



## STANISLAUS COUNTY SHERIFF'S DEPARTMENT JAIL ALTERNATIVES

801 11<sup>th</sup> Street, Suite 3100, Modesto, CA 95353  
Office (209) 491-8771 / Fax (209) 491-8774

### **ELECTRONIC MONITORING PROGRAM (PROGRAMA DE MONITOREO ELECTRÓNICO)**

#### **ITEMS NEEDED TO COMPLETE YOUR APPLICATION** **(ELEMENTOS NECESARIOS PARA COMPLETAR SU SOLICITUD DE)**

- \$50.00 Application Fee (\$50.00 Inscripción)  
Non-refundable, cash or money order only (No-reembolsable, dinero en efectivo o money order solamente)
- Court Minute Order (Orden de Tribunal minuto)
- Terms of Probation (Términos de libertad condicional)
- Police Report (Informe de la policía)
- Driver's License (Licencia de conducir)  
For each driver (Para cada conductor)
- Vehicle Registration (Registro de vehículo)  
For each driver (Para cada conductor)
- Vehicle Insurance (Seguro de vehículo)  
For each driver (Para cada conductor)
- Business License (Licencia de negocio)
- Contractor's License (Licencia del contratista)
- Copy of rental agreement/proof of home ownership (Copia de contrato de renta/documentos de quien le pertenece la casa)
- Worker's Compensation Insurance verification (Verificación de seguro de compensación del trabajador)  
This can be done either of two ways (Esto puede hacerse de dos maneras):
  1. A copy of your employer's Workers Compensation Insurance Policy:  
(Una copia de la póliza de seguro en compensación de su empleador los trabajadores)
  2. A Letter from your employer typed on company letterhead with the following information: (Una carta de su empleador ha escrito en papel membretado de la empresa con la siguiente información)
    - a. The name of the Insurance Company that provides the policy  
(El nombre de la compañía de seguros que proporciona la política)
    - b. The Policy number (El número de póliza)
    - c. The expiration date of the policy (La fecha de vencimiento de la póliza)

**DO NOT MAIL -YOUR APPLICATION MUST BE DELIVERED IN PERSON WITH ALL DOCUMENTATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**  
**(NO ENVÍE POR CORREO - SU APLICACIÓN DEBE ENTREGARSE EN PERSONA CON TODA LA DOCUMENTACIÓN. NO SE ACEPTARÁN SOLICITUDES INCOMPLETAS.)**

**ELECTRONIC MONITORING APPLICATION  
(PROGRAMA DE MONITOREO ELECTRÓNICO)**

**Personal Information (Información Personal):**

Name (Nombre):		Date of Birth (Fecha de Nacimiento):	
Address (Domicilio): (Street)		(City)	(Zip Code)
Telephone (Teléfono de casa):		Cellular # (Numero de celular):	
Additional # (Numero additional)		Sex (Sexo):	Race (Raza):
Height (Estatura):	Weight (Peso):	Hair (Pelo):	Eyes (Ojos):
Marital Status (Estado Civil):		Spouse's Name (Nombre de esposo(a)):	

**Employment Information (Información de Oficio):**

Name of Business (nombre de negocio):		
Type of Employment (Oficio):		
Address (Domicilio): (Street)		(City) (Zip Code)
Telephone Number (Numero de teléfono):		
Supervisor's Name (Nombre de Supervisor):		

**Emergency Contact Information (Información de Emergencia):**

Name (Nombre):	
Address (Domicilio): (Street) (City) (Zip Code)	
Home # (Numero de Casa):	Cell # (numero de Celular):
Relationship (Relación):	

**ELECTRONIC MONITORING APPLICATION  
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**TRANSPORTATION AGREEMENT  
(Acuerdo de transportación)**

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.

(Entiendo que al firmar yo seré un voluntario para transportar a este candidato. Mi automóvil estará sujeto a búsqueda en cualquier momento en que este transportando al candidato del programa y tambien si estoy en la ubicación de la residencia de los solicitantes.)

**Check Box if you plan to only use public transportation.**  
(Marque la caja si planea usar transportación público)

**1<sup>st</sup>. Driver or self (Primero conductor de caro, ó solo)**

Name (Nombre):		Date of Birth (Fecha de Nacimiento):
Driver's License # (Numero De licencia):		Expiration date (Fecha de vencimiento):
Vehicle make and Model (modelo de automobilo):		Registration expiration date (Vencimiento de registación):
License Plate# (numero de placas):	Year (ano):	Color:
Insurance Company (Aseguraza de automóvil):	Policy# (Numero de poliza):	Expiration date (Fecha de vencimiento):
<b>Driver Signature (Firma de Conductor):</b>		Relationship to Applicant (Relación de aplacante):

