

**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**

**FOR TRANSFER OUT-OF-COUNTY**

**There will be a \$20.00 non-refundable application fee collected at the time of the initial interview.**

**A Transfer Fee of \$2.00 per day for each day you are on the Electronic Monitoring Program will need to be paid in advance of being transferred to another county for Courtesy Supervision.**

Request transfer to: \_\_\_\_\_ COUNTY

Not all counties accept "Out-of-County" transfers, therefore the Electronic Monitoring Program may not be offered to you.

If you are accepted into the program, it may be necessary to return to the San Benito County Superior Court to request an extension of your "Turn-In" date, as other counties may have a waiting list.

You will be given an introduction letter from the Probation Department to the County which you are requesting to transfer.

**YOU WILL NEED A LANDLINE PHONE FOR THIS PROGRAM PRIOR TO BEING ACCEPTED IN THE COUNTY YOU APPLY**

**PLEASE CALL AS SOON AS POSSIBLE**

**TO SET UP AN APPOINTMENT WITH  
KIELY SHEPPARD  
(831) 636-4070.**

**COUNTY OF SAN BENITO  
OFFICE OF  
PROBATION DEPARTMENT**

400 MONTEREY STREET  
HOLLISTER, CA 95023  
TELEPHONE (831) 636-4070  
FAX (831) 636-5682

**TRANSFER TO ANOTHER COUNTY**

**ORIENTATION/HOOK-UP PROCEDURES**

**Defendant needs to follow these procedures on the day he/she starts the Electronic Monitoring Program:**

Report to the **TRANSFER** County Probation Department at the designated appointment time.

60 days @ \$2 = \$120 Pay for Electronic Monitoring **Transfer** fees (with the correct amount) **PRIOR TO HOOK-UP (\$2.00 PER DAY)**.

Report to the San Benito County Jail before **8:00 PM** the same day of HOOK-UP to validate the commitment date.

**DATE:** \_\_\_\_\_

**CLIENT SIGNATURE:** \_\_\_\_\_

**ELECTRONIC MONITORING OFFICER:** \_\_\_\_\_

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

400 Monterey Street  
Hollister, CA 95023  
831.636.4070  
FAX 831.636.5682

**ELECTRONIC MONITORING PROGRAM**  
**IN-HOME MONITORING INSTRUCTIONS**

The following information is provided to assure proper operation of your Electronic Monitoring equipment:

- A. Unit transmits a signal every time you leave and return along with other diagnostic information.
- B. Unit Electrical cord with transformer and phone line must never be removed from the wall connection.
- C. If there is a power outage, you need to call the Probation Department and report, as soon as possible.
- D. Do not attempt to open the Monitoring unit for any reason.
- E. Never place anything on top of the unit.
- F. Do not use any liquid or spray product to clean the unit.
- G. Do not pick up or handle the unit for any reason.
- H. If unit falls or is damaged in any way, report it immediately.
- I. Do not move unit to a different room or location after installed.

**THE "ANKLE" TRANSMITTER:**

- A. Do not attempt to remove the transmitter, locking cap or tamper band.
- B. Do not pull, twist or stain the anklet.
- C. If the transmitter or tamper bank becomes damaged. Report it immediately to your supervising officer.
- D. You are provided with two (2) Velcro comfort straps. You may remove and replace the Velcro strap at your convenience. Do not put in washer or dryer. Hand wash only and air dry.

- E. Never wear the transmitter without an attaching Velcro strap.
- F. The transmitter is waterproof, there is no danger of electrical shock and you may take showers only.
- G. Do not take baths or submerge transmitter in water.
- H. Do not use a waterbed or use an electric blanket.

**APPLICANT:**

- A. Only go to locations within or outside your home you have been told are authorized.
- B. If you are assigned a schedule it must be followed exactly.
- C. If you are on "Home Confinement", you are not allowed to leave without prior authorization.
- D. If you are on a "restricted" schedule, you have exact times to leave and exact times to return. You are not allowed to leave or return except during these two (2) times periods.

**THE TELEPHONE:**

- A. You may not have extension telephone, call waiting, call forwarding, answering machines, Internet or any other services or devices connected to the phone line.
- B. The monitoring unit may seize the phone line when it transmits a signal. If you are on the phone it may cut you off for only a few moments. When it has completed transmitting your dial tone will return.
- C. If you pick up your phone while the unit is transmitting, there will be no dial tone. Hang up and try again after a few moments.
- D. The unit is programmed to dial an 800 number when it transmits a signal. No calls are charged to you.
- E. Occasionally, it may be necessary for Sentencing Alternative (Monitoring Division) to conduct a computer check of your unit. Your home will be called and the person answering will be given some instructions (Be aware that telephone conversations with Sentencing Alternatives may be recorded and you hereby acknowledge and give consent.)

**ACKNOWLEDGEMENT:**

- 1. I understand and have received a copy of these instructions.
- 2. Noncompliance of these instructions is a violation.

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Probation Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**COUNTY OF SAN BENITO**  
Office of  
**PROBATION DEPARTMENT**  
400 Monterey Street  
Hollister, CA 95023  
831.636.4070  
FAX 831.636.5682

**ELECTRONIC MONITORING PROGRAM**  
**Personal Information Application**  
**For Out-of-County Transfer**

**It is necessary that you complete all of the information requested on this form  
and turn in as soon as possible.**

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 \_\_\_\_\_

<u>SUBSTANCE USED</u>	<u>FROM</u>	<u>TO</u>	<u>HOW MUCH/HOW OFTEN</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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