STATE OF VERMONT

SUPERIOR COURT Unit

CRIMINAL DIVISION	
Docket No	

STATE OF VERMONT V	7.	Defendant's Name	DOB

APPLICATION FOR HOME DETENTION PROGRAM

	Charges: Defendant is charged with the formula Docket No.		Offense				
ว	On, Defenda						
۷.	☐ Held pending payment of \$		a Annoaranco Rond in	the amount of \$			
	☐ Held pending payment of \$						
3.	Defendant has been detained at a correct lack of bail. Defendant is currently unable	•	•				
4.		refendant was approved for the Home Detention Program, he/she agrees to reside at the following address: eet & Apt. #, if any					
	Town/City		State:	Zip:			
5.	The owner(s) of the residence is:						
6.	The owner(s) or property manager's pl	hone number is: _					
7.	The residents of this household are:						
8.	The Defendant's contact number at the						
9.	If other than Defendant, the owner of the permit electronic surveillance equipment	• •		ence at the home and will			
10.	. Telephone coverage is required. Defer the residence, or the residence must h		ain a cell phone that i	s able to receive calls at			

11. If approved for the program, Defendant requests that the court	approve his/her absence from the home for the							
following purposes:								
 Court appearances for these proceedings (no transport 								
Employment at:								
☐ Treatment Appointments at:								
☐ Medical Appointments at:								
☐ Attorney Appointments at:								
\square Educational Services operated by the Department of Co	orrections. **							
☐ Other approved absences:								
**All persons under the custody of the Commissioner of Corrections who are under 23 years of age and have not received a high school diploma shall participate in the education program unless exempted by the								
Commissioner per Title 28 VSA 120								
<u></u>								
12. If approved for the program, Defendant is willing to comply with his/her conditions of release, the								
standard conditions for the Home Detention Program and any other conditions the court may order.								
13. If approved for the program, Defendant will be financially r	•							
electronic monitoring equipment that is assigned to him/her by the Department of Corrections.								
Dated								
Sign	nature of Applicant							
	• •							
cc: State's Attorney								

cc: State's Attorney
Defense Attorney
Department of Corrections