



Minuteman™ Monitoring

Please fax this form to: **209-836-2060** and attach any related Court Orders or Orders from a Parole, Probation, or Court officer. If this is a civil matter explain in the *Notes section provided on this form. Questions call: **209-836-6060**

PLEASE PRINT ALL INFORMATION

First Name: _____ Middle: _____ Last: _____

Salutation: Dr. Mr. Mrs. Ms. Suffix: I II III IV V Jr. Sr.

Date of Birth: Month: _____ Day: _____ Year: _____ Age: _____ Male Female Language: English Spanish

Height: _____ Weight: _____ SSN: _____ Drivers License No: _____

Hair Color: (check the appropriate box)

Black Grey White Dark Brown Brown Light Brown Dark Blond Blond Strawberry Blond Light Red Red Auburn

Eye Color: (check the appropriate box)

Light Blue Blue Blue-Green Hazel Green Light Brown Brown Dark Brown Black

Ethnicity: (check the appropriate box)

African American American Indian Alaska Native Asian Native Hawaiian Other Pacific Islander Other Hispanic Caucasian

Complete Home Address:

Address (No P.O. Boxes): _____

City: _____ State: _____ Postal code: _____

Vehicle Year	Plate No	Make	Model	Style	Color

Phone Numbers, Include area codes:

Home Phone: Area Code () -

Cellular Phone: Area Code () -

Work: Area Code () -

Other: Area Code () -

Case History:

Case Number: _____ Risk Level: Watch High Medium Low

Criminal case Felony Misdemeanor Civil case

Court Order is attached Order from Parole or Probation Officer

Other, Explain, *Notes: _____

To be completed by the supervising officer;

	Work	Counseling	Education	Medical	Other
Sunday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Monday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Tuesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Wednesday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Thursday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Friday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Saturday	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

Monitoring Start Date: _____ Ending Date: _____

Signature of supervising officer: X _____

Unless otherwise specified by the Defendant's Probation, Parole, or Court Officer you will be restricted to home and work with travel times included. If you require to be at ANY other location other than home or work the order must be attached to this form and will only be accepted from your Probation, Parole, or Court Officer.

Defendants Intl: X _____

Notice to the Defendant's Probation, Parole, or Court Officer.

To properly monitor the defendant we need all Inclusion locations (areas the defendant cannot leave from) and Exclusion locations (areas the defendant cannot go to) clearly attached to this form including all addresses and times. If you have any questions please call [Minuteman Monitoring](http://MinutemanMonitoring.com) at: **209-836-6060**

Digital photos available:

Defendant Vehicle Residence Work

Forward all defendant related photos to: staff@MinutemanMonitoring.com

The defendant declares that all the information provided above and attached is true, correct, and understands all the conditions of their electronic monitoring:

Signed: X _____ Date: _____

The following to be completed by Minuteman™ Monitoring personnel.

Accepted By: _____

Date: _____

Assigned Officer Information:

Name: _____

Agency: _____ Phone: _____

Email: _____