**2<sup>nd</sup> Driver (Segundo Conductor de caro)**

Name (Nombre):		Date of Birth (Fecha de Nacimiento):
Driver's License # (Numero De licencia):		Expiration date (Fecha de vencimiento):
Vehicle make and Model (modelo de automobilo):		Registration expiration date (Vencimiento de registación):
License Plate# (numero de placas):	Year (ano):	Color:
Insurance Company (Aseguraza de automóvil):	Policy# (Numero de poliza):	Expiration date (Fecha de vencimiento):
<b>Driver Signature (Firma de Conductor):</b>		Relationship to Applicant (Relación de aplacante):

**Applicant Signature (Firma de Aplacante):** \_\_\_\_\_

**ELECTRONIC MONITORING APPLICATION  
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**INMATE AGREEMENT, RULES AND REGULATIONS**

**Initial each rule**

1. I \_\_\_\_\_, understand that participation in the Electronic Monitoring  
(Name)  
Program is voluntary. At any time, without cause, I can be removed from the program and returned to a correctional facility 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 will result in my removal from the program, being returned to an in-custody facility, disciplinary action, and possible criminal prosecution.
2. \_\_\_ 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 Electronic Monitoring Program is an alternative to jail.
3. \_\_\_ I agree to pay the required program fees as authorized by the Board of Supervisors as a condition of remaining on the program. Furthermore, if I violate the program rules and regulations or escape, any money paid is forfeited to the County General Fund.
4. \_\_\_ I understand that I am required to report to the Jail Alternatives office on a monthly basis. The deputy who places me on the Electronic Monitoring Program will inform me of my day and time to report.
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 agree to remain at \_\_\_\_\_ as my place of  
(Address)  
confinement, and/or, within the areas determined by the Jail Alternative Staff. I must request permission 72 hours in advance of leaving the premises and must bring back any required documentation verifying these leaves.
7. \_\_\_ I agree that 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.
8. \_\_\_ 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 the Jail Alternative staff at once at:
  - (209) 491-8771 – normal business hours are Monday - Friday 8-4 p.m.
  - (209) 491-8773 – Emergency after hour's, weekends, holidays.  
(Leave a detailed message: Name, date, time, nature of emergency, where you're going)
  - (209) 491-8774 – Fax number.
9. \_\_\_ I understand if I fail to return to my place of confinement within the prescribed time, or leave home at an invalid time, I may be considered an escapee and subject to arrest. I hereby waive extradition if I am apprehended outside the State of California.

**ELECTRONIC MONITORING APPLICATION  
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10. \_\_\_ 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.
11. \_\_\_ 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.
12. \_\_\_ 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.
13. \_\_\_ 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.
14. \_\_\_ I understand if I tamper with or attempt to circumvent any equipment placed on my person or given to me by Jail Alternatives 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 other way damage the strap to 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.
15. \_\_\_ I understand that any violation recorded on electronic monitoring equipment may result in removal from the program.
16. \_\_\_ 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 is 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 for theft, and/or be charged the monetary value of the equipment that has not been returned.
17. \_\_\_ I understand unannounced visits to my home or business are to be expected by program staff or uniformed officers to verify my compliance with the program rules/regulations.
18. \_\_\_ I agree not to change my agreed upon transportation method without authorization from Jail Alternatives staff.
19. \_\_\_ 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.
20. \_\_\_ 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 and restitutions, all other just debts, loan indebtedness, and claims or judgments. I also agree to maintain and support all legal dependents.

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21. \_\_\_ I agree that once the monitoring equipment has been set-up and plugged in that I will never unplug the power supply unless instructed to do so by Jail Alternative staff, and will not damage the equipment in any way.
22. \_\_\_ I agree to submit to searches of my person, property, residence, and vehicle(s) registered to me or that I am in at the time. While participating in the program, Jail Alternative Staff and any authorized peace officer of the State of California without the requirement of probable cause, prisoner's consent or search warrant can search at any time of day or night.
23. \_\_\_ 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 my expense at the request of Jail Alternative staff or by any duly authorized peace officer of the State of California.
24. \_\_\_ 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.
25. \_\_\_ 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 persons to take up residency in my place of confinement without the permission of Jail Alternatives.
26. \_\_\_ I agree that I am not allowed to have visitors at any time. Exceptions; immediate family members only (Mom, Dad, brothers, sisters). NO aunt's, uncles or cousins.
27. \_\_\_ 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 or removal from the program.**

**Applicant signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Deputy Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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**FINANCIAL OBLIGATION AGREEMENT**

*Revised November 2016*

I, \_\_\_\_\_, as a participant in a Jail Alternatives Program, agree to the  
(Name)  
terms and conditions listed below:

1. I agree to pay the application fee as authorized by the Stanislaus County Board of Supervisors, and understand this fee will not be returned to me. This fee is for the processing of the application only, and will not be credited towards payment of Jail Alternatives daily participation fee if I am accepted into the program. It is not refundable if I am denied the program.
2. I agree to pay the daily participation fees as authorized by the Stanislaus County Board of Supervisors. ***I understand my account must always reflect one week (7 days) paid in advance.*** I further understand that payments are due each week until completion of the program. I understand and agree that it is my sole responsibility to keep the account current.
3. Upon acceptance to the program I agree to pay the first and last weeks fees in advance.

