

House Arrest with Electronic Monitoring Weekly Schedule

Name: _____ Phone (Home): _____ Officer: _____

Day	Date	Time Leaving (AM/PM)	Time Returning (AM/PM)	Destination/Purpose	Contact Person & Phone No.
Monday					
Tuesday					
Wednesday	Report to APO (between 8:00am - 10:00am)				
Thursday					
Friday					
Saturday					
Sunday					

- The **ONLY** approved leaves are:
1. - **Employment** - you must fill out a Work Release Application, provide a pay stub and be approved prior to being released for work.
 2. - **School** - you must provide proof of being actively enrolled and provide a class schedule.
 3. - **Dr. Appiontments** - you must provide proof of the appointment.
 4. - **Groceries** - you will be permitted to shop for groceries only if you live alone or are the primary caretaker.
 5. - **Court Order** - you will permitted to attend Court Ordered requirements or any requirement imposed APO.

Schedules may be submitted in person, via e-mailr by fax (724-656-1989).

Officer/Date received: _____