

# NEW HAMPSHIRE DOC ENROLLMENT FORM



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Probation  Parole  AHC

**ACTION REQUESTED**

- Patrol RF Landline Enrollment
- Patrol RF Cellular Enrollment
- Alcohol Enrollment
- Passive GPS Enrollment
- Hybrid GPS Enrollment
- Active GPS Enrollment
- Schedule Change
- Address/Phone Change
- End of Service

**PARTICIPANT INFORMATION**

Officer:		District:	
Monitoring Start Date: / /		Monitoring End Date: / /	
Last Name:		First Name:	
Middle Name:			
Case #:	DOB: / /	Gender <input type="checkbox"/> M <input type="checkbox"/> F	SS: - -
Home Address:		Apt #	City: Zip Code
***Equipment Phone # ( ) -		Cell Phone # ( ) -	
Secondary Contact Name #:		Relationship:	Phone Number:

**PARTICIPANT SCHEDULE**

Choose One:  Permanent  Temporary (Must include dates)

	MON	TUES	WED	THUR	FRI	SAT	SUN
<b>DATES:</b>							
<b>Out:</b>							
<b>In:</b>							
<b>Out:</b>							
<b>In:</b>							

**SPECIAL INSTRUCTIONS**

**\*\*FOR SENTINEL USE ONLY\*\***

PHMU#	PTX#	BR#	GPS Device:
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