



# MONTEREY COUNTY

## PROBATION DEPARTMENT

Supervised Home Confinement

### Application for Supervised Home Confinement

**PURPOSE:** To provide a tightly structured, community-based, home detention program for inmates committed to a county jail that allows participants to remain employed, provide for their families, attend approved outpatient rehabilitation programs, and/or participate in other authorized activities while reducing the taxpayer's burden of the high costs associated with incarceration. Participants are tracked through the use of monitoring equipment. Offenders wear a non-removable, cellular-based tracking device that utilizes global positioning system technology to monitor their location.

#### HOME CONFINEMENT PROGRAM CRITERIA:

- Participant must agree to the conditions required by the program.
- Participant must have been committed to the county jail.
- Participant must be a resident of Monterey County with a verified address.

#### PROGRAM DISQUALIFIERS:

- Anyone who does not meet the above-noted program criteria.
- Anyone who is serving any other sentence in any jurisdiction.
- Anyone who the sentencing judge has deemed ineligible for the program.
- Anyone who has open court case(s).
- Anyone serving a PC 1170(h) sentence.
- Anyone whose crime involved possession/introduction of contraband into a correctional facility.
- Anyone who fails to complete the SHC booking process.

#### POSSIBLE PROGRAM DISQUALIFIERS:

- Anyone who fails to submit a SHC application at least 30 days prior to booking surrender date.
- Out of County SHC applications must be submitted 60 days prior to booking surrender date.
- Anyone authorized by the court to be released to participate in a residential drug treatment program.
- Anyone whose case was serious in nature or could pose officer safety issues (e.g., resisting arrest, significant harm to victim(s), gang involvement, possession/use/discharge of a weapon, any violence, etc.)
- Anyone who has been involved in sales, transportation, or manufacturing of controlled substances.
- Anyone whose crime involved significant criminal sophistication, abuse of authority, or violation of trust and confidence. (e.g. vulnerable victims.)
- Anyone who has been convicted of felony drunk driving with accident or injury.
- Anyone who does not possess sufficient capacity for self-control, as evidenced by their prior record, to enable them to comply with the conditions and restrictions of the program (e.g. extensive arrest history or probation violations, including court probation violations, contempt of court, pretrial failure(s), etc.)
- Anyone who has a history of flight or of failures to appear/warrants.
- Anyone who has failed to successfully complete the SHC program within the last two years.
- Anyone who has failed to comply with reasonable rules and regulations while in custody.

Monterey County Probation Department  
Application for Supervised Home Confinement

---

Personal Information

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_ License or ID#: \_\_\_\_\_

City: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: Cell/Home \_\_\_\_\_

Mailing Address: \_\_\_\_\_

Social Security #: \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Sex: Male / Female

Ethnicity: \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Scars \_\_\_\_\_

Tattoos \_\_\_\_\_

Marital Status:      Single              Married              Domestic Partner              Divorced              Widowed

---

Social Information

Who lives with you? (List Names, Ages, Date of Birth, Driver License / ID# and Relationship)

Name	Age	DOB	DL/ID#	Relationship

Emergency Contact

Name \_\_\_\_\_ Phone # \_\_\_\_\_

Address \_\_\_\_\_ Relationship \_\_\_\_\_

---

Applicant Name: \_\_\_\_\_

Court Status

Case(s) #: \_\_\_\_\_

Date Sentenced: \_\_\_\_\_ Sentence: \_\_\_\_\_ Credits: \_\_\_\_\_

Currently in Jail: Yes No Booking #: \_\_\_\_\_

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

Any other pending cases? Yes No Case #: \_\_\_\_\_

Any other pending sentences in another county? Yes No Where? \_\_\_\_\_

Do you have an arrest record? Yes No Is this a Domestic Violence case? Yes No

If case has victim - did you know victim? Yes No Live with victim? Yes No

Victim's name(s): \_\_\_\_\_

Anyone on probation/parole at your residence? Yes No Name: \_\_\_\_\_

Employment/School

Primary Employment/School: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

Secondary Employment/School: \_\_\_\_\_

Job Title: \_\_\_\_\_ Supervisor: \_\_\_\_\_ Phone: \_\_\_\_\_

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

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
From							
To							

If not working: Unemployed Retired Disabled

---

Applicant Name: \_\_\_\_\_

Method of Travel

If applicant will drive: Valid drivers license? Yes No

If no, how get around? \_\_\_\_\_

Auto Description: \_\_\_\_\_ Plate #: \_\_\_\_\_

Auto Insurance: \_\_\_\_\_ Policy #: \_\_\_\_\_

If applicant take bus: Bus/Route #: \_\_\_\_\_

Additional Information

Under doctor care? Yes No

Please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Taking Medications? Yes No

Please explain: \_\_\_\_\_

\_\_\_\_\_

Is there anything else we should consider in your application?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

---

Applicant Name: \_\_\_\_\_

**\*\*By initialing below, I understand that I am required to report to all scheduled appointments with the Probation Department/Home Confinement provider in a drug and alcohol-free condition, which includes both medical and recreational marijuana.**

\_\_\_\_\_ **Initials**

**I understand that I will have to submit to a mandatory drug/alcohol screening before starting home confinement and randomly thereafter if granted participation, and that any positive tests may result in my denial for participation and/or removal from the program.**

\_\_\_\_\_ **Initials**

**FAILURE TO PROVIDE ACCURATE INFORMATION MAY RESULT IN THE DENIAL OF YOUR APPLICATION.**

I certify that all the information I have provided in this application is true to the best of my knowledge. False statements may result in denial of my application.

Participant's Signature \_\_\_\_\_ Date \_\_\_\_\_

-----  
If application was prepared by someone other than applicant:

Preparer's Signature \_\_\_\_\_ Date \_\_\_\_\_

Printed Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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