



New or Update Participant Eligibility Request - Alternative Electronic Monitoring Indigency Fund



Please complete all the items to identify your company, information about the participant, information about the case and court order, and upload supporting documents.

- Once completed and submitted, you will receive verification of certification or a request to resubmit incomplete or additional information.

By completing the form below, you certify the primary criteria for eligibility should be documented on the support you upload and submit to our office for eligibility review.

Device Information

Offense Date: *	<input type="text" value="MM/DD/YYYY"/>	Affidavit of Indigency Order Date: *	<input type="text" value="MM/DD/YYYY"/>
Device Order Date: *	<input type="text" value="MM/DD/YYYY"/>	Affidavit of Indigency Term End Date:	<input type="text" value="MM/DD/YYYY"/>
Court: *	<input type="text" value="- None Selected -"/>	Amount Offender is required to pay:	<input type="text"/>
Device Type *	<input type="text"/>	Amount to be paid by AEMIF: *	<input type="text"/>
Length of time ordered to wear / use the device: *	<input type="text"/>	Other Information:	<input type="text"/>
Case / Docket Number *	<input type="text"/>		

Provider Information

"Provider" is the local entity that is court ordered to provide electronic monitoring to the participant.

Provider Name: *	<input type="text"/>	Primary Contact Name *	<input type="text" value="LN, FN, MI"/>
Address 1: *	<input type="text"/>	Primary Contact Email *	<input type="text"/>
Address 2:	<input type="text"/>	Primary Contact Phone *	<input type="text"/>
City: *	<input type="text"/>	ext	<input type="text"/>
State: *	<input type="text"/>		
Postal Code: *	<input type="text"/>		
Is the correspondence address same as above? *	<input type="radio"/> Yes <input type="radio"/> No		

If no, please provide an alternate address below.

Participant Information

Participant Name *	<input type="text" value="LN, FN, MI"/>	Drivers License Number:	<input type="text"/>
Participant Birth Date: *	<input type="text" value="MM/DD/YYYY"/>	Drivers License State:	<input type="text"/>

Certification Information

! You are required to certify that your agency has provided accurate information and that you believe the participant meets the general criteria for the use of the device required in the court order including, but not limited to, the following items needed for Alternative Electronic Monitoring Indigency Fund assistance.

- To confirm, answer the following question:

Does this submission involve a transdermal device, GPS, transdermal drug patch, or other alcohol monitoring device that is ordered by a judge?*

Yes No

This serves as your signature for the certification above.

Provider Signature: *

Date Signed ⓘ *

Upload Supporting Documentation

! The following is a list of the **required documents** for an Electronic Monitoring Indigency Fund participant eligibility request: **All required documents must be completed and signed by the presiding Judge.**

- **Signed Affidavit of Indigency**
- **Signed Court Order** – ordering transdermal, GPS, drug patch, or hand-held device.

Once complete, email form and supporting documents to aemif@rutherfordcountyttn.gov.