




# Smart Start Wisconsin Referral Form

Please fax this referral to (586) 954-3461 and have participant call (888) 234-0198  
to schedule appointment and payment.

Defendant's Name \_\_\_\_\_ Case # \_\_\_\_\_  
Address \_\_\_\_\_ Phone # \_\_\_\_\_  
Vehicle Year/Make/Model (If applicable) \_\_\_\_\_  
Officer Contact \_\_\_\_\_ Court \_\_\_\_\_  
Phone # \_\_\_\_\_ Email \_\_\_\_\_  
Condition of  Bond  Probation  Other \_\_\_\_\_

Service being ordered:

Portable:   IN-HOM Standard   Cellular IN-HOM SMART Mobile

Vehicle:   Standard ID   Immobilizer   DRIVE SMART

The Defendant must start the program by: \_\_\_\_\_ (date) Program Length: \_\_\_\_\_

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

Special Instructions / Comments:

### IN-HOM Standard and SMART Mobile PBT Test Times:

If the times are the same every day, write them in the Sunday Spot only.  
*Example: 7 – 8 am. If there are no breath test windows write below, the device will be programmed with our standard default times: Sunday – Saturday: 5am – 8am, 5pm – 8pm and 10pm – 12am.*

Sun: \_\_\_\_\_  
Mon: \_\_\_\_\_  
Tue: \_\_\_\_\_  
Wed: \_\_\_\_\_  
Thur: \_\_\_\_\_  
Fri: \_\_\_\_\_  
Sat: \_\_\_\_\_

Defendant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_