

STATE OF MARYLAND

* IN THE _____ COURT

V.

* FOR _____

* CRIMINAL CASE NO. _____

ORDER FOR HOME DETENTION

It is hereby ORDERED this ____ day of _____, 20____ by the _____ Court for _____ that _____ be placed on Home Detention as a condition of:

(Check One)

Pre-Trial Release **OR**

Pre-Trial Release After bail in the amount of \$_____ is posted **OR**

Home Detention for a period of _____, as a Condition of Probation.

(Check One)

(Length of time)

Standard Home Detention

GPS Home Detention

SCRAM Alcohol Monitoring

SCRAM Alcohol Monitoring with Home Detention

To be supervised by Advantage Sentencing Alternative Programs, Inc. (ASAP Home Detention)

309 E. Joppa Road, Towson, Maryland 21286 Phone: 410-832-1717 Fax: 410-832-1719

14760 Main Street, Suite 103, Upper Marlboro, MD 20772 Phone: 301-456-3705 Fax: 410-832-1719

3697 Park Avenue, Suite 200, Ellicott City, MD 21043 Phone: 410-832-1717 Fax: 410-832-1719

Charles Co., Washington Co., other Maryland counties, and out of state: 410-241-8321

(Contact: Danielle Winchester)

(Check All That Apply)

Under the following conditions:

Standard Conditions (Allowed to attend work, counseling, medical appointments, legal/probation/home detention, weekly religious service, school, and seek employment.

Four (4) hours per week for essentials to live outside of jail at the discretion of A.S.A.P., Inc.

Work , legal, and home detention appointments only

Other: _____

It is further ORDERED that the Defendant contact A.S.A.P., Inc. **immediately** to schedule an appointment.

Additionally, the Defendant is placed on Probation for a period of _____ to be supervised by Division of Parole and

Probation to commence immediately following the completion of the ASAP, Inc. program.

subject to further Order of the Court.

JUDGE

Phone Number: _____

Primary Charge: _____

Defense Attorney & Phone Number: _____