

EMS/GLOBAL POSITIONING REFERRAL/STAFFING FORM

Date Select Date ICON# #
 Name Full Name SS# SSN
 Officer Agent DOB DOB

Supervision Offense(s):

Click here to enter text.

Assessments: IA Risk Revised Score-Date Most Recent. Jesness Score-Date Most Recent. Projected EMS Entry Date _____

Type of EM System: Breath Analyzer (MEMS-VB) Breath Analyzer w/ Radio Frequency (MEMS/RF-VBR)
 Radio Frequency (RF) GPS- Global Positioning Speaker ID- Voice Printing
 SCRAM (Secure Continuous Remote Alcohol Monitor) SCRAM Remote Breath

Reason for Request: (check all that apply)

- New Arrest/In Custody: _____
- Court/BOP Order to ISP
- Assault Conviction(s)
- Extensive Criminal History
- Chronic Substance Abuse
- Refuses TASC/Sub. Ab. Eval/Treatment
- Revocation Status: _____
- Other: _____
- Previously in ISP
- Sexual Offender
- Weapon Conviction(s)
- Drug Delivery Conviction(s)
- Positive UA(s) Number: _____
- Has Missed Scheduled Appointments

Additional Information/Comments: _____

Agent, Supervising Officer _____ Date _____ Supervisor, Supervisor _____ Date _____

*District Director/Designee Signature _____ Date _____ *(Required for Global Positioning monitoring system only)

90 DAY REVIEW - OR - REQUEST FOR DISCONTINUATION

Supervising Officer: Agent _____ Date of Request: _____

Reason for Request: (check all that apply):

- Three (3) Month Review
- Absconded/Escaped
- Refer to Alternate Intervention
- Revoked
- Transfer to Different Location
- Case Manager Discretion
- Completed Requirements
- Jail Placement
- Residential Placement
- Sentence Discharged/Terminated Sentence
- Death

Additional Information/Comments: _____

____ Request Approved Supervisor: _____ Date: _____

____ Request Denied – resubmit for review in _____ days Supervisor: _____ Date: _____

Reason for Denial: _____