

**HOUSE ARREST REQUEST**

Date: \_\_\_\_\_ Court/Municipality & PO: \_\_\_\_\_

Defendant's Name: \_\_\_\_\_ DOB: \_\_\_\_\_

Charge: \_\_\_\_\_ Case No. \_\_\_\_\_

Phone # Defendant can be Contacted: \_\_\_\_\_

House Arrest to be done @ \_\_\_\_\_  
City, \_\_\_\_\_ State, \_\_\_\_\_ Zip, \_\_\_\_\_

Defendant owes Past House Arrest Fees: **NO** \_\_\_\_\_ **YES** \_\_\_\_\_ \$ \_\_\_\_\_ Confirmed by: \_\_\_\_\_

**Start Date:** \_\_\_\_\_ **Time:** \_\_\_\_\_

Defendant to Complete: \_\_\_\_\_ Days

Review Date or Completion Date: \_\_\_\_\_

**Judge Request:** Monitor \_\_\_\_\_ GPS \_\_\_\_\_ SCRAM ONLY \_\_\_\_\_ SCRAM W/ HA \_\_\_\_\_

**\*\* All defendants starting the House Arrest program will be required to submit the \$140 money order upon intake or be denied. Defendants are required to keep a House Arrest balance lower than \$200.00 or a Motion to Revoke House Arrest will be filed.**

**Defendant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Court Official Witness** \_\_\_\_\_ **Date:** \_\_\_\_\_

**\*\*Be advised that use of alcohol and illegal substances pending House Arrest is prohibited. You will be tested upon intake at Johnson County Community Corrections. Positive tests may result in the denial of House Arrest privileges and incarceration in the Johnson County Adult Detention Center.** \_\_\_\_\_ INITIALS

**\*\* All Defendant's that are set to start House Arrest must find their own transportation to the House Arrest Office immediately upon jail release or as directed by the court** \_\_\_\_\_ INITIALS

**Defendant Started House Arrest on** \_\_\_\_\_

**HA Officer** \_\_\_\_\_