

EMP EXIT FORM

DOC #: _____ Name: _____

Date Removed: _____ Number of Days on EMP: _____

Reason for Removal :

_____ Discharged Sentence

_____ Parole/Commutation

_____ Violation of Rule(s) List Rule(s) Violated: _____

_____ Escape

_____ Death

_____ Other Explain: _____

Initial LSI-R Score: _____ Closing LSI-R Score: _____

Initial LSI-R Change Score: _____ Closing LSI-R Change Score: _____\

Programs Attended While on EMP: _____

Programs Completed While on EMP: _____

Temporary Placement Used While on EMP: ____ Yes ____ No If yes, number of days:____

All EMP equipment returned in working order? : ____ Yes ____ No If no, explain:

All EMP equipment deactivated from the computer software: ____ Yes ____ No

Deactivate the offender from the monitoring program ____ Yes ____ No

EMP fee current upon removal? ____ Yes ____ No If no, delinquent amount: \$ ____

Officer: _____

Supervisor: _____ District: _____