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:  __________

(R 1/14)