

# New Client Entry Form

**\*\*\* All portions of this form must be completed prior to hook up. Evaluation fees are non-refundable\*\*\***

If not the client, please print your name and best contact number: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Contact Information:

Client's First Name: \_\_\_\_\_

Client's Middle Name: \_\_\_\_\_

Client's Last Name: \_\_\_\_\_

Monitoring Address, City, State and Zip: \_\_\_\_\_

\_\_\_\_\_  
Mailing Address, City, State and Zip (if different): \_\_\_\_\_

\_\_\_\_\_  
Email Address: \_\_\_\_\_

Client's Cell Number: \_\_\_\_\_

Client's Home Number: \_\_\_\_\_

Client's Work Number: \_\_\_\_\_

## Demographic Information:

Client's Gender / Race: \_\_\_\_\_

Height: \_\_\_\_\_

Weight: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Communicable Diseases: \_\_\_\_\_

\_\_\_\_\_  
Social Security Number: \_\_\_\_\_

## Emergency Contacts:

Emergency Contact #1 Name: \_\_\_\_\_

Emergency Contact #1 Relationship: \_\_\_\_\_

Emergency Contact #1 Phone Number: \_\_\_\_\_

Emergency Contact #2 Name: \_\_\_\_\_

Emergency Contact #2 Relationship: \_\_\_\_\_

Emergency Contact #2 Phone Number: \_\_\_\_\_

Provide Name and Relationship for anyone who has permission to contact our office to make sure your schedules and payments are received? (You should add your attorney here)

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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At the monitoring location do you rent or own? \_\_\_\_\_

Name and age for all household members: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

## Work Place Information:

Name of Employer: \_\_\_\_\_

Employer Address, Suite, City, State and Zip: \_\_\_\_\_

\_\_\_\_\_  
Supervisor's Name: \_\_\_\_\_

Employer's Phone Number: \_\_\_\_\_

Job Description: \_\_\_\_\_

\_\_\_\_\_  
Total Hours Worked per week: \_\_\_\_\_

Hourly Paid Rate or Yearly Salary: \_\_\_\_\_

## Case Information:

Case Number: \_\_\_\_\_

Court Date: \_\_\_\_\_

Court Location: \_\_\_\_\_

Judge's Name: \_\_\_\_\_

Attorney's Name, Address, Phone and Fax: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

P.O. Name: \_\_\_\_\_

Charged with: \_\_\_\_\_

\_\_\_\_\_  
Prior convictions: \_\_\_\_\_

\_\_\_\_\_

\*\*\*\***WatchTower use below this line**\*\*\*\*

Equipment Serial Number: \_\_\_\_\_

Hook-up date: \_\_\_\_\_

Time on Equipment: \_\_\_\_\_

Termination Date: \_\_\_\_\_

Evaluation Fee: \$0.00

Connection Fee: \$100.00

Daily Fee: \$15.00/day

Termination: \$100.00