



MONTEREY COUNTY

PROBATION DEPARTMENT

Supervised Home Confinement

Application for Supervised Home Confinement

PURPOSE: To provide a tightly-structured, community-based, home detention program for inmates committed to a county jail that allows participants to remain employed, provide for their families, attend approved rehabilitation programs, and/or participate in other authorized activities while reducing the taxpayer's burden of the high costs associated with incarceration. Participants are tracked through the use of monitoring equipment in their own home. Offenders wear a non-removable, cellular-based tracking device that utilizes global positioning system technology to monitor their location.

HOME CONFINEMENT PROGRAM CRITERIA:

- Participant must agree to the conditions required by the program.
- Participant must have been committed to the county jail.
- Participant must be a resident of Monterey County with a verified address.

PROGRAM DISQUALIFIERS:

- Anyone who does not meet the above-noted program criteria.
- Anyone who is serving any other sentence in any jurisdiction.
- Anyone who the sentencing judge has deemed ineligible for the program.

POSSIBLE PROGRAM DISQUALIFIERS:

- Anyone authorized by the court to be released to participate in a residential drug treatment program.
- Anyone whose case was serious in nature or could pose officer safety issues (e.g., significant harm to victim(s), gang involvement, possession or use of a weapon, violence, etc.).
- Anyone who has been involved in recent sales, transportation, or manufacturing of controlled substances.
- Anyone whose crime involved significant criminal sophistication, abuse of authority, or violation of trust and confidence.
- Anyone who has been convicted of felony drunk driving with accident or injury.
- Anyone who does not possess sufficient capacity for self-control, as evidenced by his/her prior record, to enable him or her to comply with the conditions and restrictions of the program (e.g. extensive arrest history or probation violations, including court probation violations, contempt of court, etc.).
- Anyone who has a history of flight or of failures to appear/warrants.
- Anyone who has failed to successfully complete the SHC program within the last two years.
- Anyone who has open court case(s).
- Anyone who has failed to comply with reasonable rules and regulations while in custody.

20 East Alisal Street, Salinas, CA 93901 (831) 784-5799 – Fax (831) 769-0226

Monterey County Probation Department

Application for Supervised Home Confinement

A nonrefundable application fee of \$112.00 is due when the application is submitted. Daily program fees are based on a sliding scale in accordance with 1208.2 PC or other applicable statutes. Programs requiring additional monitoring equipment may include additional daily fees. If you are under the age of 21, no fees will be collected (SB190). Any false answers may result in a denial of your application.

Personal Information

Name: _____ Date of Birth: _____

Address: _____ License or ID#: _____

City: _____ Zip: _____ Phone: Cell/Home _____

Mailing Address: _____

Social Security #: _____ Height _____ Weight _____ Sex: Male / Female

Ethnicity: _____ Eyes _____ Hair _____ Scars _____

Tattoos _____

Marital Status: **Single** **Married** **Domestic Partner** **Divorced** **Widowed**

Social Information

Who lives with you? (List Names, Ages, Date of Birth, Driver License / ID# and Relationship)

Name	Age	DOB	DL/ID#	Relationship

Emergency Contact

Name _____ Phone # _____

Applicant Name: _____
Address _____ Relationship _____

Court Status

Case(s) #: _____

Date Sentenced: _____ Sentence: _____ Credits: _____

Currently in Jail: Yes No Booking #: _____

Attorney: _____ Phone #: _____

Any other pending cases? Yes No Case #: _____

Any other pending sentences in another county? Yes No Where? _____

Do you have an arrest record? Yes No Is this a Domestic Violence case? Yes No

If case has victim - did you know victim? Yes No Live with victim? Yes No

Victim's name(s): _____

Anyone on probation/parole at your residence? Yes No Name: _____

Employment/School

Primary Employment/School: _____

Job Title: _____ Supervisor: _____ Phone: _____

Address: _____

Secondary Employment/School: _____

Job Title: _____ Supervisor: _____ Phone: _____

Address: _____

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

If not working: Unemployed Retired Disabled

Income \$: _____ per Hour Month Other Income: _____ \$ _____

Include all salary, retirement, disability, investment and social security income

Must include proof of income with application (pay stub, tax return, etc.)

Method of Travel

Applicant Name: _____

If applicant will drive: Valid driver's license? Yes No

If no, how get around? _____

Auto Description: _____ Plate #: _____

Auto Insurance: _____ Policy #: _____

If applicant take bus: Bus/Route #: _____

Additional Information

Under doctor care? Yes No

Please explain: _____

Taking Medications? Yes No

Please explain: _____

Is there anything else we should consider in your application?

Applicant Name: _____

FAILURE TO PROVIDE ACCURATE INFORMATION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.

I certify that all the information I have provided in this application is true to the best of my knowledge. False statements may result in denial of my application.

Participant's Signature _____ Date _____

If application was prepared by someone other than applicant:

Preparer's Signature _____ Date _____

Printed Name: _____ Relationship: _____

Contact Phone #: _____

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Office Use Only

Type of payment: Cash Money Order Cashier Check Amount paid: _____

Case #: _____