

# INYO COUNTY PROBATION DEPARTMENT



## ALTERNATIVE SENTENCING APPLICATION PROCEDURES

### Interviews by Appointment Only

Please allow at least 2 hours for your visit.

You must be interviewed *and* accepted onto a program prior to the turn-in date listed on your court order or you will need to report to the jail on that date. You should come back to sign up at least three weeks prior to your turn in date. Exceptions will not be made because you waited until the last minute.

Prior to your interview, please read the entire application packet, fill out page three of the application completely, and read and sign pages two and four. This should be done prior to meeting with the officer.

All program fees are payable through the Probation Office.

A non-refundable \$50.00 application fee will be required upon submission of an application to be considered for any alternative sentencing program. This is separate from your program fees. If you are unable to pay this at the time of booking, explain this to your officer.

When you meet with the officer, they will decide which program best suits your situation. The staff at the front desk cannot make this decision.



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## **ELECTRONIC MONITORING / HOUSE ARREST** **APPLICATION**

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### **ITEMS NEEDED TO COMPLETE YOUR APPLICATION**

- Application Fee – (\$50.00 -non-refundable- Cash, Check or Money Order)
- Court Minute Order(s)
- Conditions of Probation
- Copy of Restraining/Protective Order(s) (if applicable)
- Driver's License or State ID
- Vehicle Registration
- Vehicle Insurance
- Business License (if applicable)
- Contractor's License (if applicable)
- Telephone/Utility Bill Verifying Address
- Proof of Employment
- Drawing of House/Apartment Floor Plan Including All Rooms and Outbuildings

**DO NOT MAIL. YOUR APPLICATION MUST BE DELIVERED IN PERSON WITH ALL DOCUMENTATION. INCOMPLETE APPLICATIONS WILL NOT BE ACCEPTED.**



# INYO COUNTY PROBATION DEPARTMENT

## Alternative Sentencing Agreement

Defendant: \_\_\_\_\_ Case #: \_\_\_\_\_

I, \_\_\_\_\_, understand that participation on an Alternative Sentencing Programs is a privilege and that a Probation Officer will review my application and direct me into an appropriate program. Further, I understand I must comply with the following terms and conditions while participating on any form of Alternative Sentencing. I also understand a violation of any of these conditions and/or program rules may cause my removal from the program without notice. In addition, I understand that the program rules will be enforced for the duration of the program, in conjunction to any other terms and conditions of my probation grant(s).

### Alternative Sentencing Program Rules:

1. I will not violate any laws. If I receive a traffic citation or have any contact with any police agency, I will report such contact as soon as possible to the Probation Officer.
2. I will comply with any and all terms and conditions of my probation, and any directives issued by my Probation Officer. Failure to abide by any of these orders may result in my immediate removal from the program and my return to custody. It may also jeopardize further eligibility for other alternative programs.
3. I will not possess, or have in my residence/vehicle, any gun, explosive, or other deadly weapon.
4. I will not possess or use any narcotic or controlled substance without a valid medical prescription.
5. I will submit to chemical, blood, breath, saliva, or urine testing deemed necessary by the Probation Officer.
6. I will not have any form of contact or communication with any other inmates, either in this program, or in any jail, correctional facility, or state prison. (Exceptions to be approved by the Probation Officer.)
7. I will submit my person, property, residence, or vehicle to search and seizure without any warrant or probable cause, at any hour of the day or night, by any Probation Officer or Peace Officer.
8. I understand that it is my responsibility to inform my co-residents of the program rules and regulations.
9. I will not operate a motor vehicle unless properly licensed and insured.
10. I understand that I may be directed to enroll and participate in treatment programs or counseling by the Probation Officer. If I should fail to obey these directives I may be removed from the program.
11. I will report to the Probation Officer at such times and places as directed.
12. I will notify the Probation Officer in advance of any change in my address and or phone number.
13. I understand that I am responsible for payment of all fees and costs of alternative sentencing or release programs.

Defendant: \_\_\_\_\_

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

Probation Officer: \_\_\_\_\_

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



# ALTERNATIVE SENTENCING HARASSMENT POLICY

As a participant in an **Alternative Sentencing Program**, I am required to treat the Probation Staff, Site Staff, and other Work Release/Work Furlough/ Electronic Monitoring/ Drug Court/Community Services or Juvenile Work Project participants with respect, dignity and courtesy. At no time will any type of harassment be tolerated and I realize that I may be removed from the program for exhibiting any type of offensive behavior.

**Harassment Defined:**

**Speech**, such as epithets, derogatory comments or slurs, any kind of propositions including but not limited to lewd propositions, or derogatory swearing.

