



ATTORNEY INFORMATION FORM

Dear Attorney:

Thank you for your interest in ADL Monitoring of Maryland, LLC. We are a privately owned and operated home detention and electronic monitoring agency serving Maryland. We provide both pre-trial and post-trial monitoring services utilizing GPS, alcohol monitoring (SCRAM CAM), and drug testing technologies.

Our office can evaluate your client prior to their court date and provide an Acceptance Letter confirming approval into the program.

PROGRAM REQUIREMENTS:

- Client must have a stable residence.
- A landline may be required depending on monitoring type.
- Client must maintain communication with the monitoring agency.
- Client must have the ability to pay program fees.

REQUIRED DOCUMENTATION:

- Valid photo ID
- Proof of residence
- Recent phone bill (if applicable)

- Employment information
- Signed court order

ATTORNEY / CLIENT INFORMATION

Client Name: _____

Date of Birth: _____

Case Number: _____

Court / Jurisdiction: _____

Judge: _____

Attorney Name: _____

Law Firm: _____

Phone: _____

Email: _____

Client Status: ☐ In Custody ☐ Released ☐ Pending

Requested Monitoring Type:

☐ GPS ☐ Alcohol ☐ Drug Testing ☐ Home Detention ☐ Other: _____

Attorney Signature: _____

Date: _____