This form must be sent to the EMS provider, probation service and the home police force.

A copy of the prisoner's licence must be sent as soon as possible on the day of release. All accompanying documentation should be sent to the probation service.

| 1. Prison details   |            |
|---|------------|
| a. Prison   |            |
| b. Address  |            |
| c. Contact name   |            |
| d. Telephone  |            |
| e. Email  |            |
|   |            |
| 2. Prisoner details   |            |
| a. HDC release date   |            |
| b. Name   |            |
| c. D.O.B  |            |
| d. NOMIS ID   |            |
| e. PNC ID   |            |
| f. Gender   |            |
| g. Conditional release date   |            |
| h. Is an interpreter required? (If yes,   |            |
| provide the language)   |            |
|   |            |
|   |            |
|   |            |
| 2. Type of electronic monitoring year   | rrium al   |
| 3. Type of electronic monitoring req<br>Please confirm all that apply and provi |            |
| Curfew Monitoring (Yes/No)  | End date:  |
| Exclusion(s) Monitoring   | End date:  |
| (Yes/No)  | 2.13 33.07 |
| Trail Monitoring (Yes/No)   | End date:  |
| This involves monitoring an   |            |
| offender's movements to   |            |
| support discussions with their  |            |
| offender manager about lifestyle  |            |
| and behaviours  | Fod data:  |
| Other monitoring requirement (Yes/No)   | End date:  |
| (165/110)   |            |
|   |            |
| 4. Curfew details   |            |
| a. Curfew address   |            |
|   |            |
|   |            |
|   |            |
|   |            |
|   |            |

| b. Telephone   |                       |         |                        |                      |  |
|--|-----------------------|---------|------------------------|----------------------|--|
| c. Mobile  |                       |         |                        |                      |  |
| d. Second curfew a   | ddress (if required)  |         |                        |                      |  |
| e. Second telephon   | e (if required)       |         |                        |                      |  |
| f. Name of main occ  | cupier                |         |                        |                      |  |
| g. Responsible adult (required for children under 18 released on HDC)  |                       |         |                        |                      |  |
| 5. Curfew times  Provide the curfew times the offender must remain at the address. Use the additional columns if the offender is to have multiple curfew periods on the same day |                       |         |                        |                      |  |
|  | Time from             | Time to | Split curfew only from | Split curfew only to |  |
| Daily  |                       |         |                        |                      |  |
| Monday   |                       |         |                        |                      |  |
| Tuesday  |                       |         |                        |                      |  |
| Wednesday  |                       |         |                        |                      |  |
| Thursday   |                       |         |                        |                      |  |
| Friday   |                       |         |                        |                      |  |
| Saturday   |                       |         |                        |                      |  |
| Sunday   |                       |         |                        |                      |  |
|  |                       | •       | •                      |                      |  |
| Curfew hours on  |                       |         |                        |                      |  |
| day of release   |                       |         |                        |                      |  |
| HDC End Date:  |                       |         |                        |                      |  |
| 6. Exclusion conditions to be electronically monitored  Provide details of any exclusion conditions that are to be electronically monitored                                      |                       |         |                        |                      |  |
| a. Is there an exclusion zone requirement? (Yes/No)  |                       |         |                        |                      |  |
| ,  | xclusion zone(s) atta | ched    |                        |                      |  |
| to this form? (Yes/No)   |                       |         |                        |                      |  |

|                                       | clusion zone(s) fully ection reference if the Port draw the zone(s)) | al                  |   |
|---------------------------------------|--|---------------------|---|
|                                       |  |                     |   |
|                                       |  |                     |   |
| (Yes/No)                              | n(s) in place 24/7?  |                     |   |
| e. If the answer ab                   | ove is no, provide the tim   | es when the exclus  | sion(s) should be monitored   |
| Exclusion zone                        | Time from  | Time to             | Days of the week  |
|                                       |  |                     |   |
|                                       |  |                     |   |
|                                       |  |                     |   |
|                                       |  |                     |   |
|                                       |  |                     |   |
|                                       |  |                     |   |
|                                       |  |                     |   |
|                                       |  |                     |   |
|                                       |  |                     |   |
|                                       |  |                     |   |
|                                       |  |                     |   |
| about a subject's v                   | _<br>g licence condition enable<br>vhereabouts. The offende          | r is mandated to we | ers to request retrospective information<br>ear the tag at all times for the purpose of |
| their movements b                     | eing recorded and review   | red.                |   |
| a. Is trail monitorin<br>(Yes/No)     |  |                     |   |
| Describe trail monitoring requirement |  |                     |   |
|                                       |  |                     |   |
|                                       |  |                     |   |
|                                       |  |                     |   |
| 8. Other electroni                    | c monitoring requireme   | nts                 |   |
| a. Are there any oth                  | ner electronic   |                     |   |
| · ·                                   | nents e.g. attendance,   |                     |   |
| inclusion zones? (Yes/No)             |  |                     |   |

| b. Describe requireme  | nt to be monitored    |        |    |                  |  |  |  |
|--|-----------------------|--------|----|------------------|--|--|--|
| Other Monitoring Requirement   | Time from             | Time   | to | Days of the week |  |  |  |
| Requirement  |                       |        |    |                  |  |  |  |
|  |                       |        |    |                  |  |  |  |
|  |                       |        |    |                  |  |  |  |
|  |                       |        |    |                  |  |  |  |
|  |                       |        |    |                  |  |  |  |
|  |                       |        |    |                  |  |  |  |
| Is there any additional information about the offender that the electronic monitoring provider should consider?  For example is the offender blind, partially sighted, deaf, hard of hearing, has learning difficulties or any condition that may affect the fitting of the tag such as a prosthetic leg.  Please provide further details or indicate that no additional information is relevant.  Is there any additional information to suggest that the offender presents a risk of harm or verbal abuse to the electronic monitoring provider's staff? |                       |        |    |                  |  |  |  |
| Please provide further details or indicate that no additional information is relevant.   |                       |        |    |                  |  |  |  |
|  |                       |        |    |                  |  |  |  |
| 12. Community offen  | der manager detail    | s      |    |                  |  |  |  |
| a. Community offende   |                       |        |    |                  |  |  |  |
| b. Contact number c. Breach notification   | email or functional m | ailbox |    |                  |  |  |  |
| d. Probation service   |                       |        |    |                  |  |  |  |