

**EMP EXIT FORM**

DOC #: \_\_\_\_\_ Name: \_\_\_\_\_

Date Removed: \_\_\_\_\_ Number of Days on EMP: \_\_\_\_\_

Reason for Removal :

\_\_\_\_\_ Discharged Sentence

\_\_\_\_\_ Parole/Commutation

\_\_\_\_\_ Violation of Rule(s) List Rule(s) Violated: \_\_\_\_\_

\_\_\_\_\_ Escape

\_\_\_\_\_ Death

\_\_\_\_\_ Other Explain: \_\_\_\_\_

Initial LSI-R Score: \_\_\_\_\_ Closing LSI-R Score: \_\_\_\_\_

Initial LSI-R Change Score: \_\_\_\_\_ Closing LSI-R Change Score: \_\_\_\_\_

Programs Attended While on EMP: \_\_\_\_\_

Programs Completed While on EMP: \_\_\_\_\_

Temporary Placement Used While on EMP: \_\_\_ Yes \_\_\_ No If yes, number of days:\_\_\_

All EMP equipment returned in working order? : \_\_\_ Yes \_\_\_ No If no, explain:  
\_\_\_\_\_

All EMP equipment deactivated from the computer software: \_\_\_ Yes \_\_\_ No

Deactivate the offender from the monitoring program \_\_\_ Yes \_\_\_ No

EMP fee current upon removal? \_\_\_ Yes \_\_\_ No If no, delinquent amount: \$ \_\_\_\_\_

Officer: \_\_\_\_\_

Supervisor: \_\_\_\_\_ District: \_\_\_\_\_