

District of New Jersey
HOME CONFINEMENT LOG

PRINT NAME: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

MONTH: _____

	Time Left Home	Time Returned Home	Reason
SUN	_____	_____	_____
Date	_____	_____	_____
//	_____	_____	_____
MON	_____	_____	_____
Date	_____	_____	_____
//	_____	_____	_____
TUES	_____	_____	_____
Date	_____	_____	_____
//	_____	_____	_____
WED	_____	_____	_____
Date	_____	_____	_____
//	_____	_____	_____
THUR	_____	_____	_____
Date	_____	_____	_____
//	_____	_____	_____
FRI	_____	_____	_____
Date	_____	_____	_____
//	_____	_____	_____
SAT	_____	_____	_____
Date	_____	_____	_____
//	_____	_____	_____

This log reflects **one week's activities to be kept daily** and available for review. It is to be mailed on the first of each month to the Home Confinement Specialist and on the day following the last day of confinement.

I certify that the information contained on this form is complete, accurate, and truthful.