Attachment K
OP-161001

ELECTRONIC MONITORING EXIT FORM

Program: GPS EMP (circle one)

ODOC # _____ Name: _____

Date Removed: _____ Number of days on program: _____

Reason for Removal: HB 2131: ____Yes____No

_____ 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 program: _____

Programs completed while on program: _____

Temporary Placement used while on program: ____ Yes ____ No
If yes, number of days: _____

Number of UA's taken:_____ Number of positive UA's:_____

All electronic monitoring equipment returned in working order? ____ Yes ____ No
If no, explain: _____

All electronic monitoring equipment deactivated from the computer software: ____ Yes
____ No

Program fee current upon removal? ____ Yes ____ No
If no, delinquent amount: $ _____

Employed while on program? _____ Yes ____ No
Comments:_____

Officer: _____

Supervisor: _____ Region: _____

(R 08/23)