#### **SCHEDULE**

### SCHEDULE 11

### PART I

## NOTICE OF CURFEW ORDER WITH AN ELECTRONIC MONITORING REQUIREMENT

# NOTICE OF CURFEW ORDER MADE UNDER SECTION 35 OF THE CRIME (SENTENCES) ACT 1997 OR SECTIONS 37 AND 36B OF THE POWERS OF CRIMINAL COURTS (SENTENCING) ACT 2000

This form is to be faxed to the Monitoring Contractor on the day the Order is made. Please make sure the correct contractor for your area is faxed, attach a copy of the original Order and make sure that all information required is completed—otherwise the form will be returned by the contractor. Where another community order has been imposed, ensure that the same documentation is also faxed to the supervising probation service or Youth Offending Team on the day the Order is made. Pages 1 and 2 of the form should be copied to the offender.

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From: Court Name and full address				Crown □ Magistrates □ Youth □ (✓)				
			Court Code:					
					rt reference l	No:		
Notification:	First [.]	Revised [		Var	iation 🗌 (	/)		
Offences in respect of	of which a cu	ırfew order h	as bee	n mad	e			
3				4				
5				6				
				_				
To: Surname:				Fore	names:			
Date of birth:				Age	:	Male [	Female	□ (✓)
You have been made the subject of a curfew order for the dates and times stated below:								below:
You must keep a cur	few for		month	is/wec	ks (delete as	appropriate)	):	
Start Date	Start Date Start Time			End Date			End Time	
You will be electro curfew. This mean							ou are keep	ing to your
1st Curfew Address:				Telephone Number including STD code that could be used for electronic monitoring purposes (the line must not be used for any other facilities such				
Postcode:							ernet access):	es such
Leave blank (office use only)								
at the times and on the days listed below:								
	Mon	Tues	W	ed	Thurs	Fri	Sat	Sun
From								
То								
From								
То								
Total No. of hours								

Page 1

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You are also required to stay at the following	g address (this	section of	applicable o	only	where an
offender is curfewed to two addresses):					

2nd Curfew Address: (if appropriate)  Postcode:	Telephone Number including STD code that could be used for electronic monitoring purposes (the line must not be used for any other facilities such as answerphone, faxes or internet access):
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### at the times and on the days listed below:

	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From							
То							
From							
То							
Total No. of hours							

The Court has said that you can leave your place of curfew during your curfew period for the reasons listed and at the times listed below:

Var	riation Reason	From Date and Time	To Date and Time
1			
2			
3			

Warning—If you do not stay at the place you should be at during your curfew you may be brought back to Court. This means that the Court may then:

- · Punish you for that failure as well as making you finish this order; or
- Pass a different sentence for the original offence(s).

Offender Acknowledgement of the Order

- . I am bound to comply with the curfew order and I understand the curfew hours given.
- The court has explained to me the conditions of the order, and what will happen if I do not comply with the order.
- My address(es) and the telephone number(s) to be used for monitoring purposes are as shown above.
- · I understand monitoring officers will visit me after sentencing during curfew periods.
- Where I am not the bill payer, or the property is rented, I understand the bill payer or landlord may be approached regarding the use of the telephone line and the electricity supply for electronic monitoring purposes.

Signed by the offender:	Parent/Guardian responsibility (if applicable) I understand the terms and conditions of the curfew order.  Signed:  Print full name:		
Clerk of the Court (Name)	Clerk of the Court (Signed):	Date:	

### Notice of Curfew Order made under section 35 of the Crime (Sentences) Act 1997 or sections 37 and 36B of the Powers of Criminal Courts (Sentencing) Act 2000

### ADMINISTRATIVE USE ONLY

Is it a combined order? Yes □ No □ (✓)									
If <u>yes</u> , please state other community sentence(s) imposed:									
Please state name of super									
Probation Service ☐ Youth Offending Team ☐ (✓)									
Office			Fax	No:					
Was an interpreter required	d in court	?	Yes		No □ (✔)				
If yes, please state which Is	anguage:								
Does the offender have any	y special	needs?	Yes		No □ (✔)				
If yes, please give a brief d	lescriptio	n							
Was a PSR prepared before	e sentenc	ing?	Yes	L]	No □ ( <b>✓</b> )				
Was a curfew assessment p	prepared	before sentencing	? Yes		No □ (✔)				
Is there a telephone line all	ready at t	he address(es)	Yes		No □ ( <b>✓</b> )				
Sentencer(s) Name(s):									
lesten	- h [	□ Director Ind	(Mi-t-						
Judge U Justice of the	Peace L	. District Judg	ge (Magisti	rate s C	ourt) □ (✔)				
Form prepared by (Name):			Signature	e:					
		i							
Return Court Phone No: Date:									
NOTIFICATION TO CONTRACTOR: CONTACT DETAILS									
Region	or	Tele	ephone No:	Fax No:					
London & Eastern		Premier Moni Services I		080	080 965124	08700 700321			
Midlands & Wales		Premier Moni Services I		080	080 152369	08700 700321			
Northern Securicor Custodia Services Ltd				080	00 137291	0161 876 5331			

Reliance Secure Task

Management Ltd

Southern

08080 100120

01793 438342