

RECORD OF MONITORING OFFENDER PHONE CALLS

Facility: _____

Date: _____

Offender Name: _____ **Number:** _____

Calls to be Monitored:

Number: _____ **Name of Party:** _____

Number: _____ **Name of Party:** _____

Number: _____ **Name of Party:** _____

Justification for call monitoring:

Warden/Superintendent Signature

Date



Calls Monitored:

Number: _____ **Name of Party:** _____

Number: _____ **Name of Party:** _____

Number: _____ **Name of Party:** _____

Problems Identified/Action Taken:

Monitoring Conducted by:

Name

Title

Date