



STATE OF ALASKA
DEPARTMENT OF CORRECTIONS

Electronic Monitoring Weekly Report Form

Today's Date: Probation Officer:
Offender Name: Offender #:
Land Line Phone: Cell: DOB:
Residence Address:
City/State: Zip Code: Changed? Yes No
Mailing Address: Zip Code: Changed? Yes No
Names of Those Living In The Residence (Relationship/Ages):

Employer/School/Training:
Address: Phone:
Hrs/Schedule?

Any Police Contacts Last Week? Yes No If Yes, Please Explain:

Any Equipment Issues Last Week? Yes No If Yes, Please Explain:

Do You Own/Drive A Vehicle: Yes No Identification/Driver's License #
Make/Model/Year/Color: License Plate:
Registered Owner: Insurance Carrier:

Money Received: Money Spent:
Your Pay from Wages/Salary: EM Payment:
Unemployment Compensation: Restitution:
Other: Fines :

If You Are Ordered To Participate In Any Of The Following Programs, Check Which Ones:

Substance Abuse Treatment ; Number of Meetings Since Last Report
AA Meetings ; Number of Meetings Since Last Report
Mental Health ; Number of Meetings Since Last Report
Other: ; Number of Meetings Since Last Report
Community Work Service ; Number of Hours Since Last Report

Comments: Are you having any particular problems? Have you changed address, phone number, employment, roommates, marital status? Do you have plans to change any of these in the immediate future?

This Weekly Report Is True and Correct To The Best Of My Knowledge:

EM Offender Printed Name: Signature: