



# GPS ENROLLMENT

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

ATTENTI After hours: 888-858-9938

WASPC Email: [cosstaff@waspc.org](mailto:cosstaff@waspc.org)

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: <input type="checkbox"/> New	Bracelet: <input type="checkbox"/> New	Base unit: <input type="checkbox"/> New
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Last name	First name	MI	DOC number
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Phone number:     No phone, set base unit to OCS     New

Address	City	State	Zip
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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)				
<input type="checkbox"/> Murder	<input type="checkbox"/> Assault	<input type="checkbox"/> Robbery	<input type="checkbox"/> Sex Crimes	<input type="checkbox"/> Property
<input type="checkbox"/> DV	<input type="checkbox"/> Traffic	<input type="checkbox"/> Drugs	<input type="checkbox"/> Noncompliance	<input type="checkbox"/> 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.

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