



MONTEREY COUNTY

PROBATION DEPARTMENT

Supervised Home Confinement

Application for Supervised Home Confinement (2013)

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 monitored through the use of computer technology in their own home. A verification unit is installed on the participant's telephone that monitors 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.

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

Home Monitoring Unit Installation Checklist

Land Line Requirements *(Verify with Participant)*

- No computers with modems (dial-up or DSL), fax machines, answering machines, or any other electronic devices are permitted to share the Home Monitoring Unit telephone number.
- Upon entering or re-entering your home, DO NOT use the telephone for 10 MINUTES
- Do NOT ANSWER the phone on the FIRST ring
- Do NOT UNPLUG the telephone line after installation
- Do NOT UNPLUG the power cord after installation
- Do NOT PLACE anything on top of the Home Monitoring Unit
- Do NOT MOVE the Home Monitoring Unit after installation
- Do NOT PLACE anything in front, to the side, or in back of the Home Monitoring Unit
- Do NOT HANG any pictures, mirrors, or metal signs near the Home Monitoring Unit

Signature of participant/client copy

Date

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 _____ CITY STATE ZIP CODE County _____

Mailing Address _____

In case of emergency, contact: _____ Emergency Phone# (____) _____

Are you currently employed? Yes No

Employer _____ Occupation _____

Address _____ CITY STATE ZIP CODE County _____

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 _____