

MONITORING REFERRAL FORM

L.A. MONITORING

11500 Olympic Blvd. Ste 400

Los Angeles, CA 90064

Phone: 323-935-5002

Fax completed form to: 323-935-5005

CASE INFORMATION

Misdemeanor Family

Felony Drug Court

Case Number _____ Offense _____ Re-referral Date _____

Defendant Last Name _____ Defendant First Name _____ Defendant Middle Name _____ Phone Number _____

Public Defender

Private Attorney

Defense Attorney _____ Phone Number _____ Prosecutor _____ Phone Number _____

Judge _____ Court Name _____ Department _____ Clerk _____ Phone Number _____

Conditional Pretrial Monitoring

- GPS Tracking
- Home Monitoring
- SCRAM Alcohol Monitoring
- SCRAM Alcohol and Home Monitoring
- Drug Monitoring Patch

Conditional Sentence Monitoring

- GPS Tracking _____ Days
- Home Monitoring _____ Days
- SCRAM Alcohol Monitoring _____ Days
- SCRAM Alcohol and Home Monitoring _____ Days
- Drug Monitoring Patch _____ Days

Home Monitoring Permitted Activities

- Employment
- Documented Overtime
- Second Employment
- Food Shopping
- Off-Site Laundry
- Non-Court Counseling
- Court Classes
- Religious Services
- Doctor Appointment
- School/Education
- Community Service
- AA Meetings

Additional Comments

Defendant is ordered to return all equipment and is ordered to reimburse L.A. Monitoring for missing or damaged equipment.

1. **Enroll within 48 hours or no later than:** _____
2. **Return to this court with proof of enrollment on or before:** _____
3. **Return to this court with proof of completion on or before:** _____

Judge / Commissioner Authorized Signature

Date

MONITORING CONDITIONS

COMPLIANCE DATES