



REFERRAL FORM

Fax form to (586) 954-3461. Please have defendant call (888) 234-0198 to schedule an appointment.

Defendant Name _____ Case # _____
Address _____ Phone _____
D.O.B. ____/____/____ Vehicle Yr/Make/Model _____
Court Contact Name _____ Court _____
Court Contact Email _____
Condition of: Bond Probation Other: _____

Please confirm service (s) being ordered:

GPS Services



Check- In App



Smart Tag

Portable Alcohol



BreathCheck



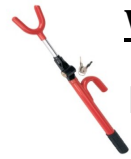
SMART Mobile

Ignition Interlock



- IID w/ Camera
- Add Daily Testing
- Add Cellular Modem

Vehicle Monitoring



Vehicle Immobilization

The Defendant must start program by: ____ / ____ / 20____ Program Length: _____

If using a standard IID, how often must the defendant have the device downloaded?
 Weekly Bi-weekly Monthly Bi-Monthly

Special Instructions / Comments:

Daily Breath Test Times

IID Instructions For required PBT's on Interlock, specify up to two daily test windows:

1st: _____ to _____ 2nd: _____ to _____

SMART Mobile, Breath Check, and Check-In Instructions Devices can be programmed with up to 10 test windows a day. Test windows can be 15 minutes to 24 hrs long. The test windows can be set as random or known by the defendant. *To set test window as random: fill out test times after defendant signs & put an "R" in front of each random test time.*

Note: If no test window (s) identified below, the device will be programmed with our standard default times of Monday - Sunday: 5am – 8am, 5pm – 8pm, & 10pm – 12am.

Mon-Sun _____

If windows change daily, please list schedule below:

Defendant Signature: _____ **Date:** _____