

ELECTRONIC MONITORING EXIT

Program: GPS EMP (circle one)

ODOC # _____

Name: _____

Date Removed: _____

Number of days on program: _____

Reason for Removal:

HB 2131: ___Yes___No

____ Discharged Sentence
____ Parole/Commutation
____ Violation of Rule(s)
____ Escape
____ Death
____ Other

Case#/County _____

List Rule(s) Violated: _____

Explain: _____

Initial LSI-R Score: _____

Closing LSI-R Score: _____

Initial LSI-R Change Score: _____

Closing LSI-R Change Score: _____

Programs attended while on program: _____

Programs completed while on program: _____

Temporary Placement used while on program: ___ Yes ___ No

If yes, number of days: _____

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

All electronic monitoring equipment returned in working order? ___ Yes ___ No

If no, explain: _____

All electronic monitoring equipment deactivated from the computer software: ___ Yes
___ No

Program fee current upon removal? ___ Yes ___ No

If no, delinquent amount: \$ _____

Employed while on program? ___ Yes ___ No

Comments: _____

Officer: _____

Supervisor: _____

Region: _____