

NEW CLIENT ENTRY FORM

*** ALL PORTIONS OF THIS FORM MUST BE FILLED OUT FOR A HOOK-UP, PLEASE READ EACH SECTION AND BE SURE TO INCLUDE ALL INFORMATION NEEDED***

Today's Date:

EVALUATION FEES ARE NON-REFUNDABLE

If not client, print your name & contact #: _____

Client's First Name & M.I.	
Last Name:	

MONITORING Street Address:	
Apt. #	
City	
State	
Zip Code	

****NOTE IF MAILING ADDRESS IS DIFFERENT THAN MONITORING ADDRESS****

Email Address:	
Client Cell #	Client's cell number only:
Home Phone #	If no home phone line, print, N/A:

Client Gender /Race	
Height	
Weight	
Date of Birth	
Communicable Diseases	
SSN	

FIRST Emergency Contact Name; Relationship; Phone # other than your home #	
SECOND Emergency Contact Name; Relationship; Phone # other than your home #	
Can anyone contact our office to make sure your schedules and payments were received? Names & Relationship. ...	

Circle one:	At the monitoring location, I... Rent / Own
Resident(s) Name(s) and age(s)	

TURN OVER →

Work Place <u>NAME</u>	
Address	
Suite, Apartment, Floor, Etc.	
City	
State	
Zip code	
Supervisors Name	
Work Phone #	
Job Description	
Total hours Worked Per Week	
Hourly Paid Rate or yearly salary	

Case Number	
Court Date	
Court Location	
Judge's Name	
Attorney's Name & Address Phone & Fax #	
P.O. Name:	

Charged with	
Prior convictions	

ASAP USE BELOW THIS LINE

Equip. No.		Evaluation Fee	\$100.00
Hook-Up Date		Connection Fee	\$100.00
Time on Equip.		Daily Fee	
Term. Date		Termination Fee	\$75.00