**Home Electronic Monitoring**

**Referral Form**

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **DATE** | |  | | | **Referral Type** | | | **Diversion** | | **CSU Referral** | | |
|  | | | | | | | | | | | | |
| **Client** | | | | | | | | | | | | |
| **Name** |  | | | | | **DOB** |  | | **DJJ#** | |  | |
| **Address** |  | | | | | | | | | | | |
| **Parents** |  | | | | | | | | **Phone #** | | |  |
| **Email** |  | | | | | | | | | | | |
|  | | | |  | | | | |  | | | |
| **Offense(s)** | | |  | | | | | | | | | |
|  | | | |  | | | | | | | | |
| **Referring Probation Officer** | | | |  | | | | | | | | |

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
|  | | | | |
|  | **Home Electronic Monitoring** | | | |
| The above-named juvenile agrees to be placed on the HEM/Home Confinement Program:  as an alternative to placement in secure detention; or  as an intermediate sanction in lieu of a violation of probation/parole charge.  as an alternative to court action as agreed in the diversion plan  to provide closer supervision pending the next court appearance  By signing this form, you agree to follow the rules of the HEM Program until your next court hearing or until it is amended by your probation or intake officer, not to exceed 45 days from this date.  **FAILURE TO COMPLY WITH HEM MAY RESULT IN TERMINATION AND POSSIBLE RETURN TO COURT.** | | | | |
| Juvenile Signature | |  | **Date** |  |
| Parent Signature | |  | **Date** |  |
| Probation Officer Signature | |  | **Date** |  |

Report for placement/removal of equipment:

**New River Valley Juvenile Detention**

**650 Wades Lane, Christiansburg, VA 24073**

**540-381-0097 540-382-1667 (fax)**

hem@nrvjdh.org