**Physical acts**, such as assault, impeding or blocking movement, offensive touching, or any physical interference with normal work or movement.

**Visual insults**, such as derogatory drawings, cartoons or physical gestures.

Any **sexual advances**, requests for sexual favors and other acts of a sexual nature, including any kind of touching, or intimidating, causing a hostile or offensive working environment. (Example: Do not ask a participant for his/her phone number, or ask them out on a date).

No Alternative Sentencing participant may be harassed based on his or her:

- ◆ Race or Color
- ◆ Religious Creed
- ◆ National Origin or Ancestry
- ◆ Marital Status
- ◆ Sex or Sexual Orientation
- ◆ Age
- ◆ Physical, Mental or Medical condition
- ◆ Opposition to Unlawful Harassment

**COMPLAINT PROCEDURE:**

Any Alternative Sentencing participant who believes he or she has been harassed must immediately report the offensive behavior to the Adult Supervision Manager either verbally or in writing within 48 hours of the alleged incident.

I have read and understand the above policy:

\_\_\_\_\_  
(Participant)

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

\_\_\_\_\_  
(Probation Officer)

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

**THIS SECTION WILL BE REVIEWED AND COMPLETED  
DURING THE INTAKE WITH A PROBATION OFFICER**

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**Inyo County Probation Department Adult  
Work Release Program**

Defendant: \_\_\_\_\_

CASE NO. \_\_\_\_\_

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Pursuant to the Penal Code, applicants may perform community work at an approved nonprofit worksite. Each participant will receive one day custody credit for every 8 hours worked. Alternative Sentencing participants do not receive custody credits while on a program. Further, failure to appear at the time and place specified by written notice, you may be charged with a misdemeanor pursuant to 4024.2(c) PC.

1. I agree to work as scheduled. I cannot work if I arrive late. I cannot leave until released by the supervisor.
2. Acceptance on Adult Work Release requires a satisfactory physical condition and good health. If this changes due to any injury and/or illness, I will immediately report to the Work Release Office in person with documentation.
3. I will be allowed only \_\_\_\_\_ absences during the program for any reason (including medical, transportation, or employment). I will be required to make up any absences. If I exceed my allowance, I must report in person by 10:00 a.m. to the Adult Work Release office within two (2) working days of the absence.
4. I will wear suitable clothing and shoes for working outdoors; gloves, rain gear, etc. **(No shorts, halter tops, sandals or open-toed shoes, or sleeveless shirts permitted.)** I will bring my own lunch. I will not bring any electronic equipment, including pagers or cell phones.
5. Communication with **anyone** other than Work Release participants, Probation Officers, or site staff is not permitted. No phone calls or visitors.
6. Misbehavior may result in my removal from the program.
7. I will obey all orders of Probation Officer and liaison supervisors.
8. I will work in a safe manner, will not drive any cars or trucks, and will not use any tools or equipment I do not know how to properly operate. I will ask the site supervisor for instructions on tool operation.
9. I understand that all additional rules and regulations listed on page one of this document apply while I am participating on the Adult Work Release Program.
10. I am required to work a minimum of two 8 hour days per week at the assigned work site. No credit will be given for partial workdays. Failure complete two full days could result in my removal from the program.

Participation on the Adult Work Release Program is a privilege and may be revoked at any time. I understand that I am in custody while participating on the Adult Work Release Program. I understand the above rules and regulations and a violation of any rule may result in my removal from the program. Removal may result in immediate arrest or a removal letter being sent to the last address provided. The letter will specify my surrender date to the jail and the appeal process.

Defendant: \_\_\_\_\_

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

Probation Officer: \_\_\_\_\_

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

# THIS SECTION WILL BE REVIEWED AND COMPLETED DURING THE INTAKE WITH A PROBATION OFFICER

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## Inyo County Probation Department Electronic Monitoring Program

Defendant:

CASE NO.

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I, \_\_\_\_\_, having been accepted to participate in the Electronic Monitoring Program, understand I must comply with the following terms and conditions. I also understand a violation of any of these Conditions of Agreement may cause my removal from the program without notice. In addition, I understand that the program rules will be enforced for the duration of the program in conjunction to any other terms and conditions of my probation grant(s).

