



RECOVERY MONITORING SOLUTIONS PERSONAL DATA FORM

For Office Use Only

NEW CLIENT EXTENSION OR REGRANTED SENTENCE

CLIENT CASE# _____

_____ Website Referral Entered _____ Payment Received

_____ Copy of ID _____ _____ Uploaded to iTRAX

_____ Given Hour Log Sheet _____ Referring Agent Notified

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Judicial District: _____

UPS Hours Ordered: _____

Completion Deadline: _____

Fee Amount: \$ _____

DATE: _____

LAST NAME: _____ FIRST NAME: _____ MIDDLE NAME: _____

ADDRESS: _____ APT # _____

CITY: _____ STATE: _____ ZIP: _____

HOME PHONE: _____ CELL PHONE: _____ EMAIL: _____

DATE OF BIRTH: _____ AGE: _____ SEX (Select): M F Other

EMERGENCY CONTACT:

1) _____ RELATIONSHIP: _____ PHONE: _____

JUDGE: _____ COUNTY: _____ COURT DIVISION #: _____

CASE # _____ TERMINATION DATE: _____

PROBATION OFFICER NAME: _____ EMAIL: _____

CURRENT CHARGE/OFFENSE: _____

PLEASE LIST ANY SKILLS OR INTERESTS:

PLEASE LIST ANY PHYSICAL LIMITATIONS:

HOW MANY HOURS AT A TIME ARE YOU COMFORTABLE WITH STANDING? _____

CAN YOU LIFT HEAVY ITEMS? YES NO DO YOU HAVE A VALID DRIVER'S LICENSE? YES NO

ANY SUGGESTIONS OR REQUESTS FOR WHERE YOU WOULD LIKE TO COMPLETE YOUR UPS?

PARTICIPANT SIGNATURE: _____ DATE: _____

By signing this document, I acknowledge that all the information that I provided is accurate and true.



USEFUL PUBLIC SERVICE AGREEMENT

1) You MUST choose a Non-profit or Government organization to complete your hours at.

2) The cost of the program is as follows:

- 1-16 hours\$75.00
17 + hours..... \$120.00
Juvenile Case.... \$75.00
Extension Fee.....\$50.00

The fee must be paid prior to placement. No clients are placed without payment.

3) You can choose an agency that is not specifically on our list. However, the agency MUST be approved by RMS and the fee still applies.

4) Completed hours are due on the day specified by Court or the Case Manager with NO exceptions. If an extension is needed it MUST be cleared by the RMS case manager NOT, the agency that you choose to complete your work at. Extensions will not be granted for cases that are scheduled to return to Court for sentencing.

5) It is the client's responsibility to return verified hours to RMS before the scheduled due date.

6) If you are injured while on a job site, RMS will not be responsible for your medical care.

7) Release. As a material consideration for being permitted by RMS, to participate in their management system, I hereby agree on behalf of myself, my heirs, personal or legal representatives or any other person or legal representatives or any other person and or entity claiming through me to indemnify and hold RMS, its owners or employees harmless from any and all damage, injury or death however caused which occurs during and after my period of management. I forever release RMS, its owners, employees and any of its affiliated organizations from any and all liability arising out of or connected in any way to my participation in their offender management. Further, I release RMS from any and all liability to the extent that RMS monitors any Useful Public Service imposed by Court sentence, and that my participation in any such Useful Public Service is voluntary and affords RMS the protections enumerated in section 16-11-701 C.R.S. as amended.

Client initial _____

8) Knowing and Voluntary Execution. I have carefully read this agreement and fully understand its contents. I am aware that this is a binding release of liability in favor of RMS, and/or its owners, employees or affiliated organizations. I sign this release of my own free will.

Client initial: _____

9) Verification that you completed _____ Hours are due back to RMS by 4pm on _____.

I have read the above information and have had all Rules explained to me by RMS staff. I understand that failure to follow any of these Rules may result in a revocation and my return to Court. Repeated refusal to meet these, or any other requirements, may result in my return to Court.

Signature

Date

RMS Staff

Date