



Home Detention (Electronic Monitoring)

This program allows a person to serve their sentence in the confines of their residence and allowances can be made to attend their regular employment or school. Every applicant must complete an application, supply all necessary supporting documents at least thirty (30) days prior to your surrender date.

You, your home, vehicle(s), and everyone over the age 18 that lives in the home will be subject to search at all times while on this program. There are no drugs (including Cannabis) or alcohol allowed in the home while on the program; this applies to the other people living in the home. You must have permission from Home Detention Staff to leave your home for any reason.

You are given one (1) day of credit for every day you are on the program.

The Home Detention Program may be transferable to some other counties. Out of county transfers must be turned in at least ninety (90) days before your surrender date.

In-Custody Applicants

Once you have completed your portion of the application. Send it to a friend or family to complete the remaining portion of the application. (Signatures, rental agreement, driver's license, insurance, and registration if not obtainable by yourself.)

Jail Alternatives Unit

194 E. Hackett Rd.

Modesto, Ca 95358

(209) 491-8771

Office hours: Monday-Friday
8 am- 4:00 pm

Copies needed to complete your application:

- Court Minute Order
- Terms of Probation
- Police Report
- Valid Driver's License (ID card or Passport)
- Valid Vehicle Registration
- Valid Vehicle Insurance
- Rental Agreement (Mortgage Statement, or Property Tax.)
- Business License (for self-employed individuals)
- Contractor's License (if applicable)
 - Worker's Compensation Insurance Verification.

This can be done by either of two ways:

- A copy of your employer's Worker's Compensation Insurance Policy.
- A letter from your employer typed on company letterhead with the following information:
 - 1)The name of the insurance company.
 - 2)The policy number.
 - 3)The expiration date of the policy

STANISLAUS COUNTY SHERIFF'S OFFICE
JAIL ALTERNATIVES UNIT
 HOME DETENTION APPLICATION



Jeff Dirkse
 Sheriff Coroner

PERSONAL INFORMATION

Full Name		Date of Birth				
Telephone #	Email Address		Driver's License #			
Home Address		City	ZIP			
Booking/ Stanco #	Sex	Race	Height	Weight	Hair	Eyes
Marital Status		Spouse's Name				
Spouse's Phone #		Spouse's Address (if different than Applicant Address)				

Have you ever been in the military? Yes No
 Have you ever been on a Home Detention Program before? Yes No
 If so, did you complete it successfully? Yes No

PRE-ACCEPTANCE SEARCH AUTHORIZATION RELEASE

I _____, DOB _____, am the
 (Name)

legal owner/registered tenant at:

 (Address)

As the legal owner/registered tenant(s) of the above listed property, I do hereby give my consent for the Jail Alternatives Unit staff to conduct a pre-acceptance inspection of this residence, **including but not limited to all buildings, storage areas, and vehicles**. Furthermore, I am aware that random residence inspections may be conducted with no advance notification at any time while on the program.

Signature

Date

EMERGENCY CONTACT INFORMATION

Full Name		Date of Birth
Telephone #	Email Address	Driver's License #
Home Address	City	ZIP
Relationship		

EMPLOYMENT INFORMATION

Employment status:	<input type="checkbox"/> N/A	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time			
Employer Business Name	Job Title/Occupation					
Employer Address						
Does your job require you to report to different locations?	<input type="checkbox"/> Yes	<input type="checkbox"/> No				
Work Schedule						
<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Hours:						
Supervisor's Name	Supervisor's Phone #					

SCHOOL INFORMATION

Enrollment status:	<input type="checkbox"/> N/A	<input type="checkbox"/> Full-time	<input type="checkbox"/> Part-time			
Name of School	Field of Study					
School Address						
School Schedule						
<input type="checkbox"/> Mon	<input type="checkbox"/> Tue	<input type="checkbox"/> Wed	<input type="checkbox"/> Thu	<input type="checkbox"/> Fri	<input type="checkbox"/> Sat	<input type="checkbox"/> Sun
Hours:						

TRANSPORTATION AGREEMENT

I understand by signing below and volunteering to be a driver for this applicant, my automobile will be subject to search at anytime I am transporting the applicant or while at the location of the applicant's residence.

