

**COUNTY OF SAN BENITO
Office of
PROBATION DEPARTMENT**

400 Monterey Street
Hollister, CA 95023
(831) 636-4070
FAX (831) 636-5682

ELECTRONIC MONITORING PROGRAM PACKET

The packet of information is to be completed and returned in order to verify if the individual will be approved to be placed on the program.

Completing the application does not necessarily mean approval for the program.

**Proof of Income will be necessary at the time of the interview
(i.e. pay stub, tax return, etc.)**

KIELY SHEPPARD WILL BE INTERVIEWING YOU AT
THE ABOVE ADDRESS
ANY APPOINTMENT CHANGES, PLEASE CALL KIELY
(831) 636-4070.

YOUR HOOK-UP APPOINTMENT IS SCHEDULED FOR:

	MON.	TUES.	WED.	THURS.	FRI.
DATE:					
TIME:					

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ELECTRONIC MONITORING PROGRAM
Personal Information Application

It is necessary that you complete all of the information requested on this form.

The Home Detention Program is voluntary. To be accepted to the program, you must meet certain requirements and must agree to follow the Terms and Conditions of the program. Additionally, you will be required to pay an administrative fee based on your income.

If you need further information or have questions regarding the program, prior to your interview, please contact the Electronic Monitoring Officer at the San Benito County Probation Department.

PLEASE WRITE CLEARLY

LAST NAME: _____ FIRST: _____ MIDDLE: _____

ALIAS(ES): _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PHONE: _____ CELL#: _____

MALE: ___ FEMALE: ___ DATE OF BIRTH: _____ AGE: ___ BIRTHPLACE: _____

RACE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____ MARKS: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENSE NO.: _____
VALID? YES ___ NO ___

PERSON TO CONTACT
IN CASE OF EMERGENCY: _____ PHONE _____

HOW LONG HAVE YOU LIVED IN SAN BENITO CO.? _____

HOW LONG HAVE YOU LIVED IN CALIFORNIA? _____

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____

ARE YOU CURRENTLY ON PROBATION OR PAROLE? YES ___ NO ___ YEAR GRANTED: _____

NUMBER OF YEARS: _____ EXPIRATION DATE: _____ PROBATION OFFICER: _____

HAVE YOU PREVIOUSLY BEEN GRANTED PROBATION OR PAROLE? YES ___ NO ___

WHEN GRANTED: _____ NUMBER OF YEARS: _____ EXPIRATION DATE: _____

WAS PROBATION/PAROLE REVOKED? YES ___ NO ___ IF YES DESCRIBE REVOCATION: _____

DO YOU HAVE ANY PENDING CHARGES? _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF CRIMES IN THE PAST INCLUDING:

AS A JUVENILE? YES ___ NO ___ IF YES, COMPLETE THE FOLLOWING INFORMATION:

DATE	OFFENSE	DISPOSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE THERE BEEN ANY "WRITE UPS" OR ANY DISCIPLINARY ACTIONS TAKEN AGAINST YOU DURING YOUR CURRENT JAIL COMMITMENT OR PREVIOUS JAIL COMMITMENTS?

YES ___ NO ___ IF YES, DESCRIBE THE INCIDENTS. _____

HAVE YOU ATTENDED OR ARE YOU CURRENTLY ATTENDING ANY COUNSELING PROGRAMS? YES ___ NO ___ IF YES, PLEASE DESCRIBE (AA, NA, CHURCH, ETC.) _____

HAVE YOU BEEN INVOLVED IN THE USE/ABUSE OF ALCOHOL OR DRUGS? YES ___ NO ___ IF YES, PLEASE DESCRIBE:

ALCOHOL ___ MARIJUANA ___ AMPHETAMINE ___ BARBITUATES ___
HEROIN ___ COCAINE ___ HALLUCINAGENS ___ OTHER _____

SUBSTANCE USED	FROM	TO	HOW MUCH/HOW OFTEN
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DO YOU OWN YOUR HOME? ___ RENT? ___ LIVE WITH OTHERS? _____

DOES YOUR RESIDENCE HAVE ELECTRICITY AND A TELEPHONE? _____

AN ANSWERING MACHINE? _____ DOES IT HAVE CALL FORWARDING? _____

CALL WAITING? ___ INTERNET ___ OTHER _____

DESCRIPTION OF HOUSE OR APARTMENT _____

DIRECTIONS TO RESIDENCE/NEAREST CROSS STREET _____

MARITAL STATUS _____ SPOUSE'S NAME _____
SPOUSE'S WORK # _____
SPOUSE'S WORK ADDRESS _____

NUMBER OF PEOPLE IN RESIDENCE _____

<u>NAME</u>	<u>RELATIONSHIP</u>	<u>BIRTHDATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

