

**ELECTRONIC MONITORING PROGRAM FOR DUI OFFENDERS
RESIDENCE AND EMPLOYMENT VERIFICATION REQUEST**

District/Facility: _____ Date: _____

Offender: _____ DOC No.: _____

DOB: _____ Race/Gender: _____ SSN: _____

Parole Status:

Docket Date: _____

Recommendation: _____

Stipulations Pending: _____

CRF#(s): _____ County: _____

Home Offer:

Name/Relation: _____

Address: _____

Include directions if P.O. Box or Rural Route/Apt. Complex and Apartment Number
(Directions Attached? Yes No)

Phone: (Business) _____ (Home) _____

Employment Offer:

Name (Business/Individual): _____

Address: _____

(Include directions if P.O. Box, Rural Route or Suite)

Phone: _____

Case Manager Submitting: _____

Other Sources of Income: _____

INVESTIGATION

DUE TO SUBMITTING DISTRICT NO LATER THAN: _____

District: _____ Date Sent to District: _____

Home Offer: Valid _____ Invalid _____

Employment Offer: Valid _____ Invalid _____

Records Check: No Outstanding Warrants Outstanding Warrants

Outstanding Warrants (case number (s)): _____

Jurisdiction: _____

Reason for Invalid Home/Employment Offer: _____

Reporting Instructions: _____

Parole Officer: _____ Date: _____

Supervisor: _____ Date: _____