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**Allegato 6**

**FAX RIC NDISP**

MINISTERO DELL’INTERNO

PRESIDIO PROVINCIALE: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

SISTEMA INFORMATIVO PER IL MONITORAGGIO

DI PERSONE SOTTOPOSTE AD ARRESTI DOMICILIARI

**MODULO PER LA COMUNICAZIONE**

**DEI DETENUTI SOTTOPOSTI AD ARRESTI DOMICILIARI**

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| **Nuova attivazione** |  |   | **Rettifica-Trasferimento****CUI \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  | **Cessazione** **CUI\_\_\_\_\_\_\_\_\_\_\_\_\_** |  |  |

**Dati anagrafici del detenuto**

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| **Matricola**  |  |  |  |  |  |  |  |  |  |  |  |

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| **Identificativo Fiscale**  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

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| **Cognome** |  | **Nome** |  |

 Giorno Mese Anno

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| **Sesso** | **M** |  |  **F** |  | **Data di nascita** |  |  |  | / |  |  | / |  |  |  |  |

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| **Provincia italiana di nascita/Luogo estero di nascita** |  |

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| **Comune italiano di nascita** |  |

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| **Nazione di nascita** |  |

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| **Cittadinanza** |  |

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| **Provincia italiana di residenza/Luogo estero di residenza** |  |

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| **Comune italiano di residenza** |  |

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| **Sala Operativa Competente** |  |

**Dati sull’abitazione coatta del detenuto**

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| **Proprietario Abitazione** |  |

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| **Indirizzo** |  | **Civico** |  |

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| **Fabbricato** |  | **Scala** |  | **Piano** |  | **Interno** |  |

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| **Provincia dell’abitazione** |  |

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| **Comune dell’abitazione** |  |

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| **CAP** |  |  |  |  |  | **Numero di telefono** |  |

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MINISTERO DELL’INTERNO

PRESIDIO PROVINCIALE:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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**MODULO PER LA COMUNICAZIONE**

**DEI DETENUTI SOTTOPOSTI AD ARRESTI DOMICILIARI**

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| **Matricola**  |  |  |  |  |  |  |  |  |  |  |  |

**Reato commesso**

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| **Numero Provvedimento** |  |

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| **Reato** |  |

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| **Autorità giudiziaria competente** |  |

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| **Cognome del giudice** |  | **Nome del giudice** |  |

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| **Provenienza** |  |

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| **Custodia cautelare** |  |  |  | **Detenzione** |  |

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| **Durata della pena in mesi** |  |  |  |

 Giorno Mese Anno

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| **Data di fine attivazione dispositivo** |  |  | / |  |  | / |  |  |  |  |

**Dati particolari**

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| **Dati medici** |  |
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| **Segni particolari** |  |
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| **Guida operativa** |  |
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Firma dell’Ufficiale Responsabile \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Data\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_