



GPS ENROLLMENT

WASPC: 800-457-6221 (M-F 8a-5p)

ATTENTI After hours: 888-858-9938

WASPC Fax: 800-890-2578

Office _____ Date _____

Enrollment Tracking start date: _____ Tracking end date: _____
 Removal due to: Successful Abscond Technical violation Arrest/new crime

Reason for enrollment: _____

Select one:

LRA/Civil Commitment Extraordinary Medical Placement Enhanced supervision for Sex Offenders
 DV/Victim Issues FOSA/CPA Graduated Reentry Rapid Reentry

Previously enrolled: Yes No Unknown

Technology requested: RF curfew monitor Active GPS Passive GPS

MTD: New Bracelet: New Base unit: New

Last name _____ First name _____ MI _____ DOC number _____
Phone number: _____ No phone, set base unit to OCS New
Address _____ City _____ State _____ Zip _____
Date of birth: _____ M F X Race: _____

SUPERVISING OFFICERS			
PRI	ALT	Name	Phone
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		
<input type="checkbox"/>	<input type="checkbox"/>		

OFFENSE (Check all that apply)
 Murder Assault Robbery Sex Crimes Property
 DV Traffic Drugs Noncompliance Other: _____

CURFEW SCHEDULE							
	Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
Leave home time							
Return home time							
Leave home time							
Return home time							

Create home inclusion zone-radius: _____ choose
Zone will use home curfew time. Default radius is 600 feet, minimum 300 feet.

Additional comments: _____

**WASPC PROVIDES DATA ENTRY ON NORMAL WEEKDAYS (M-F) 8-5
IF CHANGES ARE MADE TO THIS SCHEDULE, AGENCIES WILL BE NOTIFIED IN ADVANCE**

Name _____ Signature _____ Date _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.