

## **Client Information Sheet- Restorative Sanctions Electronic Monitoring**

### **Personal Information:**

Name: \_\_\_\_\_

Full Address: \_\_\_\_\_

Cell Phone: \_\_\_\_\_

Name and relationship of all persons who live with you (if live alone, please indicate): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Schedule of Medical/Legal Appointments** (All information must be completed in order to be granted permission to go to appointment.)

Name of Location	Address	Date	Time

### **Employment:**

Name	Full Address	Approximate travel time to/from work (mins)
1.		
2.		
3.		

PLEASE LIST WORK TIMES ON BACK OF SHEET. →

## Work Schedule

If multiple employments, indicate which number the work period is for, from the front page.

Example	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
midnight							
1am							
2am	EMP #1 Start 2am						
3am							
4am							
5am							
6am							
7am							
8am							
9am							
10am							
11am							
noon							
1pm							
2pm							
3pm							
4pm							
5pm							
6pm							
7pm							
8pm	EMP#2 Start 8pm						
9pm							
10pm							
11pm							
midnight							

Please list any other information below that you believe your Case Manager should know.

---

---

---