1. I will not tamper with the Electronic Monitoring equipment that has been issued to me, nor will I permit tampering by any other person.
2. Loss, intentional damage, or damage sustained to the unit(s) or their components due to negligence will result in my immediate removal from the program. I will be held financially responsible for all equipment issued to me not to exceed \$2000.00. The actual replacement and or repair cost will be determined by the contracted monitoring company. Reimbursement will be set up through the Probation Department/Revenue Services.
3. Intentional damaged or lost equipment will also result in formal misdemeanor/felony charges being filed with the court.
4. I understand that my participation in the program will be monitored by a tamper-resistant, non-removable G.P.S./RF/SCRAM ankle bracelet, which I agree to wear 24 hours a day during the entire period of the Electronic Monitoring Program.
5. I understand that it is my responsibility to advise all individuals residing in my residence of the rules and regulations of this program. All residents of the household and I will grant admittance to my home to any peace officer and or Probation Officer at any hour of the day or night.
6. I understand that I will be required to stay within the interior premises of my home, and / or within the areas determined by the EMP staff while on the program.
7. I will only leave my residence for the following reasons:
  - a. To attend work as **pre-approved** by the Probation Officer.
  - b. To attend and participate in a treatment program or counseling as **pre-approved** by the Probation Officer.
  - c. To attend to personal affairs as **pre-approved** by the Probation Officer.
  - d. When directed to do so by emergency personnel, i.e. police, fire, paramedic, etc.
  - e. When an emergency situation, such as serious illness or injury, or injury to my immediate family or myself necessitates my leaving the residence.
  - f. In the case of (d) and (e) I will immediately, or as reasonably practical, call the Electronic Monitoring Program and advise the Probation Officer of such incidents during business hours. If the incident occurs during non-business hours I will call the Probation Officer's voice mail and explain the nature of my emergency or incident requiring me to leave. I will provide written proof of any incident to the EMP staff the next business day or as reasonably practical.
  - g. All other absences require the prior approval of the Probation Officer. I will be required to provide written documentation verifying these absences.

8. I will not consume or possess any alcoholic beverages, illegal drugs, or narcotics. I will advise the Probation Officer of any prescription drugs I am required to take.
9. I understand that all residents of the household I live in must comply with the following conditions:
  - a. No possession or consumption of alcohol on the premises.
  - b. No possession of illegal drugs or narcotics.
  - c. No dangerous or deadly weapons.
  - d. No resident or guest shall be under the influence of any drug or alcohol.
  - e. No social gatherings will be held except with members of the immediate household, unless prior approval from the EMP staff is obtained.
  - f. No visitors will be allowed unless **pre-approved** by the EMP staff.
10. No persons may join or move into the household, unless prior permission is obtained from the Probation Officer.
11. I understand that my employer may be contacted, either in person or by telephone, to verify my continued employment and working hours.
12. I will not change my means of transportation without the prior approval of the EMP staff.
13. I will submit any schedule change request at least one week in advance, during my weekly office visit. I will supply any documentation requested by the Probation Officer to verify my schedule. Schedule change requests will be kept to a minimum to maximize the efficiency of the program.
14. Work schedules may only be changed with the approval of the Probation Officer.
15. The primary use of voice mail is for emergency situations which necessitate my leaving my home at unauthorized times, or to request a return call. I understand that leaving a message on voice mail is **NOT** authorization to change my schedule or leave my home. I must obtain prior approval in person or by telephone from the Probation Officer to change my schedule.
16. I understand that willful failure to return to my residence within the prescribed time, or leaving this address at an invalid time, shall be deemed an escape from custody, and I can be charged and prosecuted to the fullest extent of the law. I further understand that willful failure to abide by the pre-determined schedule established by the Probation Officer may be cause for my removal from the program.
17. During the period I am allowed to leave my residence I will proceed directly to and from the designation(s) that had / have been approved by the Probation Officer.
18. I will be financially responsible for any medical expenses incurred while participating in the Electronic Monitoring Program.
19. I understand that the loss of a receiving signal or the receipt of a tamper signal by the monitoring device shall constitute prima facie evidence that I have violated my curfew. I further agree that the computer printout may be used as evidence in a Court of Law to prove said violation.
20. If released from work or any other program component earlier than usual, or if work or other program component is canceled for the day, I will immediately return to my residence and notify the Probation Officer.



- 21. I will notify the Probation Officer as soon as possible of any changes in status of my employment, school studies, job training, treatment program, or other Electronic Monitoring Program component or extension.
- 22. I will be responsible for charging my monitoring device a minimum of 1.5 hours in the morning and 1.5 hours in the evening. In the event the monitoring device battery runs out, I understand that I can be removed from the Electronic Monitoring Program.
- 23. I will abide by the following rules imposed by the Probation Officer:

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Participation on the Electronic Monitoring Program is a privilege and may be revoked at any time. I understand that I am in custody while participating on the Electronic Monitoring Program. I understand the above rules and regulations and a violation of any rule may result in my removal from the program. Removal may result in immediate arrest or a removal letter being sent to the last address provided. The letter will specify my surrender date to the jail and the appeal process.

