y / N**

**Court cases in appeal status? Y / N**

**Explain:** \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Gender: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_

Physical Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Where will you reside while on EM supervision: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone # (REQUIRED): \_\_\_\_\_ Cell phone # (REQUIRED): \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone #: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

**Who lives with you?**

Full Name	Date of Birth (MM/DD/YYYY)	Gender (M/F)	Relationship
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Do you have any pets in the residence? Y / N If yes, provide how many and what kinds of animals:**

\_\_\_\_\_  
\_\_\_\_\_



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**Employment:**

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_

Address: \_\_\_\_\_ Telephone: # \_\_\_\_\_

Supervisor's Full Name: \_\_\_\_\_ Is worksite address different? Y / N

Supervisor's E-mail Address: \_\_\_\_\_

Salary: \$ \_\_\_\_\_ Pay schedule: \_\_\_\_\_ Work schedule: \_\_\_\_\_

**Treatment**

Have you been court-ordered to do Alcohol/Drug/Mental Health/Sex Offender/Anger Management treatment?

Y / N (If yes circle any above that apply)

Treatment provider's name, address, and phone number: \_\_\_\_\_

Treatment provider's e-mail address: \_\_\_\_\_

Start date: \_\_\_\_\_ Completion date: \_\_\_\_\_

**Electronic Monitoring:**

Have you ever participated in an electronic monitoring program? Y / N

If yes, when and where: \_\_\_\_\_

Did you successfully complete the program? Y / N

**Probation/Parole/Pre-Trial (PED):**

Are you currently on probation, parole, and/or pretrial supervision? (circle all that apply)

Probation: Y / N

Parole: Y / N

Pretrial (PED): Y / N

P.O. Name: \_\_\_\_\_

Probation/Parole revocation pending: Y / N or PED VCOR pending: Y / N

**Driving:**

Do you have a valid Alaska Operator's License (or out of state license)?

License #: \_\_\_\_\_ Expiration Date: \_\_\_\_\_ State: \_\_\_\_\_

**All vehicles at EM residence: (The vehicles do not have to be registered to you.)**

Vehicle: Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Vehicle: Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Other Vehicles: \_\_\_\_\_



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**Medications:** (You will be required to provide documentation from your physician or medical provider.)

List all medications you take (prescription and over the counter): \_\_\_\_\_

**CAN YOU PROVIDE A CLEAN UA SPECIMEN (FREE OF ALL SUBSTANCES TO INCLUDE MARIJUANA, ALCOHOL, AND PRESCRIPTIONS) ON YOUR ENROLLMENT DATE? Y / N**

**IF NOT, EXPLAIN WHY:** \_\_\_\_\_

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

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date