Check box if you plan to only use public transportation

DRIVER 1 / SELF

Name			DOB
Driver's License #		License Plate #	Registration Expiration
Vehicle Year	Vehicle Make	Vehicle Model	Color
Insurance Company		Policy Number	Expiration Date
Driver Signature		Relationship to Applicant	

DRIVER 2

Name			DOB
Driver's License #		License Plate #	Registration Expiration
Vehicle Year	Vehicle Make	Vehicle Model	Color
Insurance Company		Policy Number	Expiration Date
Driver Signature		Relationship to Applicant	

Applicant Signature:

Date:

COHABITANT AGREEMENT / PERMISSION TO SEARCH

I _____ DOB _____, am applying
(Name)

for the Stanislaus County Sheriff's Office Electronic Monitoring Program. If accepted, I will be residing at:

 (Address)

I understand, as an adult age 18 or older, by signing below that my person and property at the above address is subject to search at any time of day or night without the requirement of probable cause, consent, or search warrant by Jail Alternatives staff or by any duly authorized peace officer of the State of California during my participation on the program. I agree to allow access to all and any locked door, safe, cabinet, or other locked items at the request of Jail Alternatives staff.

I also understand that the failure to allow entry into my home or any locked area of my home when requested by Jail Alternatives staff or duly authorized peace officer will result in my removal from the Electronic Monitoring Program and returned to standard incarceration.

Signature

Date

Additional Housing Information

Are there any dogs on the premises? Yes No If yes how many _____ Breed _____
 How many vehicles are on the property? _____
 Are there any minor children that live in the home? Yes No

ADDITIONAL OCCUPANTS OF RESIDENCE

Name	DOB	Relationship
Signature (18 and over)	Driver's License #	Telephone #
Prior or current military <input type="checkbox"/> Yes <input type="checkbox"/> No	Registered firearms <input type="checkbox"/> Yes <input type="checkbox"/> No	For office use only: <input type="checkbox"/> Photocopy of photo ID
Currently on community supervision with local, state, or federal agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency	Supervising Officer	Officer Phone #

Name	DOB	Relationship
Signature (18 and over)	Driver's License #	Telephone #
Prior or current military	<input type="checkbox"/> Yes <input type="checkbox"/> No	For office use only: <input type="checkbox"/> Photocopy of photo ID
Registered firearms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently on community supervision with local, state, or federal agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
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Registered firearms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
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Registered firearms	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Currently on community supervision with local, state, or federal agency? <input type="checkbox"/> Yes <input type="checkbox"/> No		
Agency	Supervising Officer	Officer Phone #

Medical Prescreening

Are you under a doctor's care for any medical or psychiatric reasons? Yes No

If yes, provide the following information:

Doctor's Name
Address
Phone Number

Are you taking any medication? Yes No

If yes, list each of the medications:

Have you ever had any of the following:

Diabetes <input type="checkbox"/> Yes <input type="checkbox"/> No	Seizures <input type="checkbox"/> Yes <input type="checkbox"/> No
High Blood Pressure <input type="checkbox"/> Yes <input type="checkbox"/> No	Psychiatric Problems <input type="checkbox"/> Yes <input type="checkbox"/> No
Tuberculosis <input type="checkbox"/> Yes <input type="checkbox"/> No	Hepatitis <input type="checkbox"/> Yes <input type="checkbox"/> No
Heart Disease <input type="checkbox"/> Yes <input type="checkbox"/> No	Venereal Disease <input type="checkbox"/> Yes <input type="checkbox"/> No
AIDS <input type="checkbox"/> Yes <input type="checkbox"/> No	Asthma <input type="checkbox"/> Yes <input type="checkbox"/> No
Emphysema <input type="checkbox"/> Yes <input type="checkbox"/> No	Cancer <input type="checkbox"/> Yes <input type="checkbox"/> No

Females only- Are you pregnant? Yes No If yes, how far along _____

Applicant Signature:

Date:

Employee Data Sheet

To Be Completed by Employer

Business/ Company Name: _____

Company Address _____

Supervisors Name: _____ Supervisors Phone Number _____

Employee's Name: _____

Hire Date: _____ Time with Company: _____ Years.

