

ELECTRONIC MONITORING (EM) PROGRAM SCHEDULE

****This form must be filled out completely and submitted via email or in person before 4:00pm each Wednesday for the following week.****

Failure to do so will result in your schedule being denied.

Schedules begin on Monday and end on Sunday. Once a schedule is submitted, it is final.

DEFENDANT FULL NAME:		DEFENDANT CELL PHONE:	
DEFENDANT ADDRESS:			
ALTERNANT PHONE:			
NAME OF ANY PERSON RESIDING IN YOUR HOME WITH AGE:			
EMPLOYER NAME/ADDRESS AND PHONE NUMBER			

BELOW ARE APPROVED LEAVE REASONS WITH MAXIMUM ALLOWED TIME FOR EACH EVENT INCLUDING TRAVEL TIME.

ALL WINDOW REQUESTS MUST BE SUBMITTED IN WRITING AND APPROVED BY LYCOMING COUNTY PROBATION.

CODE	EVENT TYPE	CODE	EVENT TYPE
A	SELF HELP MEETINGS(AA/NA/SMART): 2.5 HOURS PER MEETING	I	COMMUNITY SERVICE: PERMITTED AS SCHEDULED
B	REENTRY/COLOR CALL: 2.5 HOURS PER MEETING	J	COURT APPEARANCES: PERMITTED AS SCHEDULED
C	BANK: 1 HOUR ONCE PER WEEK	K	PROBATION APPOINTMENTS: PERMITTED AS SCHEDULED
D	CHURCH/RELIGIOUS SERVICES: 2.5 HOURS ONCE PER WEEK	L	FUNERAL/MEMORIAL SERVICES: PERMITTED AS SCHEDULED
E	DOCTOR/DENTAL/D&A/MH MEETINGS: PERMITTED AS SCHEDULED	N	HAIRCUT: 2.5 HOURS ONCE PER MONTH
F	GROCERY/LAUNDRY: 2.5 HOURS ONCE PER WEEK	O	JOB SEARCH/INTERVIEW: 4 HOURS PER WEEK
G	EMPLOYMENT: 40 HOURS PER WEEK AND 10 HOURS SCHEDULED OT	P	DUI CLASSES: PERMITTED AS SCHEDULED
H	SCHOOL: PERMITTED AS SCHEDULED		

DATE		LEAVE TIME AM/PM	RETURN TIME AM/PM	EVENT CODE (From list above)	EVENT DESCRIPTION AND LOCATION
MONDAY _ / _ / _	1				
	2				
	3				
	4				
	5				
	6				
TUESDAY _ / _ / _	1				
	2				
	3				
	4				
	5				
	6				

DATE		LEAVE TIME AM/PM	RETURN TIME AM/PM	EVENT CODE (From list above)	EVENT DESCRIPTION AND LOCATION
WEDNESDAY __/__/__	1				
	2				
	3				
	4				
	5				
	6				
THURSDAY __/__/__	1				
	2				
	3				
	4				
	5				
	6				
FRIDAY __/__/__	1				
	2				
	3				
	4				
	5				
	6				
SATURDAY __/__/__	1				
	2				
	3				
	4				
	5				
	6				
SUNDAY __/__/__	1				
	2				
	3				
	4				
	5				
	6				

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