

S.M.A.R.T. MOBILE PROGRAM REFERRAL FORM

Jurisdiction: _____ Case #: _____ Date of Referral: _____

Client Name: _____ DOB: _____

Home Phone #: _____ Cell Phone #: _____ Other #: _____

Address: _____ City: _____ State: _____ Zip: _____

All standard charges for the device will be paid for by: _____

() Client () Court/Probation () Other _____

() The client has received preprogrammed device # _____

The Client is required to begin the program by _____ (date) Program to end by _____ (date)

Client must report in person to Smart Start at _____ (location)

This device is being required as a condition of: _____

() Pre-trial () Probation () DUI/DRUG Court () Other

Use default schedule of SUNDAY - SATURDAY 5AM-8AM, 5PM-8PM, 10PM -12AM

OR

Use schedule specified below (please use military time). Schedule may include up to 10 test windows per day

**Please indicate the length of the test window time (ie, how long does the client have to take the test).*

Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										

Primary Authority / Officer Name: _____ E-mail: _____ Telephone: _____

2nd Authority / Officer Name: _____ E-mail: _____ Telephone: _____

Court # / Division: _____ E-mail: _____

Telephone Number: _____ Other: _____

Others who will need access to online reports: _____

I acknowledge receipt of this order and understand that compliance is a condition of my court supervision. Smart Start will not provide me any data from this system, all data and information will be transmitted to the monitoring authority. I understand that I must pay Smart Start for any fees or charges associated with this program and that failure to pay may result in my removal from this program.

Client's Signature (type name and date if digitally submitted): _____

Please email to: ILSmartMobileEnroll@SmartStartInc.com

Smart Start IL will contact the client directly for an appointment. If we are unable to reach the client within 2 business days, you will be notified.

For questions please call Smart Start of Illinois at (312) 846-6510

WWW.SMARTSTARTIL.COM