



ALCOHOL MONITORING PROGRAM INSTALLATION ORDER

Jurisdiction: _____ Case #: _____ Date of Referral: _____

Client Name: _____ DOB: _____

Home Phone #: _____ Cell Phone #: _____ Other #: _____

Address: _____ City: _____ State: _____ Zip: _____

Referring Agency Special Notes or Instructions: _____

The Client is required to begin the program by _____ (date)
 Client must report in person to Smart Start at _____ (location)
 CELLULAR UNIT – DAILY DOWNLOAD **STANDARD UNIT: WEEKLY DOWNLOAD REQUIRED**
 Unit issued to Client (check box if yes) , Unit # _____ (mandatory field). Cellular unit only.
 Voucher Issued (check box if yes) , \$ _____ (mandatory field voucher box is checked).

Use default schedule of **SUNDAY - SATURDAY 5AM-8AM, 5PM-8PM, 10PM -12AM**

OR
 Use schedule specified below (please use military time). Schedule may include up to 10 test windows per day

Sunday										
Monday										
Tuesday										
Wednesday										
Thursday										
Friday										
Saturday										

Primary Authority / Officer Name: _____ E-mail: _____ Telephone: _____
 2nd Authority / Officer Name: _____ E-mail: _____ Telephone: _____
 Court # / Division: _____ E-mail: _____
 Telephone Number: _____ Other: _____

I acknowledge receipt of this order and understand that compliance is a condition of my court supervision. Smart Start will not provide me any data from this system, all data and information will be transmitted to the monitoring authority. I understand that I must pay Smart Start for any fees or charges associated with this program and that failure to pay may result in my removal from this program.

Client's Signature (type name and date if digitally submitted): _____

Please Email or Fax This Order to: 1-866-867-3731

Smart Start Colorado Administration: 3000 Youngfield Street, Suite 388, Lakewood, CO 80215 (303) 279-3318

WWW.SMARTSTARTCO.COM

FORM: Arapahoe Pretrial IN-HOM INSTALLATION | REV. 08-1-13