

# Electronic Monitor Activity

## YOUTH DEMOGRAPHICS

First Name:

Middle Name:

Last Name:

Date of Birth:

## MONITORING INFORMATION

\*Begin Date:

\*End Date:

\*Monitor Activity (pick one):

- |   |  |  |   |
|---|--|--|---|
| <input type="checkbox"/> Placed on GPS Monitor                      | <input type="checkbox"/> Placed on Radio Frequency Monitor | <input type="checkbox"/> Placed on Phone App       | <input type="checkbox"/> Battery Violation    |
| <input type="checkbox"/> Out of Range Violation                     | <input type="checkbox"/> Curfew Violation                  | <input type="checkbox"/> Cut off Monitor Violation | <input type="checkbox"/> Removed from Monitor |
| <input type="checkbox"/> Monitor removed, program continued contact |  |  |   |

Notes: