

Rock County Sheriff's Office
Community Corrections - Diversion Program
3506 Hwy 51, Building B
Janesville, WI 53545
Office: 608-373-3880 Fax: 608-373-3885



Electronic Monitoring Application

Name _____ Date of Birth _____

Address _____

City _____ State _____ Zip _____ County _____

If rent or own (circle one), provide landlord(s) name and phone number: _____

Telephone # _____ Cell Phone # _____ Social Security # _____

Sex _____ Race _____ Height _____ Weight _____ Eye color _____ Hair color _____ Marital Status _____

Name of persons living with you	DOB	Relationship
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_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

List any weapons kept in the home _____

List any type of pets in the home _____

Do you have any disabilities or special medical conditions? _____

Explain: _____

Are you currently taking a prescribed medication? _____ Doctor _____

Name of medication(s) _____

Do you have regularly scheduled appointments besides work (treatment, counseling)? _____

Explain: _____

Have you ever been treated for drug or alcohol abuse? _____ If so, when? _____

Location and reason for treatment _____

Do you have an opiate addiction and if so, would you be interested in **MAT (Medical Assisted Treatment)**.

If interested in Vivitrol, have you been free from opiates within the past 10 days? Yes No

To be eligible, you must meet with the Jail Re-entry staff for continued treatment services.

(Each individual receiving Vivitrol will need to be linked to treatment in the community if they choose to receive injections while on the Electronic Monitoring Bracelet).

EMPLOYMENT INFORMATION:

Are you self-employed (proof required)? Yes No Federal Employer # _____
(If not, please fill out employer information.)

Employer _____ Position _____

Address _____

City _____ Zip _____ County _____

Supervisors name _____ Telephone # _____

Length of employment _____ Hourly wage or salary _____

Pay period _____ Weekly work hours (days/time) _____

Does your supervisor work on site with you? _____ Does your job location vary? _____

Explain _____

Does your job take you out of the county? _____

Explain _____

Do you have transportation? _____ Explain _____

CRIMINAL INFORMATION:

Do you have any charges pending? _____ List charges & jurisdiction _____

Are you currently on probation/parole? _____ Agents name and phone # _____

Do you have, or have you ever had, any restraining orders/injunctions against you? _____

If yes, explain _____

I agree that the above information is true and accurate. Any information that I provide that misleads the monitoring officer will result in me being disqualified from the program and will result in disciplinary actions against me.

I also understand that completion of this application DOES NOT guarantee that I will be accepted to the Diversion Program.

Inmate Signature Date

Receiving Officer Date