|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **This form must be sent to the EMS provider (**[**LPAdmin@ems.co.uk.cjsm.net**](mailto:LPAdmin@ems.co.uk.cjsm.net)**), probation provider and the home police force.**  **A copy of the prisoner’s new licence must accompany the submission of this form.** | | | | | | | | | |
|  |  |  |  |  | |  | |  |  |
| **1. Prisoner details** | | | | | | | | | |
| a. HDC release date |  | | | | | | | | |
| b. Name |  | | | | | | | | |
| c. D.O.B |  | | | | | | | | |
| d. NOMIS ID |  | | | | | | | | |
| e. PNC ID |  | | | | | | | | |
| f. Is the prisoner partaking in the Acquisitive Crime project with a mandatory trail monitoring condition? (Yes/No) | | | | |  | | | | |
|  |  |  |  |  | |  | |  |  |
| **2. Curfew details** | | | | | | | | | |
| a. Curfew address |  | | | | | | | | |
| b. Second curfew address (if required) |  | | | | | | | | |
|  | | | | | | | | | |
| **3. Details of the changes to the licence** | | | | | | | | | |
| a. Please provide details of the changes made to the offender’s licence conditions |  | | | | | | | | |
| b. Are the changes permanent or temporary? |  | | | | | | | | |
| c. Date the changes come into effect |  | | | | | | | | |
| d. End date of the changes |  | | | | | | | | |
|  | | | | | | | | | |
| **4. Risk information** | | | | | | | | | |
| a. Has anything changed with regards to additional information that suggests the offender presents a risk of harm or verbal abuse to the electronic monitoring provider’s staff? (Yes/No) | | | | | | |  | | |
| b. Please provide further details |  | | | | | | | | |

Signed:

Date: