

TRITON ELECTRIC HOME MONITORING APPLICATION

DEFENDANT

First:		Middle:		Last:	
Date of Birth:		SSN:		Home Phone:	
Current address:				Cell Phone:	
City:		State:	Zip:	Email:	
Height:	Weight:	Hair:	Eyes:	Race:	
Drivers Lic#:			State Issued:		
List your prescribed medications:					
Have you been convicted of sex or violent crimes? Yes No What and when?					

EMPLOYMENT

Current Employer:		Phone:
Employer Address:		How long?
City:	State:	Zip:
Position:		

EMERGENCY CONTACT

Name:		
Address:		Phone:
City:	State:	ZIP Code:
Relationship:		

SPOUSE / ROOMMATE

Name:	Phone:
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COURT INFORMATION

Court:	Case Number:	Fax Number:
Attorney:	Att Number:	Att Fax:

REFERENCES

Name:	Phone:	Relationship:
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For Triton Group only

Unit Number:	Length of rental:	Anticipated Cost:
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ANY FALSE INFORMATION ON THIS APPLICATION WILL BE FORWARDED TO THE COURT HEARING YOUR CASE AND YOU WILL BE INSTANTLY TERMINATED FROM THE PROGRAM, NO EXCEPTIONS AT ALL.

Signature of applicant:	Date:
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THE TRITON GROUP INC.