



Innovative Monitoring
SYSTEMS

REFERRAL SHEET

Offenders Name _____ Case Number _____

Address _____ City _____ State ___ Zip _____

Phone _____ DOB _____

Employed at _____ Hourly Wage _____

If home arrest/ curfew monitoring is also assigned (Client MUST have a home phone line but no long distance is needed).

What time must client be home _____ AM or PM

What time is client free to leave home (if so) _____ AM or PM

Current Charges _____

Probation or Parole _____ Court _____ Judge _____

Referring Officer _____ County _____ District # _____

Officers Best Contact # _____ Officers Email _____

How long is client assigned to wear the SCRAMx Bracelet

30 Days _____ 60 Days _____ 90 Days _____ 120 Days _____ Other _____

Comments: _____

Fax to: 515-864-0333

Or email to: bmorrison@innovativemonitoringsystems.com

Please feel free to call with any questions Bob Morrison 712-308-0262