



# 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. A cellular-based radio frequency receiver is used to monitor a non-removable transmitter worn by the participant.

#### 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 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.

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

Date Received:

Office Use:	Initials
<input type="checkbox"/> WebMug	_____
<input type="checkbox"/> CLETS	_____
<input type="checkbox"/> DMV	_____
<input type="checkbox"/> CJIS (WAP)	_____
<input type="checkbox"/> NCIC	_____
<input type="checkbox"/> Data Entry/Query	_____
<input type="checkbox"/> PSI Rqstd	_____

CII #

## Monterey County Probation Department

### Supervised Home Confinement Application

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.

NAME \_\_\_\_\_ CASE # \_\_\_\_\_  
LAST FIRST MIDDLE

Other names used/aka's \_\_\_\_\_ # \_\_\_\_\_

Age \_\_\_\_\_ DOB \_\_\_\_\_ Sex \_\_\_\_\_ Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Social Security # \_\_\_\_\_ DL# \_\_\_\_\_ VALID   
 SUSPENDED

Offense(s): \_\_\_\_\_ Sentence \_\_\_\_\_ Days \_\_\_\_\_ Credits \_\_\_\_\_

SURRENDER DATE: \_\_\_\_\_ Attorney: \_\_\_\_\_

Type of Probation:  Formal  Court Probation Officer: \_\_\_\_\_

Have you previously been on Electronic Monitoring?  Yes  No If yes, indicate date(s): \_\_\_\_\_

**PERSONAL HISTORY** Cell Phone # (\_\_\_\_) \_\_\_\_\_ Home Phone # (\_\_\_\_) \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_  
CITY STATE ZIP CODE

Are you able to make and receive cell phone calls from this location?  Yes  No

In case of emergency, contact: \_\_\_\_\_ Emergency Phone# (\_\_\_\_) \_\_\_\_\_

Are you currently employed?  Yes  No

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Address \_\_\_\_\_ County \_\_\_\_\_  
CITY STATE ZIP CODE

Phone # \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

How long have you been employed by this employer? \_\_\_\_\_

Is your employer aware of your present offense?  Yes  No

Work Schedule (circle): M T W Th F Sat Sun Work Hours: \_\_\_ am/pm to \_\_\_ am/pm

Current wages earned: Monthly \$ \_\_\_\_\_ Bi-Weekly \$ \_\_\_\_\_ Hourly \$ \_\_\_\_\_

**DESCRIPTION OF OFFENSE**

Please describe the circumstances of your case(s): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you have an arrest record?  Yes  No If yes,  Adult  Juvenile

Is this a domestic violence case?  Yes  No

Did you know the victim(s)?  Yes  No Do you currently live with the victim(s)?  Yes  No

Victim's Name(s): \_\_\_\_\_

Address & Phone#: \_\_\_\_\_

Is there anyone on probation/parole living at the residence where you are planning to stay if you are accepted on Supervised Home Confinement?  Yes  No If YES, person's name: \_\_\_\_\_

Are you pending any court proceedings (open cases) and/or have you been recently arrested?  Yes  No

Are you serving a sentence on any other program or in any other county?  Yes  No

If YES to either of the above, where/what charge? \_\_\_\_\_

**HEALTH SCREENING**

Are you presently under a doctor's care for any physical or psychological condition(s)?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

Are you now taking any medications?  Yes  No If yes, please explain and list: \_\_\_\_\_  
\_\_\_\_\_

Do you use drugs or alcohol?  Yes  No What type \_\_\_\_\_

What amount \_\_\_\_\_ Date last used \_\_\_\_\_  
\_\_\_\_\_

Reason for requesting the Supervised Home Confinement program:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**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.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_