

ORDER FOR HOUSE ARREST

CASE # _____

Date: _____ Charge: _____ DOB: _____

Name: _____ Phone: _____

Address: _____

Emergency Contact: _____ Phone: _____

Defendant owes Past House Arrest Fees: NO ___ YES ___ \$ _____ Confirmed by: _____

House Arrest ordered: in lieu of jail sentence as condition of probation as condition of bond

to start on: _____, _____ at _____ am / pm

for: _____ Days / Hours. Court Date for HA Review: _____

Other Court Orders: _____

**** All defendants starting the House Arrest program are required to pay \$140 by money order or credit/debit card upon intake or be denied. Defendants are required to keep a House Arrest balance lower than \$200.00 or a Motion to Revoke House Arrest will be filed.**

Defendant Signature: _____ Date: _____

Judge's Signature: _____ Date: _____

****Be advised that use of alcohol and illegal substances pending House Arrest is prohibited. You will be tested upon intake at Johnson County Community Corrections. Positive tests will result in the denial of House Arrest privileges and you will be referred back to Court. _____ INITIALS**

****All defendants in jail who are ordered to start House Arrest must find their own transportation directly to the House Arrest Office immediately upon release from jail. _____ INITIALS**

****All Defendants on House Arrest are required to submit to drug/alcohol testing by urinalysis at AverHealth at your own cost (\$16 per test). If you take any prescription drugs, you must bring any prescription(s) and pill bottle(s) to intake. _____ INITIALS**

Court Orders: House Arrest only Alcohol Monitoring only House Arrest + Alcohol Monitor

House Arrest Start Date: _____ Balance Still Owed: \$ _____

HA Officer _____ Successfully completed? Yes No