Job Title: _____ Start Time: _____ End Time: _____

Workdays: Sun Mon Tues Wed Thurs Fri Sat
(Circle appropriate days)

Does the work require travel? Yes No If yes how often? _____

Hourly Wage: \$ _____ Frequency paid: _____

It is the employer's responsibility for the following:

1. Report and tardiness and/or absences to the Jail Alternatives Office.
2. Report any alcohol or drug use immediately to the Jail Alternatives Office.
3. Notify the Jail Alternatives Office of any injury.
4. Provide employee with necessary safety equipment.
5. Allow employee time to comply with random drug and alcohol test.
6. Report any employment status changes to the Jail Alternatives Office (i.e. termination of employment)

**I agree to contact the Jail Alternatives office for any of the above terms.
Main: 209.491.8771**

I have read and agree to the above conditions and understand that any violations of these conditions by the employee will be cause for their removal from the Electronic Monitoring Program.

Employer's Printed Name and Title

Employer's Signature

Date

Inmate Agreement, Rules, and Regulations

1. I _____, understand that participation in the Electronic
(Name)
Monitoring Program is voluntary. At any time, without cause, I can be removed from the program and returned to custody to complete my sentence. This program is operated solely for the benefit of the custodial facilities. I hereby agree to comply with all municipal, county, state, and federal laws, ordinances, program rules and regulations, and orders. I further understand and agree that failure to do so can result in my removal from the program, being returned to an in-custody facility, disciplinary action, and possible criminal prosecution.

2. I agree to remain at _____ as my place of confinement,
(Address)
and/or, within the areas determined by the Jail Alternative Staff. I must request permission seventy-two (72) hours in advance of leaving the premises and must bring back any required documentation verifying these leaves if requested. Leaving a message for your deputy is not permission to leave the premises. You must have verbal permission from your deputy or the on-call deputy to leave the premises.

3. _____ I acknowledge the fact that I am considered to be in the custody of the Stanislaus County Sheriff's Department. The privilege of being on the Home Detention Program is an alternative to jail.

4. _____ I understand that I might be required to report to the Jail Alternatives office on a monthly basis. The deputy who places me on the Home Detention Program will inform me when to report to the program.

5. _____ I understand that if I have been released from a custodial facility to participate in this program, I must **REPORT IMMEDIATELY TO PROBATION** as ordered by the Stanislaus County Superior Court. I further understand that I must continue any counseling or rehabilitation programs and follow all orders of the Stanislaus County Superior Court, Probation, or Jail Alternatives.

6. _____ I understand I may be required to show proof of enrollment in court ordered class while on the program. (i.e. Domestic Violence, DUI, Parenting)

7. _____ I understand that I may be subject to provide a drug or alcohol test at any time. Failure to do so may result in being returned to custody.

8. _____ I understand if assigned a Sober Link device, or other similar device, I will complete the test within the amount of time given. Failure to do so may result in being returned to jail.

9. _____ I understand for the duration of the time I am serving my sentence on Home Detention I will maintain my residence clean and sanitary. I further understand that failure to keep my residence clean and sanitary could result in disciplinary action against me, and/or removal from the program. Also, I understand that should there be minor children living in my residence during my incarceration on Home Detention, and should my residence be determined by Jail Alternatives staff to be unfit or unhealthy for those minor children, Child Protective Services will be notified.

10. ____ I understand if I am allowed to leave my place of confinement for any reason, I am to carry a copy of these regulations with me. I will go directly to, remain at, and return directly to my place of confinement. If for any reason, I am delayed and cannot return to my place of confinement, I will notify Jail Alternative staff immediately at:

(209) 491-8771- Normal business hours are Monday-Friday 8-4 p.m.

(209) 491-8773- Emergency after hours, weekends, holidays

(Leave a detailed message: Name, date, time, nature of emergency. A deputy will return your call. Leaving a message is not authorization for you to leave.)

11. ____ I understand if I fail to return to my place of confinement within the prescribed time, or leave home without permission, I may be considered an escape and subject to arrest. I hereby waive extradition if I am apprehended outside the State of California.

12. ____ I understand that if I am stopped, have contact with, or am detained by any peace officer, I will immediately notify the officer, "I am on the Stanislaus County Sheriff's Electronic Monitoring Program." If I am involved in any type of police report or questioned, I will immediately inform Jail Alternatives staff.

