PASSES MUST BE SUBMITTED 24 HOURS PRIOR TO REQUEST

ELECTRONIC MONITOR PASS
SIXTH DIVISION CIRCUIT COURT 11-W
301 EAST 2ND AVE
PINE BLUFF, AR 71601

JV# **JUVENILE NAME** **DOB** **SSN**

ADDRESS **CITY** **STATE** **ZIP CODE**

PHONE NUMBER: _____

PROBATION: _____ **FINS:** _____ **CONDITIONAL RELEASE:** _____

DATE PLACED ON PROBATION/FINS/CONDITIONAL RELEASE: _____

PARENT/GUARDIAN: _____ **ADDRESS:** _____

PHONE NUMBER: _____

DRUG TEST DATE: _____ **RESULTS:** _____ **GIVEN BY:** _____

REASON: _____

DATE/TIME: BEGIN: _____ **DATE/TIME: END:** _____

LOCATION: _____
ADDRESS **CITY** **STATE** **ZIP CODE**

PROBATION/INTAKE OFFICER: _____ **DATE:** _____

I understand that my child must be with me at all times while on the monitor pass at the approved time and location requested. I/we understand that we must follow all rules of probation or conditional release while on a pass. Failure to do so could result in a pickup order being issued for the Juvenile or a parent/legal guardian being placed in a county jail.

Juvenile Signature **Parent/Guardian Signature**

SUPERVISOR APPROVAL: _____ _____
JUAWANA JACKSON **ERIC WALDEN**
CHIEF JUVENILE OFFICER **ASSISTANT CHIEF JUVENILE OFFICER**

SUPERVISOR APPROVAL: _____ _____
JEFFREY BILLINGSLEY **EARNEST INGRAM**
SENIOR JUVENILE SUPERVISOR **INTAKE SUPERVISOR**

APPROVED: _____ **DENIED:** _____