

**SAUK CO SHERIFF'S DEPARTMENT
ELECTRONIC MONITORING PROGRAM**

+APPLICATION FOR HOME ELECTRONIC MONITORING

DATE: _____

Applicant Name _____
 First MI Last

Date of Birth _____ File Number _____

Address _____

City _____ County _____ Zip Code _____

Telephone Number _____

Cell Phone Number (if applicable) _____

Employment Information

Are you serving a child support sanction? Yes/No

Employer _____

Address _____

City _____ County _____

Phone _____ Type of Work _____

Supervisor Name _____ Phone# _____

Does your job location vary? YES / NO

Does your supervisor work on site with you? YES / NO

Are you self employed (proof required)? YES / NO

Will you have transportation that meets EM requirements YES / NO

(i.e., valid DL, vehicle registration, Vehicle Insurance)?

Do you rent or own? _____

List **ALL** People Living with You:

NAME	AGE	RELATIONSHIP
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- A.
- B.
- C.
- D.

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E.

Are you on **Probation**? If so, your **Agent's Name**. _____

When does your sentence start? _____

What is the length of your sentence? _____

Do you have any restraining orders or injunctions? _____

Are there weapons in your home? If so, location and type of weapons. _____

Do you have any disabilities or special medical conditions?

Do you have **court ordered** appointments besides work (i.e...treatment, counseling)?

I certify that the above information is true to the best of my knowledge.

Applicant's Signature: _____