

## Electronic Home Monitoring Program Sentinel Reporting Form

<b>NAME:</b>	Hudson, Miles	<b>COURT:</b>	1003
<b>INMATE/CASE NUMBER:</b>	4240002153, 424000362	<b>NEXT COURT DATE:</b>	08/19/2024
<b>OFFENSE:</b>	Domestic Violence	<b>NO. OF DAYS ORDERED:</b>	Pretrial
<b>ENROLLMENT DATE:</b>	08/16/2024	<b>EXP. COMPLETION DATE:</b>	
<b>COMPLETION DATE:</b>			

*Please check Program Type	Sentencing Type
<input checked="" type="checkbox"/> Participant ordered to EHM	<input checked="" type="checkbox"/> Pre-Adjudication
<input type="checkbox"/> Participant ordered to SCRAM	<input type="checkbox"/> Post-Adjudication
<input type="checkbox"/> Participant ordered to SCRAM and EHM	
<input type="checkbox"/> Participant ordered to BART	
<input type="checkbox"/> Participant ordered to BART and EHM	
<input type="checkbox"/> Participant ordered to GPS	

*Please check Report Type	
<input checked="" type="checkbox"/> Enrollment Notice (Case event 283)	<input type="checkbox"/> Termination Notice (Case event 294)
<input type="checkbox"/> Violation Report (Case event 284)	<input type="checkbox"/> Unsuccessful Completion (Case event 297)
<input type="checkbox"/> Completion Notice (Case event 285)	<input type="checkbox"/> Abscond Notice (Case event 293)
<input type="checkbox"/> Failure to Enroll (Case event 291)	
<input type="checkbox"/> Status Report (Case event 292)	

### Comments

On 08/16/2024 Mr. Hudson enrolled for his pretrial EHM obligation.

I declare under penalty of perjury under the laws of the State of Washington that the preceding is true and correct.

Julia Burnham

CASE MANAGER NAME (Print)



CASE MANAGER SIGNATURE

08/16/2024

DATE

08/16/2024

SUBMITTED AT:

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