

**Electronic Monitoring
Intake Sheet**

Personal Information

Case Number: _____ Social Security Number: _____ - _____ - _____

First Name: _____ Last Name: _____

Height: _____ Weight: _____ Hair: _____ Eye: _____

Gender: _____ Race: _____ Date of Birth: _____

Home Information

Address: _____

City: _____ State: _____ Zip: _____

Home Phone: _____ Cell Phone: _____

Work Information

Address: _____

City: _____ State: _____ Zip: _____

Work Phone: _____

Criminal History

Current Offense: _____ Sentence: _____

Have you ever been convicted of any other charges? YES NO

If yes, what? _____