I have read and understand my financial obligations. I further understand any failure on my part to meet the above obligations will be grounds for removal from the program.

Applicant: \_\_\_\_\_  
(Signature)

**ELECTRONIC MONITORING APPLICATION  
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**COHABITANT AGREEMENT / PERMISSION TO SEARCH**

I \_\_\_\_\_, DOB \_\_\_\_\_, have applied  
(Name)

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

\_\_\_\_\_ while participating in the program.  
(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 Alternative staff or by any duly authorized peace officer of the State of California during their 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 Alternative's 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 the person being removed from the Electronic Monitoring Program and returned to standard incarceration.

**In the space below list all persons living in the household. Include each person's full name, age, and relationship to applicant. All adults 18 or older must also agree to and sign their assent to the above agreement.**

<u>Name</u>	<u>Age</u>	<u>Relationship</u>	<u>Signature if over 18</u>
1)		SELF	
2)			
3)			
4)			
5)			
6)			
7)			
8)			
9)			
10)			



**ELECTRONIC MONITORING APPLICATION  
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**MEDICAL PRESCREENING  
PANTALLA MÉDICA**

Are you under a doctor's care for medical or psychiatric reasons:  
Estás bajo un cuidado de los médicos por razones médicas o psiquiátricas:

Yes (Si) No

If yes, provide the following Information (En caso afirmativo, proporcione la siguiente información):

Doctor Name (Nombre del médico):
Address (Domicilio):
Telephone Number (Numero De Teléfono):

Are you taking any medication (¿Está tomando algún medicamento):

Yes (Si) No

If yes, list each of the of the medications (Si sí, lista de cada uno de los tipos de los medicamentos):


Do you now have or have you ever had any of the following (¿Ahora tiene o ha tenido alguna vez alguna de las siguientes):

Diabetes	Yes	No	Seizures (Convulsiones)	Yes	No
High Blood Pressure (Presión arterial alta)	Yes	No	Psychiatric Problems (Problemas psiquiátricos)	Yes	No
Tuberculosis	Yes	No	Hepatitis	Yes	No
Heart Disease (Enfermedades del corazón)	Yes	No	Venereal Disease (Enfermedades venéreas)	Yes	No
AIDS (SIDA)	Yes	No	Asthma (Asma)	Yes	No
Emphysema (Enfisema)	Yes	No	Cancer (Cáncer)	Yes	No

Females only - Are you pregnant (Las hembras sólo - está embarazada): Yes No

Applicant signature (Firma del solicitante): \_\_\_\_\_

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**PRE-ACCEPTANCE SEARCH AUTHORIZATION RELEASE**

I, \_\_\_\_\_ am the legal owner/registered tenant at:

Street Address: \_\_\_\_\_

City: \_\_\_\_\_, CA

Zip Code: \_\_\_\_\_

Phone #: \_\_\_\_\_

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 all buildings, storage areas, and vehicles.** Furthermore, I am aware that random residence inspections may be conducted with little or no advanced notification at any time while on the program.

Signed: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_

Date: \_\_\_\_\_

**ELECTRONIC MONITORING APPLICATION  
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**EMPLOYER'S AGREEMENT**

**To Be Completed By Employer**

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

**I agree to contact Jail Alternatives for any of the above terms.**

*Main: 209-491-8771*

*Fax: 209-491-8774*

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 & Title

\_\_\_\_\_  
Company Name

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Company Address

\_\_\_\_\_  
Telephone Number

\_\_\_\_\_  
Date

**ELECTRONIC MONITORING APPLICATION  
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**EMPLOYEE DATA SHEET**

**To Be Completed By Employer**

Business / Company Name: \_\_\_\_\_

Employees Name: \_\_\_\_\_

Time with Company: Years: \_\_\_\_\_, Months: \_\_\_\_\_

Occupation: \_\_\_\_\_

Job Title: \_\_\_\_\_

WORK DAYS:        SUN    MON    TUES    WEDS    THURS    FRI    SAT

(Circle appropriate days)

Start Time: \_\_\_\_\_, End Time: \_\_\_\_\_

**Base Hourly Wage:** \$ \_\_\_\_\_

PayDays: \_\_\_\_\_

Remarks: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_  
Employer's Printed Name & Title

\_\_\_\_\_  
Employer Signature

\_\_\_\_\_  
Date

**\*\* EMPLOYER, PLEASE MAKE A COPY OF THIS AGREEMENT FOR YOUR RECORDS\*\***