



4000 S. West Ave.  
Sioux Falls, SD 57109  
Fax: (605) 332-6410

### APPLICATION FOR ELECTRONIC MONITORING SERVICES

Date of Application: \_\_\_\_\_

Name: \_\_\_\_\_ Social Security No: \_\_\_\_\_

\*Race or Ethnic Origin: \_\_\_\_\_ Sex: \_\_\_\_\_ M \_\_\_\_\_ F Date of Birth: \_\_\_\_\_

Home Address: \_\_\_\_\_  
Street Address City State Zip

Home Phone: \_\_\_\_\_ Work Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer's Name: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

Attorney's Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Attorney's Address: \_\_\_\_\_ FAX: \_\_\_\_\_

Name of judge you expect to sentence you: \_\_\_\_\_ Date of Sentencing: \_\_\_\_\_

Name of Court Service Officer (if applicable): \_\_\_\_\_

Expected Hook-up Date: \_\_\_\_\_ Number of Days **Expected** on E.M.: \_\_\_\_\_ (30 days minimum)

Current offense for which you are seeking Electronic Monitoring: \_\_\_\_\_

Please provide details regarding your offense in moderate detail: \_\_\_\_\_

Do you have a history of violent offenses? If so, what and when: \_\_\_\_\_

Type of services needed: (please check **all** that apply) \_\_\_\_\_ Electronic Monitoring \_\_\_\_\_ Autolock \_\_\_\_\_ Sobrietor

How did you hear about us? \_\_\_\_\_

**BE ADVISED THAT IF SERVICES ARE NOT PAID FOR IN FULL AS DISCUSSED WITH STAFF, A DEBT COLLECTION AGENCY WILL BE CONTACTED AND UTILIZED.**

\*Glory House does not discriminate based on race, color, sex, age, religion, national origin, marital status, political belief, mental or physical handicap. Government funding agencies, for statistical purposes, requires this information.  
08/02EMAPP

**FOR OFFICE USE ONLY**

Date of Interview: \_\_\_\_\_

Referral for services \_\_\_\_\_

Accepted \_\_\_\_\_ Denied \_\_\_\_\_

Cost per day \_\_\_\_\_

**Criminal History**

Any prior adult convictions: \_\_\_\_\_ YES \_\_\_\_\_ NO      If yes, please list: \_\_\_\_\_

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Were you ever arrested under age 16? \_\_\_\_\_ YES \_\_\_\_\_ NO      If yes, please explain: \_\_\_\_\_

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Ever incarcerated: \_\_\_\_\_ YES \_\_\_\_\_ NO      Escape history: \_\_\_\_\_ YES \_\_\_\_\_ NO

Punished for institutional misconduct: \_\_\_\_\_ YES \_\_\_\_\_ NO      If yes, explain: \_\_\_\_\_

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Were you ever under community supervision, such as parole or probation? \_\_\_\_\_ YES \_\_\_\_\_ NO

If yes, were you ever suspended, revoked, or in violation? \_\_\_\_\_ YES \_\_\_\_\_ NO      If yes, please explain:

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**Work/Social History**

Are you currently employed? \_\_\_\_\_ YES \_\_\_\_\_ NO

Please give a brief work history, including employer name, position held, and dates held:

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Have you ever been fired from a job? \_\_\_\_\_ YES \_\_\_\_\_ NO      If yes, please state why: \_\_\_\_\_

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What was the highest grade you completed (if GED, state GED)?: \_\_\_\_\_

Are you currently attending school – where and what grade? \_\_\_\_\_

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Do you have a college degree? \_\_\_\_\_ YES \_\_\_\_\_ NO      If so, in what? \_\_\_\_\_

Have you ever been suspended or expelled from school or classes?  YES  NO If so, explain:

\_\_\_\_\_

Are you currently living with anyone else?  YES  NO What is your relationship with those individuals? \_\_\_\_\_

\_\_\_\_\_

Describe your financial situation (poor, fair, satisfactory, excellent): \_\_\_\_\_

Do you rely on social assistance?  YES  NO

Would paying for this program be a problem for you? \_\_\_\_\_

Have you moved or changed addresses more than 3 times in the last year?  YES  NO

Do you have any relatives, companions, or acquaintances that have been involved in crime or had criminal convictions?  YES  NO If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have any special medical problems/needs? \_\_\_\_\_

Personal physician's name and phone number (if applicable): \_\_\_\_\_

\_\_\_\_\_

Who do we notify in case of an emergency? \_\_\_\_\_

\_\_\_\_\_

### **Substance Use/Abuse History**

Do you feel you have an alcohol or drug problem?  YES  NO Drug choice: \_\_\_\_\_

Have you ever had an alcohol or drug problem?  YES  NO Drug choice: \_\_\_\_\_

Have any law violations occurred while under the influence of drugs/alcohol?  YES  NO

Have drugs or alcohol caused problems with relationships?  YES  NO

Have drugs or alcohol caused problems with school/work?  YES  NO

Have drugs or alcohol caused medical problems?  YES  NO

Have you ever had a Chemical Dependency assessment? \_\_\_\_ YES \_\_\_\_ NO Where? \_\_\_\_\_

Have you ever completed drug or alcohol treatment? \_\_\_\_ YES \_\_\_\_ NO Where? \_\_\_\_\_

Do you or have you had any mental health issues or treatment in the past? Present? \_\_\_\_ YES \_\_\_\_ NO

Have you ever had a psychological assessment? \_\_\_\_ YES \_\_\_\_ NO

If yes, where/with who? \_\_\_\_\_

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Please describe your attitude/feelings towards your conviction/sentence: \_\_\_\_\_

How do you feel toward supervision/being supervised? \_\_\_\_\_

Are you willing to be involved in programming (AA, NA, CT), treatment, aftercare, etc.? \_\_\_\_ YES \_\_\_\_ NO

Please give a brief history of drug and alcohol use, including age of first use, drug used, date of last use:

| Drug | First use | Amount | Last use |
|------|-----------|--------|----------|
|------|-----------|--------|----------|

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I, \_\_\_\_\_, certify that the information provided in this interview to true and accurate to the best of my knowledge. I understand that if any of the information I have provided is knowingly false, I will not be accepted to the program or, if already accepted, I will be terminated.

\_\_\_\_\_  
Participant's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
EM Staff Signature

\_\_\_\_\_  
Date

**AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby request a release of and mutual exchange of information regarding \_\_\_\_\_ between

**The Glory House  
4000 S. West Avenue  
Sioux Falls, SD 57109**

and

\_\_\_\_\_  
Name

\_\_\_\_\_  
Agency

\_\_\_\_\_  
Address

\_\_\_\_\_  
City/State/Zip

for release or exchange of the following information:

1. Treatment Needs Assessment
2. Diagnosis and Treatment Recommendations
3. Assessment and Summary of any Psychological Testing and/or Treatment
4. Discharge Summaries
5. Current Status and Summary of Progress/Progress Reports

The information noted will be used for the purpose of electronic monitoring supervision: to assess the appropriateness of the individual for the above stated program, coordinate all available information, and review recommendations for continuing care and treatment programs to ensure a full continuum of care for the above named individual.

I understand that this consent will remain in effect for the duration of my court ordered electronic monitoring sentence.

I realize, and consent to the fact that, confidential information relative to my treatment may be electronically transmitted. \_\_\_\_\_ (client initials)

\_\_\_\_\_  
Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Witness Signature

\_\_\_\_\_  
Date

The release of information about a client who is treated for alcohol or drug abuse is governed by the Confidentiality of Alcohol and Drug Abuse Patients Records Regulation 42 Code of Federal Regulations Part 2.