

RETURN TO:
Maryland Commission on Correctional Standards
Department of Public Safety and Correctional Services
6776 Reisterstown Road, Suite 304
Baltimore, Maryland 21215-2314

MARYLAND DEPARTMENT OF PUBLIC SAFETY AND CORRECTIONAL SERVICES

Commission on Correctional Standards

Private Home Detention Monitoring Agency
Application for New Monitors

Private Monitoring Agency's Name: _____

Applicant's Name: _____

Section A: Agency Information

Provide the information requested about the private home detention monitoring agency on the spaces below. If more than two branch offices, list the requested information on a separate sheet, in the same format as below, and attach to the application form.

1) Principal Office Address: _____

2) Office Telephone (business hours): _____

3) Business Days and Hours: _____

4) 1st Branch Office Address: _____

4a) Office Telephone (business hours): _____

4b) Business Days and Hours: _____

5) 2nd Branch Office Address: _____

5a) Office Telephone (business hours): _____

5b) Business Days and Hours: _____

6) Telephone or Pager Number (nonbusiness hours): _____

Section B: Monitor information:

List the requested information for each monitor employed or to be employed by the monitoring agency. If the monitoring agency employs more than four monitors, list the requested information on a separate sheet and attach to the application form.

1) Name: _____

Permanent Address: _____

Date of Birth: _____ Social Security No.: _____

Has the monitor ever been convicted of any violation of the law other than a minor traffic offense? Yes___ No___ If yes, give date, place of conviction, charge and disposition of each case: _____

2) Name: _____

Permanent Address: _____

Date of Birth: _____ Social Security No.: _____

Has the monitor ever been convicted of any violation of the law other than a minor traffic offense? Yes___ No___ If yes, give date, place of conviction, charge and disposition of each case: _____

3) Name: _____

Permanent Address: _____

Date of Birth: _____ Social Security No.: _____

Has the monitor ever been convicted of any violation of the law other than a minor traffic offense? Yes___ No___ If yes, give date, place of conviction, charge and disposition of each case: _____

4) Name: _____

Permanent Address: _____

Date of Birth: _____ Social Security No.: _____

Has the monitor ever been convicted of any violation of the law other than a minor traffic offense? Yes___ No___ If yes, give date, place of conviction, charge and disposition of each case: _____

5) Name: _____

Permanent Address: _____

Date of Birth: _____ Social Security No.: _____

Has the monitor ever been convicted of any violation of the law other than a minor traffic offense? Yes___ No___ If yes, give date, place of conviction, charge and disposition of each case: _____

Section C: Statement made under oath

This section is to be read and signed by the applicant and witnessed by a notary public. If the applicant is an individual, that individual shall sign the application under oath. If the applicant is a corporation, partnership, business trust, limited liability company or other entity, each partner, director, officer or trustee must read and sign under oath as an applicant.

Note: Please be advised that willfully making a false statement on the application is a misdemeanor, subject to a fine or imprisonment or both, as provided under § 20-710 of the Business Occupations and Professions Article.

I do hereby declare and affirm under the penalties of perjury that the contents of this application are true and correct to the best of my knowledge, information and belief and I so indicate by signing below in the designated space. I agree to supply any additional information requested. False information will be sufficient grounds for denial of the application and/or criminal prosecution.

Applicant's signature: _____

Date: _____

Applicant's signature: _____

Date: _____

Applicant's signature: _____

Date: _____

Applicant's signature: _____

Date: _____

For Use of Notary Public Only

Subscribed and sworn to before me this _____ day of _____, _____

Notary Signature: _____

My Commission Expires on _____ (Seal)