



COURT-APPROVED RESIDENCE CONSENT FORM

Participant Information

Participant Name: _____

Case Number: _____

Date: _____

Residence Information

Residence Address:

City: _____ State: _____ ZIP: _____

Leaseholder/Property Owner Information

Please identify the individual(s) who legally own or lease the residence.

☐ Property Owner

☐ Leaseholder/Tenant

Name: _____

Relationship to Participant: _____

Phone Number: _____

Email Address: _____

Residence Occupants

List all individuals currently residing at the court-approved residence, including the participant.

Name	Date of Birth	Relationship to Participant
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Residence Verification

Please indicate whether documentation supporting legal occupancy has been reviewed.

☐ Lease Agreement Reviewed

☐ Mortgage/Property Ownership Documentation Reviewed

☐ Other Supporting Documentation Reviewed (Specify): _____

Date Reviewed: _____

Reviewed By: _____

Consent and Acknowledgment

I, _____, certify that I am the legal owner, leaseholder, or authorized occupant of the residence identified above.

I acknowledge that _____ (Participant Name) has requested permission to reside at this address as part of a court-approved residence requirement and/or participation in a supervision, monitoring, or home detention program.

I voluntarily grant permission for the participant to reside at this address. I understand that:

1. The participant may be subject to court-ordered supervision, monitoring, home detention, curfew enforcement, or related program requirements.
2. Monitoring equipment may be installed and maintained at the residence when authorized and required.
3. Authorized representatives of ADL Monitoring Solutions, supervising agencies, or other authorized governmental entities may contact me regarding residence verification and compliance matters.
4. I agree to notify ADL Monitoring Solutions immediately if:

- The participant no longer resides at this address;
- I withdraw my consent for the participant to reside at this address; or
- There are significant changes in residence occupancy or ownership.

I affirm that the information provided on this form is true and accurate to the best of my knowledge.

Signatures

Property Owner / Leaseholder / Authorized Occupant

Signature: _____

Printed Name: _____

Date: _____

Participant

Signature: _____

Printed Name: _____

Date: _____

ADL Monitoring Solutions Representative

Signature: _____

Printed Name: _____

Date: _____

Office Use Only

Residence Approved: ☐ Yes ☐ No

Approval Date: _____

Approved By: _____

Notes:
