



Court Order for Home Detention/Alcohol Monitoring

For enrollment, call: 714-833-7904
or Fax order to: 714-876-6365

Date: _____
People vs. _____
Arrest No: _____
Case No: _____
Charges: _____

D.O.B. _____
Phone # _____
Address _____
City/State/Zip _____
Attorney of Record: _____

Program Requirements: (Select all that apply)

- Electronic (GPS) Monitoring
- Home Confinement
- Alcohol Monitoring
 - Remote Monitoring /Breathalyzer with Facial Recognition
 - Active-Continuous/GPS/Ankle Monitoring
- Other (Please specify below)

Requested time out: (Select all that apply)

- Work Hours per week _____
- School Hours per week _____
- Treatment Hours per week _____
- Religious Activity Hours per week _____
- Other (Please specify below)

Time ordered to serve: (Select all that apply)

- Duration: _____ Days Months Years
- 1/3 Good Time Credit
 - Summary Probation
 - Pre-Trial - Until notification to release
 - Formal Probation
 - Order to Remove Device

Additional Orders for installation:

Contact GPSMS on or before: _____

Failure to contact GPSMS by the date ordered may result in a warrant issued for your arrest.

Device to be installed at the following location:

- Defendant's Home Probation Dept.
- Detention Center Court House

Supervising Officer (Please indicate person to be notified for reporting and/or violations:

Notifications to:

Requested reporting:

- Client Enrollment Client Completion Violations Other Reporting Frequency _____

Court Seal

BY ORDER OF JUDGE:

DATE: _____

DEPT. _____

BY: _____

CA