



Referral Form

Continuous Alcohol Monitoring, LLC, A SCRAM Systems NC Master Partner

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Offender Information Pretrial Sentencing Date: _____

Name: _____ Phone: _____

Address: _____

Charges: _____ Case Number: _____

To Enroll By: _____ Program Length/Completion Date: _____

Court: _____ Judge: _____

Violations Reported to (name/email/phone): _____

SUPERVISION SERVICES

- SCRAM Continuous Alcohol Monitoring (CAM) \$XX/wk (\$XX Admin fee) **48 tests/day**
- SCRAM (CAM) Alcohol Monitoring w/ **House Arrest** \$XX/wk (\$XX Admin fee) *landline required*
- SCRAM Remote Breath: \$XX/wk (\$XX Admin Fee) **Frequency: ___x/day (default = 3; can schedule up to 6)**
- House Arrest - Radio Frequency (RF) \$X/day (\$XX Admin fee) *landline required*
- House Arrest – Radio Frequency (RF) \$XX/day (\$XX Admin) **cellular** – *no landline required*
- House Arrest – Radio Frequency (RF) \$XX/day (\$XX Admin) **internet** – *no landline required*
- House Arrest – GPS Satellite Position \$XX/day (\$XX Admin) – *no landline required*

Movement allowed for House Arrest: NONE-Lockdown **OR** Work Treatment
 Medical Appt Legal Appt Religious Functions All Other _____
All House Arrest Movement verified

- GPS Bracelet Tracking \$XX/day (\$XX Admin fee) Order with restrictions is preferred
- GPS Bracelet Tracking (passive) \$XX/day (\$XX Admin fee) Order with restrictions is preferred
- Drug Patch (10-14 days) Cocaine, Opiates, Amphetamines, PCP, THC - \$XX/patch (\$XX Admin fee)

