

EM APP#: \_\_\_\_\_



# Los Angeles County Electronic Monitoring Program MONITORING CONDITIONS

**\* Each case number should have a separate sentencing notice \* Mail or Fax copy directly to Sentinel**

Defendant: \_\_\_\_\_  
Last Name First Name Middle Initial

Defendant's Phone #: \_\_\_\_\_

Offense: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_

Attorney's Phone #: \_\_\_\_\_

Case Number: \_\_\_\_\_ Concurrent/Consecutive with Case #: \_\_\_\_\_

Judge: \_\_\_\_\_

Misdemeanor Pretrial Release

Court: \_\_\_\_\_

Felony Pretrial Release

Formal Probation

Summary Probation

Amended Order

- Defendant is sentenced to \_\_\_\_\_ days of Electronic Monitoring in lieu of custody in County Jail
- Defendant is sentenced to \_\_\_\_\_ days of Electronic Monitoring to begin immediately upon completion of County Jail sentence. Defendant is sentenced to \_\_\_\_\_ days in County Jail.
- Defendant is placed on Pretrial Electronic Monitoring until \_\_\_\_\_.

### PERMITTED ACTIVITIES (Documented by Defendant)

- |  |   |
|--|---|
| <input type="checkbox"/> Employment                                      | <input type="checkbox"/> School                             |
| <input type="checkbox"/> Prearranged Overtime at work                    | <input type="checkbox"/> Counseling                         |
| <input type="checkbox"/> Secondary Employment                            | <input type="checkbox"/> Doctor / Dental Appointments       |
| <input type="checkbox"/> Laundry – prearranged ( <i>Not Verifiable</i> ) | <input type="checkbox"/> AA or NA Meetings Frequency: _____ |
| <input type="checkbox"/> Grocery Shopping – prearranged                  | <input type="checkbox"/> Next Court Appointment: _____      |
| <input type="checkbox"/> Religious Activities                            | <input type="checkbox"/> Other: _____                       |

### SPECIAL CONDITIONS ORDERED

- |   |  |                     |
|---|--|---------------------|
| <input type="checkbox"/> GPS Tracking                   | <input type="checkbox"/> Drug Testing  | Frequency: _____    |
| <input type="checkbox"/> Breath Alcohol Remote Testing  | <input type="checkbox"/> Status Report | Frequency: _____    |
| <input type="checkbox"/> Transdermal Alcohol Monitoring |  |                     |
| <input type="checkbox"/> Counseling/Treatment           | Type: _____                            |                     |
| <input type="checkbox"/> Community Service              | No. of Hours: _____                    | Completed By: _____ |

Additional Restrictions/Conditions: \_\_\_\_\_

**Enrollment requires two (2) business days to complete. Defendant must be enrolled by:** \_\_\_\_\_

Defendant will be required to contact Pretrial Services at (213) 893-5369 within 24 hours of enrollment.

Judge/Clerk/DPO Signature: \_\_\_\_\_ Date: \_\_\_\_\_



**SENTINEL ENROLLMENT DEPARTMENT**  
TEL: (888) 220-0737 • FAX: (310) 603-5721

