

Status: This is the original version (as it was originally made). This item of legislation is currently only available in its original format.

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 <input type="checkbox"/> Magistrates <input type="checkbox"/> Youth <input checked="" type="checkbox"/>
	Court Code:
	Court reference No:
Notification: First <input type="checkbox"/> Revised <input type="checkbox"/> Variation <input checked="" type="checkbox"/>	
Offences in respect of which a curfew order has been made	
1	2
3	4
5	6

To: Surname:	Forenames:	
Date of birth:	Age:	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

You have been made the subject of a curfew order for the dates and times stated below:

You must keep a curfew for _____ months/weeks (delete as appropriate):			
Start Date	Start Time	End Date	End Time

You will be electronically monitored so that the court can be sure that you are keeping to your curfew. This means that you must stay at the place specified below:

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 as answerphone, faxes or internet access):
Postcode:	
Leave blank (office use only)	

at the times and on the days listed below:

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

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

2nd Curfew Address: (<i>if appropriate</i>) 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							
To							
From							
To							
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:

Variation 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).

<p><i>Offender Acknowledgement of the Order</i></p> <ul style="list-style-type: none"> ● 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.
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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:

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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 <input type="checkbox"/> No <input checked="" type="checkbox"/> (✓)	
If <u>yes</u> , please state other community sentence(s) imposed:	
Please state name of supervising officer:	
Probation Service <input type="checkbox"/> Youth Offending Team <input checked="" type="checkbox"/> (✓)	
Office	Fax No:
Was an interpreter required in court? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (✓)	
If yes, please state which language:	
Does the offender have any special needs? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (✓)	
If yes, please give a brief description	
Was a PSR prepared before sentencing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (✓)	
Was a curfew assessment prepared before sentencing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (✓)	
Is there a telephone line already at the address(es) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (✓)	

Sentencer(s) Name(s):	
Judge <input type="checkbox"/> Justice of the Peace <input type="checkbox"/> District Judge (Magistrate's Court) <input checked="" type="checkbox"/> (✓)	
Form prepared by (Name):	Signature:
Return Court Phone No:	Date:

NOTIFICATION TO CONTRACTOR: CONTACT DETAILS

Region	(✓)	Contractor	Telephone No:	Fax No:
London & Eastern	<input type="checkbox"/>	Premier Monitoring Services Ltd	08080 965124	08700 700321
Midlands & Wales	<input type="checkbox"/>	Premier Monitoring Services Ltd	08080 152369	08700 700321
Northern	<input type="checkbox"/>	Securicor Custodial Services Ltd	0800 137291	0161 876 5331
Southern	<input type="checkbox"/>	Reliance Secure Task Management Ltd	08080 100120	01793 438342

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PART II

NOTICE OF COMMUNITY REHABILITATION ORDER WITH CURFEW AND ELECTRONIC MONITORING REQUIREMENTS

NOTICE OF COMMUNITY REHABILITATION ORDER MADE UNDER SECTION 41 OF AND PARAGRAPH 7 OF SCHEDULE 2 TO 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 <input type="checkbox"/> Magistrates <input type="checkbox"/> Youth <input checked="" type="checkbox"/>
	Court Code:
	Court reference No:
Notification: First <input type="checkbox"/> Revised <input type="checkbox"/> Variation <input checked="" type="checkbox"/>	
Offences in respect of which community rehabilitation order has been made	
1	2
3	4
5	6

To: Surname:	Forenames:	
Date of birth:	Age:	Male <input type="checkbox"/> Female <input checked="" type="checkbox"/>

You have been made the subject of a curfew requirement as part of your community rehabilitation order for the dates and times stated below:

You must keep a curfew for _____ months/weeks (delete as appropriate):			
Start Date	Start Time	End Date	End Time

You will be electronically monitored so that the court can be sure that you are keeping to your curfew. This means that you must stay at the place specified below:

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 as answerphone, faxes or internet access):
Postcode:	
Leave blank (office use only)	

at the times and on the days listed below:

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

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

2nd Curfew Address: (<i>if appropriate</i>) 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							
To							
From							
To							
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:

	Variation 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).

<p><i>Offender Acknowledgement of the Order</i></p> <ul style="list-style-type: none"> ● I am bound to comply with the curfew requirement included in my community rehabilitation 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.
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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:

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Notice of community rehabilitation order with curfew and monitoring requirements made under section 41 of and paragraph 7 of Schedule 2 to the Powers of Criminal Courts (Sentencing) Act 2000

ADMINISTRATIVE USE ONLY

Is it a combined order? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (✓)	
If <u>yes</u> , please state other community sentence(s) imposed:	
Please state name of supervising officer:	
Probation Service <input type="checkbox"/> Youth Offending Team <input checked="" type="checkbox"/> (✓)	
Office	Fax No:
Was an interpreter required in court? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (✓)	
If yes, please state which language:	
Does the offender have any special needs? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (✓)	
If yes, please give a brief description	
Was a PSR prepared before sentencing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (✓)	
Was a curfew assessment prepared before sentencing? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (✓)	
Is there a telephone line already at the address(es) Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> (✓)	

Sentencer(s) Name(s):	
Judge <input type="checkbox"/> Justice of the Peace <input type="checkbox"/> District Judge (Magistrates' Court) <input checked="" type="checkbox"/> (✓)	
Form prepared by (Name):	Signature:
Return Court Phone No:	Date:

NOTIFICATION TO CONTRACTOR: CONTACT DETAILS

Region	(✓)	Contractor	Telephone No:	Fax No:
London & Eastern	<input type="checkbox"/>	Premier Monitoring Services Ltd	08080 965124	08700 700321
Midlands & Wales	<input type="checkbox"/>	Premier Monitoring Services Ltd	08080 152369	08700 700321
Northern	<input type="checkbox"/>	Securicor Custodial Services Ltd	0800 137291	0161 876 5331
Southern	<input type="checkbox"/>	Reliance Secure Task Management Ltd	08080 100120	01793 438342