

FRANKLIN COUNTY PROBATION DEPARTMENT

House Arrest/Electronic Monitoring Program

Approved Furlough Schedule

PARTICIPANT NAME _____

ADDRESS _____

This schedule is effective through the following dates

		THUR	FRI	SAT	SUN	MON	TUE	WED
Reason(s) for leaving home:								
times	Leave home:							
	Return home:							
Reason(s) for leaving home:								
times	Leave home:							
	Return home:							
Reason(s) for leaving home:								
times	Leave home:							
	Return home:							
Reason(s) for leaving home:								
times	Leave home:							
	Return home:							

Under each day, insert leave and return times(including travel time)and reasons for leaving your approved residence.

I hereby agree to comply with these approved leave and return times as listed above. I understand that failure to comply with this schedule is a violation of the Electronic Monitoring/House Arrest Program. I agree that these are the only times and reasons I am permitted to leave my approved residence.

Signature: _____ **Date:** _____

Probation/Parole Officer: _____ **Date:** _____

IMPORTANT THINGS TO DO BEFORE NEXT REPORT:

1. _____
2. _____
3. _____

YOU MUST REPORT IN PERSON: Every **THURSDAY** between **8:30 AM** and **4:00 PM**, unless otherwise instructed in writing.
 [rev 4-98][12-98][3-01][5-02][10-04][2-05][6-05][8-05][8-08]