ARE YOUR FAMILY MEMBERS OR OTHER INDIVIDUALS IN THE RESIDENCE WILLING TO FOLLOW THE TERMS AND CONDITIONS OF THE HOME DETENTION PROGRAM? YES ___ NO ___

ARE YOU THE MAIN FINANCIAL SUPPORT OF YOUR FAMILY OR ARE OTHER INDIVIDUALS IN YOUR RESIDENCE? YES ___ NO ___ EXPLAIN: _____

TYPE AND NUMBER OF ANIMALS IN OR AROUND YOUR RESIDENCE. CONFINE ALL ANIMALS TO ALLOW FREE ACCESS TO YOUR RESIDENCE BY THE PROBATION OFFICER/AIDE OR LAW ENFORCEMENT OFFICERS. _____

DO YOU HAVE RELATIVES LIVING IN SAN BENITO CO.? YES ___ NO ___ IF YES PLEASE PROVIDE THE FOLLOWING:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

PRESENT EMPLOYER: _____ PHONE: _____

ADDRESS: _____

WHEN STARTED: _____ MO. SALARY: _____ SUPERVISOR: _____

DOES YOUR EMPLOYER KNOW OF YOUR INCARCERATION? YES ___ NO ___

DO YOU RELY ON FRIENDS OR BUS SERVICE FOR TRANSPORTATION? YES ___ NO ___

DO YOU HAVE YOUR OWN VEHICLE FOR TRANSPORTATION? YES ___ NO ___

LICENSE PLATE NO. _____ CURRENT TAGS? YES ___ NO ___

VEHICLE MAKE _____ MODEL _____ YEAR _____ COLOR _____

LICENSE SUSPENDED OR REVOKED UNTIL: _____

ARE YOU CURRENTLY UNDER TREATMENT BY A PHYSICIAN? YES ___ NO ___

DOCTOR'S NAME _____ PHONE _____

REASON FOR TREATMENT: _____

ARE YOU CURRENTLY UNDER ANY MEDICATIONS? YES ___ NO ___ IF YES, EXPLAIN.

DO YOU TAKE ANY OVER-THE COUNTER MEDICATIONS? YES ___ NO ___ IF YES, EXPLAIN.

DO YOU HAVE ANY DRUG OR ALCOHOL USE WHICH WILL CAUSE WITHDRAWAL PROBLEMS OR IMPAIR YOUR ABILITY TO WORK? YES ___ NO ___ IF YES, EXPLAIN. _____

DO YOU HAVE ANY SIGNIFICANT HEALTH PROBLEMS, MENTAL PROBLEMS OR LIMITATIONS THAT SHOULD BE CONSIDERED REGARDING YOUR ACCEPTANCE IN THE PROGRAM OR TYPE OR WORK ASSIGNMENT? YES ___ NO ___ IF YES EXPLAIN. _____

FEMALES ONLY: ARE YOU PREGNANT? YES ___ NO ___ TAKING BIRTH CONTROL PILLS? YES ___ NO ___ HAVE YOU RECENTLY DELIVERED? YES ___ NO ___

IF YES TO ANY OF THE ABOVE, EXPLAIN. _____

WHY ARE YOU APPLYING FOR THE HOME DETENTION PROGRAM? _____

ADDITIONAL INFORMATION: _____

I HEREBY CERTIFY THAT ALL OF THE INFORMATION I HAVE GIVEN ON THIS APPLICATION IS TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT I MAY NOT BE FOUND ACCEPTABLE FOR THE PROGRAM AND MAY BE DENIED.

SIGNATURE OF APPLICANT

DATE

I, _____ HAVE RECEIVED A COPY OF THE TERMS AND CONDITIONS OF E.M.P. AND A COPY OF IN-HOME MONITORING INSTRUCTIONS.

SIGNATURE OF APPLICANT

DATE

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EMPLOYMENT INFORMATION

Employer: _____ Supervisor: _____
Address: _____ Phone #: _____
City: _____ Type of Work: _____
Work Site: _____ Work Schedule: **(Circle One)**
Rate of Pay: _____ **Weekly BiWeekly Monthly**

- a. As an authorized employer, I have agreed to employ _____, a participant of the San Benito County Electronic Monitoring Program.
- b. The Employer and Employee will provide the Probation Department with a weekly report as to the time the employee begins and ends his/her work shift each week. Please fax a signed copy of the timecard to the Department.
- c. All persons on Electronic Monitoring are in the custody of the San Benito County Jail. They are expected to report to work on time and return home in a timely manner. Any changes in his/her work schedule needs to be approved ahead of time.
- d. It is our goal to work with Employers in a manner that is flexible enough to meet their needs and our requirements.
- e. This will be the employee's set schedule for the entire time they are on the Electronic Monitoring Program.
- f. Any overtime needs to be approved by the EMP Officer, or at least called into the office, **by the Employer**, to the EMP phone line, **(831) 636-4078**, prior to employee working beyond regular scheduled hours.
- g. The employee is not to exceed a twelve (12) hour workday.

