In-HOM™ Portable Alcohol Monitoring Enrollment Order

Enrollment Date: _____ Case #: _____ County: _____
Client: _____ DOB: _____ Phone #: _____
Address: _____ City: _____ State: _____ Zip: _____
Email Address: _____ Social Security #: _____ / _____ / _____
State Driver's License /ID Number: _____ Issuing State: _____

This portable alcohol monitoring device is being required as a condition of: (check one)

☐ **PRE-TRIAL** ☐ **PROBATION** ☐ **DUI/DRUG COURT** ☐ **PAROLE** ☐ **FAMILY**

Portable Alcohol Monitoring Unit Ordered:

_____S.M.A.R.T. Mobile **____ IN-HOM Standard**
(monthly download, used in areas w/ no cell coverage)

Default Fail Level: ___.020**; Optional Fail Level Settings:** ___ .030 BrAC; ___.040 (Max BrAC)

Test Windows:

☐ **Use default schedule:** SUNDAY – SATURDAY @ 5AM - 8AM; 5PM - 8PM; 10PM - 12AM;

Please specify the days and times for customized test windows (test windows cannot overlap)*
***Test windows can be any length of time (15 min. minimum, max 24 hrs.) up to 10 test windows per day. Every day can be different.**

Example:	5a-6a	9a-10a	2p-3p	5p-6p	10-11p					
Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										

Authorizing Authority's Signature: _____ Printed Name: _____
Address: _____State:_____ Zip Code: _____ Telephone #:_____
Email Address: _____

Additional Reports Sent To:
Name: _____ Address: _____
State: ____ Zip Code: _____ Telephone #: _____ Email: _____

Notes:

Please Scan & Email this enrollment form to Smart Start of NC: shelda.northcutt@smartstartinc.com