REFERRAL FORM

Email form to **InfoMI@SmartStartInc.com** or fax form to (586) 954-3461. **Please have defendant call (888) 234-0198 to schedule an appointment.**

Defendant Name _____ Case # _____

Address _____ Phone _____

D.O.B. _____/_____/_____ Vehicle Yr/Make/Model _____

Court Contact _____ Court _____

Court Contact Email _____

Condition of: ☐ Bond ☐ Probation ☐ Other: _____

Please confirm service(s) being ordered:

GPS Services

☐ Smart Tag Tether

☐ Check-In App

Alcohol Monitoring

☐ AlcoTag Tether
☐ Activate GPS Monitoring

☐ SmartMobile - Basic

☐ SmartMobile - Cellular

Ignition Interlock

☐ IID w/ Camera
☐ Add Daily Testing
☐ Add Cellular Modem

Vehicle Monitoring

☐ Vehicle Immobilization

The Defendant must start program by: _____/_____/20_____ Program Length: _____

If using a non-cellular device, how often must the defendant have the device downloaded?

☐ Weekly ☐ Bi-weekly ☐ Monthly ☐ Bi-monthly

Special Instructions / Comments:

Daily Breath Test Times

IID Instructions: For required PBTs on Interlock, specify up to two daily test windows:

1st: _____ to _____ 2nd: _____ to _____

SmartMobile and Check-In Instructions: Devices allow up to 10 test windows daily, set as either random or known to the defendant. For random test windows, complete test times after the defendant signs, marking each with an 'R.'

Note: If no test window(s) identified below, the device will be programmed with our standard default times

Monday-Sunday: 5am-8am, 5pm-8pm, & 10pm-12am

If windows change daily, please list schedule below:

Defendant Signature: _____ Date:_____