

## House Arrest with Electronic Monitoring Weekly Schedule

Name: \_\_\_\_\_

Phone (Home): \_\_\_\_\_

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

Day	Date	Time Leaving	Time Returning	Destination/Purpose	Contact Person & Phone No.
Monday					
Tuesday					
Wednesday					
Thursday					
Friday					
Saturday					
Sunday					

- The ONLY approved leaves are:
1. - **Employment** - you must fill out a Work Release Application, provide a pay stub and be approved prior to being released for work.
  2. - **School** - you must provide proof of being actively enrolled and provide a class schedule.
  3. - **Dr. Appointments** - you must provide proof of the appointment.
  4. - **Groceries** - you will be permitted to shop for groceries only if you live alone or are the primary caretaker.
  5. - **Court Order** - you will be permitted to attend Court Ordered requirements or any requirement imposed APO.

Officer/Date received: \_\_\_\_\_