VIGILNET™
Referral Form

Client Name: _____
Last, First, Middle Initial

DOB: _____ Gender (circle one) Male Female

Case Number: _____ Offense: _____

Preferred Install Date: _____ End Date: _____ or TBD/pre-trial

Supervising Officer/Deputy: _____

EM Type: (circle one) GPS 1-Piece GPS 2-Piece

SCRAM SCRAM+RF/Curfew

PERMITTED ACTIVITIES

☐ Employment ☐ School ☐ Treatment ☐ AA/NA Meetings
☐ Grocery shopping ☐ Laundry ☐ Medical appointments ☐ Legal
☐ Other: _____

☐ Recommended schedule ☐ House arrest no schedule to leave

DAY	LEAVE	RETURN	LEAVE	RETURN	LEAVE	RETURN	LEAVE	RETURN
SUN								
MON								
TUES								
WED								
THUR								
FRI								
SAT								

Additional Restrictions/Comments: _____

_____

Exclusion Zone Information: _____

_____

Financial/Subsidy Comments: _____

_____

Please email this form to referrals@vigilnetamerica.com

Or Fax to:
Portland office fax 503-274-9424
Omaha office fax 402-502-1354