**Defendant:** \_\_\_\_\_

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

**Probation Officer:** \_\_\_\_\_

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

## FINANCIAL OBLIGATION AGREEMENT

I, \_\_\_\_\_ , as a participant in an Electronic Monitoring/  
(Print Name)

Home Supervision Program agree to the terms and conditions listed below:

- 1) I agree to pay the application fee, 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 the daily 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 fees as authorized. **Your account must always reflect one week (7 days) paid in advance.** Payments are due each week until you complete the program. It is your responsibility to keep the account current.
- 3) Upon acceptance to the program I agree to pay the first week 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: \_\_\_\_\_ Date: \_\_\_\_\_

**COHABITANT AGREEMENT  
PERMISSION TO SEARCH**

I understand that \_\_\_\_\_ DOB: \_\_\_\_\_  
has applied for the Inyo County Probation's Electronic Monitoring/Home Supervision Program. If  
accepted, the above named applicant will be residing at:

\_\_\_\_\_  
(address)  
while participating in the program. 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 Electronic Monitoring/Home  
Supervision 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 the program staff.

I also understand that the failure to allow entry into my home or any locked area of my home when  
requested by Electronic Monitoring/Home Supervision staff or duly authorized peace officer will result  
in the person being removed from the Electronic Monitoring/Home Supervision 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.**

(Print Name)	(Age)	(Relationship)	(Signature if over 18)
1)		<b>SELF</b>	
2)			
3)			
4)			
5)			
6)			
7)			

**RELEASE OF MEDICAL / MENTAL INFORMATION**

I, \_\_\_\_\_ DOB: \_\_\_\_\_ , authorize  
(Print Name)

the release of medical and/or mental health information to the Inyo County  
Probation Department, Electronic Monitoring/Home Supervision staff.

Physician's Name:

\_\_\_\_\_  
(Print Name)

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

Complete Address: \_\_\_\_\_  
\_\_\_\_\_

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

## MEDICAL SCREEN

Are you under a doctor's care for medical or psychiatric reasons?:  Yes  No  
 If yes, provide the following Information:

Doctor Name:
Address:
Telephone Number:

Are you taking any medication:.....  Yes  No  
 If yes, list each of the kinds of the medications:

(Name of Medication)	(MG)	(x Per Day)

Do you now have or 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: ..... |  |                      | <input type="checkbox"/> Yes <input type="checkbox"/> No |

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

## EMPLOYER'S AGREEMENT

- 1) Report any tardiness and/or absences to Electronic Monitoring/Home Supervision staff.
- 2) Prohibit the employee from leaving the work site during work hours, unless in the performance of his/her job duties.
- 3) Prohibit the use of any alcohol or drugs. Report any use immediately to the Electronic Monitoring/Home Supervision staff.
- 4) Notify the Electronic Monitoring/Home Supervision staff of any injury.
- 5) Prohibit any visitation at the job site.
- 6) Employee must have a set hourly schedule with no rotating days off.
- 7) All overtime must be mandatory with 72 hours notice. (No volunteer overtime).
- 8) Report all employment status, schedule, or time changes.
- 9) Allow the Electronic Monitoring/Home Supervision staff to review employee's attendance records.
- 10) Allow the search of the employee and his immediate work area for contraband by any Electronic Monitoring/Home Supervision staff.

**I agree to contact the Electronic Monitoring/Home Supervision staff for any violations of the above terms.**

**Main: 760-872-4111 Fax: 760-872-0931**

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/Home Supervision Program.

\_\_\_\_\_  
(Employer Print Name & Title)

\_\_\_\_\_  
(Company Name)

\_\_\_\_\_  
(Employer's Signature)

\_\_\_\_\_  
(Company Address)

\_\_\_\_\_  
(Telephone Number)

\_\_\_\_\_  
(Date)

**EMPLOYEE DATA SHEET**

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

**TO BE COMPLETED BY EMPLOYER**

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

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

Employee's Name: \_\_\_\_\_

Time With Company: Years: \_\_\_\_\_ Months: \_\_\_\_\_

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

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

(Circle appropriate days)

WORK DAYS: SUN MON TUES WEDS THURS FRI SAT

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

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

Pay Days: \_\_\_\_\_

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

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

\_\_\_\_\_  
(Employer's Signature) (Date)