WORK SCHEDULE

	FROM		TO		FROM		TO
Monday		TO				TO	
Tuesday		TO				TO	
Wednesday		TO				TO	
Thursday		TO				TO	
Friday		TO				TO	
Saturday		TO				TO	
Sunday		TO				TO	

I _____ give my permission for the representative of the Electronic Monitoring Program to contact and receive information from my Employer.

Applicant Signature: _____ Employer Signature: _____

If you have any questions, please contact Jason Scimeca or Martha.

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ADULT ELECTRONIC MONITORING SCHEDULE

Calculate your time from when you leave your residence until you arrive back home.

This will be your set schedule until you have completed the E.M.P. program.

WORK HOURS

	FROM	TO
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

PROGRAM OR COUNSELING

FROM	TO	LOCATION

1. Supervisor/Boss must call the E.M.P. Officer in advance for over/time authorization.
2. Maximum work hours per day may not exceed twelve (12) hours.
3. Applicant must provide written verification from employer of hours worked each day and to be brought in at the end of each week.
4. All doctor or dentist appointments must be approved at least twenty-four (24) hours in advance.
5. I will not drive without a valid drivers license:
 I have a license. I do not have a valid license.
6. Transportation needs will be met by the following:
 own vehicle
 Co-worker
 Friend
 other: _____

I have reviewed, understand and agree to abide by the above conditions of release under the Electronic Monitoring Program. I also understand that failure to comply with any of the above conditions may result in my return to custody. Also, I understand that any changes in this agreement must have the PRIOR approval of the EMP Staff.

Applicant: _____ Date: _____

Probation Officer: _____

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ELECTRONIC MONITORING PROGRAM
TERMS AND CONDITIONS

I understand that my placement in the Electronic Monitoring Program is voluntary and I agree:

1. To reside at the residence located at _____, County of San Benito, California, which has an operating/non-restrictive telephone at the number (831) _____. House numbers need to be posted and visible from the street.
2. To remain in the above residence at all times except as approved by the Probation Officer; because of a life-threatening emergency; or when directed to do so by police, fire, or medical personnel. All emergencies or incidents need to be reported immediately. The probation department will require verification of such events by acquiring the proper signature, date and time spent away from residence.
3. That all other residents and I agree to grant prompt admittance and free access to my residence to the Probation Officer, Probation Aide, or enforcement officers at any hour of the day or night.
4. To confine all animals.
5. That my residence and all persons who reside therein must meet the approval of the Probation Officer, **prior** to my admission to the program.
6. That no individuals may join the household unless specifically approved by the Probation Officer **in advance**. Any visitor(s) must also be approved, at which time; a new resident waiver form needs to be signed.
7. That no social gatherings will be held at my residence.
8. Not to operate any motor vehicle unless properly licensed and covered by liability insurance.
9. Not to associate with persons deemed undesirable by the Probation Officer upon written notice from said officer.
10. That I will not have telephone or any other form of contact with any other participant(s) on this program or with current jail inmates.

11. That I and all residents of the household agree to the following:
 - a. No alcoholic beverages or non-alcoholic beer/wine in the residence or around the property.
 - b. No illegal drugs or narcotics in the residence.
 - c. No firearms or dangerous weapons in the residence, including pellet guns, B.B. guns or archery equipment.
12. To refrain from the consumption and possession of alcoholic beverages and not enter any establishment where the sale of alcoholic beverages is the primary source of income.
13. Not to use or possess controlled substances unless prescribed by a physician.
14. To notify the Probation Officer immediately of any controlled substance prescribed by a physician.
15. To submit to chemical testing in the form of blood, breath, or urine tests for the detection of alcohol/drug use, upon the request of the Probation Officer/Aide or any law enforcement officer, with the type of test at the discretion of said officer.
It will also be my responsibility to pay the cost of the tests.
16. To participate in a counseling program, as directed by the Probation Officer, and not terminate said program without permission of the counselor/therapist and the Probation Officer.
17. Not to possess or have, in my vehicle, any firearm or dangerous weapons.
18. To submit my person, vehicles, or place of residence to search and seizure, at any time of the day or night, with or without a search warrant, and with or without reasonable or probable cause by any Probation Officer/Aide or other peace officer.
19. That at all time, hereunder, I will uphold and obey the laws of the State of California, the United States, and the statutes and ordinances of all cities and localities wherein I reside.
20. That I am to provide food, shelter, clothing, or medical and dental care for myself during the period of my home detention. Under Title 22, California Code of Regulations, Sections 50273, you may not be eligible for Medi-Cal benefits.
21. To maintain an operating telephone line into my residence and to pay all expenses related to the telephone service.
22. That Electronic Monitoring equipment can be hooked up to my home phone and that my telephone is in good working condition. **(NO answering machines allowed). If you have call forwarding, call waiting, the Internet or any other phone restrictions, these need to be removed or disconnected forty-eight (48) hours prior to starting the E.M.P.** A 115-volt electrical outlet is in good working condition within six (6) feet of the phone outlet. Phone outlet is in good working order and phone jack securely fastened to the wall with no exposed wires.