13. ____ I understand if a law enforcement agency calls me on the phone numbers I provided and I divert, ignore, or do not answer the call, I can face disciplinary action up to and including being returned to jail.

14. ____ I understand if a Jail Alternative deputy calls me and orders me to come out of my house I must comply with their orders. I understand I am required to come out of my residence alone, unless otherwise instructed by Jail Alternatives staff. Noncompliance can result in disciplinary action up to and including being returned to jail and/or charged with escape.

15. ____ I understand if Jail Alternatives staff attempts to contact me by sending a message through my ankle monitor, I am obligated to respond immediately. Furthermore, I understand if I ignore the messages from my ankle monitor, I can face disciplinary action up to and including being returned to jail and/or charged with escape.

16. ____ I understand if I tamper with or attempt to circumvent any equipment placed on my person or given to me by Jail Alternative staff to be used as part of my electronic monitoring agreement, I will face disciplinary action up to and including being returned to jail and/or charged with escape. Furthermore, I understand if I cut, stretch, rip, tear, or in any way damage the strap on my ankle monitor, I will face disciplinary action up to and including being returned to jail and/or charged with escape. I also understand if I let my ankle monitor die and Jail Alternatives staff are no longer able to track my location, I will face disciplinary action up to and including being returned to jail and/or charged with escape.

17. ____ I understand that any violation recorded on electronic monitoring tracking software may result in removal from the program.
18. ____ I understand that if I am returned to jail by any law enforcement agency, I am responsible for any equipment that is left at my residence. Jail Alternatives staff are not responsible for contacting the people I reside with in order to collect the equipment. If the equipment is not returned within 5 business days I can be charged criminally with theft, and/or be charged the monetary value of the equipment that has not been returned.
19. ____ I understand unannounced visits by Jail Alternatives staff or uniformed officers to my home, work, or business are to be expected to verify my compliance with the program rules/regulations.
20. ____ I agree not to change my agreed upon transportation method without authorization from Jail Alternatives staff. If using public transportation (i.e. Taxi, Uber or Lyft) I may be required to provide proof.
21. ____ I understand that I am required to maintain a working phone at all times while participating in the Electronic Monitoring Program. If my phone is shut off, broken, lost or I change my phone number, I will immediately notify Jail Alternatives staff.
22. ____ I agree to accept financial responsibility for any and all medical or dental expenses I may have while participating in the program. I further agree to pay all fines, fees, restitutions, and all other debts including but not limited to loan indebtedness, claims or judgements. I also agree to maintain and support all legal dependents.
23. ____ I agree to submit to searches of my person, property, residence, and/or vehicle(s) registered to me or that I am in at the time. While participating in the program, Jail Alternatives Staff and any other authorized peace officer if the State of California without the requirement of probable cause, prisoner's consent or search warrant can search said locations at any time of the day or night.
24. ____ I understand I may not possess or consume any alcohol or "street drug", or possess or use any drug unless prescribed by a physician, and that any violation of this will result in my removal from the program. I agree to submit to any alcohol or drug detection at the request of Jail Alternative staff or by any duly authorized peace officer of the State of California. "Street drug" includes cannabis. A medical marijuana card is not authorization to use it.
25. ____ I agree not to own, control, or possess any firearms, ammunition, or other weapons such as knives, BB guns, air soft weapons, paintball guns, collectable weapons of any kind, or keep any pets i.e. dogs at my place of confinement, unless approved by the Jail Alternative Staff.
26. ____ I also acknowledge that I may not live with or associate with persons who in the view of Jail Alternative Staff may not project a rehabilitative attitude or who interferes with a rehabilitative environment. I will not allow people to take up residency in my place of confinement without the permission of Jail Alternative Staff.

27. _____ I agree that I am not allowed to have visitors at any time, except immediate family members (mother, father, brothers, sisters). No aunts, uncles, or cousins.

28. _____ I agree that all terms, rules, and regulations listed are not limited to myself, and apply to all persons living in the household.

By signing below, I agree that I have read, understand and agree to all rules, regulations and terms above. I also agree that any violation of these rules, regulations or terms could result in disciplinary action and/or removal from the program.

Applicant signature: _____ **Date:** _____

Deputy Witness: _____ **Date:** _____