

Monroe County Justice Programs

112 South Court Street, Room 1008

Sparta, WI 54656

Phone: 608-269-8835

Fax: 608-269-8894

Email: jbonds@co.monroe.wi.us



EMP or Bond Monitoring Request Form

Last Name:		First:		M.I.	
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Today's Date:		<i>Date Received by Staff and put in Supervisor's bin:</i>	
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Contact Info (for notification of approval/denial)

Phone Number:	
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Email:	
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Requirements

1. Requests must be submitted **48 hours in advance** of the date of request (*24 hours in an emergency*).
2. All appointments and meetings require **proof** of scheduling, attending, etc.

Description of Request

When	Date:	Leave Time:	AM	PM
		Return Time:	AM	PM
What	Activity: (use additional form if more space is needed)			
Where	Address/Location:			
Who	(if involving other individuals, list names & ages)			

Please do not write below this line. Staff use only

Supervisor	Approved_____ Denied_____ Pending (need proof)_____	Date:	
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Place in EMP bin for staff to complete:

Staff	Contact client to inform of status (Email or Phone)	Initials		Date:	
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Staff	Enter request on website if approved	Initials		Date:	
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