23. That the Probation Officer/Aide and related personnel may enter my home to install, maintain and inspect all electronic monitoring equipment.
24. That I will not tamper with, remove, disconnect, or attempt to repair or allow anyone to tamper with or attempt to repair any electronic monitoring equipment. If it should become damaged or inoperative, report this immediately by calling the Probation Office (636-4070) or the EMP line (636-4078).
25. To report any problems with the electronic monitoring equipment that occurs after business hours or on weekends, call Juvenile Hall (636-4050).
26. That I will be held responsible for any loss, damage, or tampering that occurs to the equipment. If damage occurs, I may be removed from the program, charges filed, and restitution required.
27. To abide by all instructions of the Court, Probation Officer/Aide and representatives of the company providing the electronic monitoring equipment for the proper maintenance, care, and utilization of the equipment.
28. That the County of San Benito, its agents, and the company providing the electronic monitoring equipment are not liable for any damages incurred as a result of my wearing or tampering with the monitoring device. That the Field Monitoring Device will be kept free from water, harmful chemicals, grease and household insects and that any damages associated with my wearing or tampering with the monitoring device are a result of my own negligence.
29. To wear a tamperproof, non-removable ankle bracelet twenty-four (24) hours a day during the entire commitment to home detention.
30. To be within hearing range of the telephone, at all times, while at my residence.
31. To not utilize my telephone for extended periods of time. All other residents of my household willingly agree to abide by this condition.
32. To hang up the telephone immediately when I hear a clicking sound by the received dialer. All other residents of my household willingly agree to abide by this condition.
33. That I cannot go beyond 150 feet of the Field Monitoring Device perimeters set by the Probation Officer or a violation will be detected that is physical evidence constituting a violation of my home detention program.
34. A computer printout may be used as evidence in a court of law to prove a violation of my home detention program.
35. That the loss of a receiving signal, the receipt of a tamper signal, or the receipt of a signal indicating absence from my residence is physical evidence constituting a violation of my home detention program.

- 36. To pay the required fees as directed by the program. Payment must be in advance and in the form of a money order or cash (No personal checks will be accepted). If a person violates any of the Articles in the Terms and Conditions and is returned to the County Jail, there would be no refunds of any fees paid.
- 37. To inform the Electronic Monitoring Officer program staff of my whereabouts, at all times including working hours, if work location is changed.
- 38. That I will not cut the ankle bracelet off until midnight on the day of my release.
- 39. That I will leave the field monitoring Device plugged in until I can bring it into the Probation Department between the hours of 8:00 a.m. and 12:00 (noon), M-F.
- 40. That I will not have any type of surveillance equipment at my residence.
- 41. Is there any one living in your household that has any contagious diseases? If yes please describe. _____

- 42. **The fees need to be paid on time each week. This is your responsibility. If Martha has to remind you that your payment is past due, you will receive a verbal warning. If payment is not received after a second (2nd) warning, your E.M.P. contract may be terminated and you may be returned to County Jail.**
- 43. Any "leaves" need to be approved **at least twenty-four (24) hours in advance** between **1:00 pm and 5:00 pm**, Monday – Friday, by Martha. Call E.M.P. Direct Line at **(831) 636.4078**. any weekend "leaves" need to be approved **before 4:00 pm on the Friday of the weekend you are requesting**.

I have reviewed, understand, and agree to abide by the above Terms and Conditions of the Electronic Monitoring Program. I also understand that failure to comply with any of the above conditions may result in my immediate return to jail custody, further court action, loss of good time previously earned, or a violation of probation being filed.

Applicant Signature: _____ **Date:** _____

Resident Signature: _____ **Date:** _____

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Electronic Monitoring Program

RESIDENT WAIVER

I/we, the family, co-habitant(s) who reside with _____
Name of Applicant

have received, read, and understand the Terms and Conditions of Home Detention and Electronic Monitoring.

I/We agree to give the Electronic Monitoring Program Officials and assisting law enforcement officers, the right of search and seizure for all common and private areas of my/our residence and any of my/our vehicles on the premises.

RESIDENT SIGNATURE:

DATE:

APPLICANT SIGNATURE:

DATE:

Electronic Monitoring Officer