



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Electronic Monitoring Checklist

OFFENDER NAME: _____ OFFENDER #: _____

CURRENT CONVICTION(S): _____

CASE NUMBER(S): _____

INSTITUTION: _____ PRD: _____ SENTENCE: _____

- EM INFORMATION FORM COMPLETED
- EM TERMS AND CONDITIONS SIGNED
- VICTIM NOTIFIED (IF THERE ARE VICTIMS LISTED IN ACOMS)
- CONFIRMED NATURE OF OFFENSE(S) (NO CURRENT DV CONVICTION/VIOLATION WITH AN ORDER TO SERVE TIME & NO PENDING CHARGES WITH A DV ELEMENT)
- CRIMINAL HISTORY VERIFIED
- CONFIRM THAT PENDING CASES WILL NOT INTERFERE WITH SENTENCE REQUIREMENTS OF THE CURRENT CASE(S) (COURTVIEW)
- COHABITANT CRIMINAL HISTORY & WANTS/WARRANTS
- FIELD SUPERVISION HX CHECKED (IF PREVIOUSLY ON PROBATION/PAROLE)
FIELD/INSTITUTIONAL P.O. RECOMMENDS: _____
DOES NOT RECOMMEND: _____
- DNA TEST REQUIRED
- NEEDS SUPERINTENDENT or CHIEF CLASSIFICATION OFFICER APPROVAL
(SENTENCE OF 367 DAYS OR MORE)

COMMENTS:

Approved _____ Denied _____ EM Officer _____ Date _____

Approved _____ Denied _____ EM P.O. III _____ Date _____

Approved _____ Denied _____ EM P.O. IV _____ Date _____