

**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