

Court Order for Alcohol Monitoring

Defendant's Name: _____

SPN/Booking # _____ Pretrial ___ Sentenced

Case # _____

Charge: _____

Address: _____

Phone: (H) _____ Cell _____

Device: ___ SCRAM ___ SCRAM w/house arrest
___ Soberlink ___ Random Breath Testing

Please check all that apply: ___ No restrictions ___ Curfew ___ House Arrest

Areas of Inclusion: ___ County ___ Judicial District ___ Other (specify below)

Hours: _____

Exceptions: ___ Work ___ School ___ Treatment ___ Religious activities

___ Case related probation/court ordered programs ___ Attorney ___ Court date

___ Other _____

___ Areas of exclusion (specify below):

Party/Parties to be notified of violations contact information: Phone/email

By Order of Judge _____

Name

Date

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