



Johnson County Department of Corrections

House Arrest 141 Mission Parkway - New Century, KS 66031
Phone (913) 829-2227 Fax (913) 829-0038

HOUSE ARREST REQUEST

Date: _____ Court/Municipality: _____

Defendant's Name: _____ DOB: _____

Charge: _____ Case No. _____

Phone # Defendant can be Contacted: _____

House Arrest to be done @ _____

City, _____ State, _____ Zip, _____

Defendant owes House Arrest Fees: **NO** ___ **YES** ___ \$ _____ Confirmed by: _____

Start Date: _____ **Time:** _____

Defendant to Complete: _____ Days

Review Date or Completion Date: _____

Judge Request : Monitor _____ GPS _____

****Defendants serving 10 days or less on House Arrest will be required to submit the \$140 money order upon intake or be denied. Defendants are required to keep a House Arrest balance lower than \$200.00 or a Motion to Revoke House Arrest will be filed.**

Defendant Signature: _____ **Date:** _____

Court Official Witness _____ **Date:** _____

Defendant Started House Arrest on _____

HA Officer _____