

GPS EXIT FORM

DOC # _____ Name: _____

Date Removed: _____ Number of days on GPS: _____

Reason for Removal: HB 2131: ___ Yes ___ No

_____ 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 GPS: _____

Programs completed while on GPS: _____

Temporary Placement used while on GPS: ___ Yes ___ No

If yes, number of days: _____

Number of UA's taken: _____ Number of positive UA's: _____

All GPS equipment returned in working order? ___ Yes ___ No

If no, explain: _____

All GPS equipment deactivated from the computer software: ___ Yes ___ No

GPS fee current upon removal? ___ Yes ___ No

If no, delinquent amount: \$ _____

Employed while on GPS? ___ Yes ___ No Comments: _____

Officer: _____

Supervisor: _____ District: _____