

INTERCEPT

INTERCEPT OFFENDER MONITORING PROGRAM

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BI UNIT SCRAM/ALCOHOL UNIT GPS LINK

CASE NO: _____ Offense: _____ Phone # _____

Defendant: _____ S.S. # _____
Last Name First Name MI

Judge: _____ Court: _____

(Defendant Is Sentenced To _____ Days Of Monitoring In Lieu Of Custody)

Driver's License Revoked: YES or NO

Defendant Must Be Enrolled By: _____
(or)

Defendant Must Have Program Completed By: _____

Misdemeanor Felony Pre-Trial Release

PERMITTED ACTIVITIES AND CONDITIONS

Defendants enrolled will be allowed to go to work, counseling, community service, AA & NA meetings, school, and Doctors appointments. All activities allowed or excluded will be up to the assigning agency: **(All Courts - Court Services- The Department of Alternative Sentencing)**

You (**may**) be given an activity sheet that must be signed for each activity allowed. It is mandatory for the dependant to be enrolled in this program within the court ordered deadline. Failure to enroll and comply with the conditions of this program may result in the defendant's incarceration. A status report will be sent to the court.

Client must pay for monitoring in advance (minimum 7 days)

Issuing agency: Areas of EXCLUSION

Judge / Clerk's signature: _____ Date: _____

Defendant's signature: _____ Date: _____