

Your Car: Make _____ Model _____ Color _____ License # _____

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1. Have you ever been diagnosed as having a mental disorder? Y/N _____
2. Have you ever been advised to have a surgical operation which has not been performed, or are you considering any elective surgery? Y/N _____
3. Do you have any injuries now? Y/N _____
4. Do you have any reason to believe that you suffer from any undiagnosed physical or mental ailment or problem at this time? Y/N _____
5. Do you take any prescription medication at this time? Y/N _____
6. Do you have a medical marijuana card? Y/N _____

EXPLAIN ALL YES ANSWERS:

Are you currently under treatment by a doctor? Y/N _____

If YES, Doctor's name: _____ Phone: _____

Address: _____

Reason for treatment: _____

FEMALES ONLY: Are you pregnant? Y/N ____ Have you recently delivered? Y/N _____

Number of people living in your residence (besides yourself)? _____ (List them)

<u>NAME</u>	<u>RELATIONSHIP TO YOU</u>	<u>BIRTH DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the people living in your residence have a felony conviction? Y/N _____

Type and number of animals in and around your home: _____

Type and number of weapons and firearms in and around your home: _____

Type and amount of alcoholic beverages in your home: _____

Does your home have uninterrupted electricity (electricity 24 hours a day)? Y/N _____

Do you have **call forwarding, call waiting, or a block on the phone line**? Y/N _____

Are you currently working outside your home? Y/N _____ Do you have more than one job? Y/N _____

EMPLOYER: Name _____

Street Address _____

City, State, Zip _____

Phone _____ Date of hire _____

Your days off _____ Your work hours _____

Your job duties _____

Gross hourly wage _____ Supervisor's Name _____

What is your combined household income, per month _____

What is your monthly rental or mortgage payment _____

Do you go to school/college? Y/N _____ If yes, name of school/college _____

For each class you are enrolled in, attach to this application: Room Number, Scheduled Days and Hours, Name of Course, Instructor's Name.

Have you previously applied for the HDP? Y/N _____ Date _____

Are you now on formal/supervised probation? Y/N _____ Probation Officer _____

Are you now on State Parole? Y/N _____ Parole Officer _____

1. Do you have any charges or cases still pending in any court? Y/N _____

2. Do you have any cases in which you have not been sentenced? Y/N _____

3. Have you ever failed to make a court appearance? Y/N _____

4. Have you ever failed to appear at jail for a jail sentence? Y/N _____

EXPLAIN ALL YES ANSWERS TO THE ABOVE QUESTIONS:

Which cases are you asking to serve through the Alternative Sentencing Unit?

<u>CURRENT</u> <u>CASE #Mor F</u>	<u>CRIME (I.E. DUI,THEFT,</u> <u>ETC)</u>	<u>DAYS SENTENCED</u>	<u>STAY-OF-EXECUTION DATE</u> <u>(TURN-IN DATE TO THE JAIL)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you going to be requesting your Alternative Sentencing to be transferred to the county that you live in?

Y/N _____

If yes what county: _____

Not all counties are approved for transfers. Call the ASU (805) 781-4635 for approved counties.

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Please review your application for completeness. If any questions require more space than the application allows, you must write your answers on the following page that is provided. **ANSWER ALL OF THE QUESTIONS.** Upon approval of your application and assignment to a program the ASU Staff will contact you to schedule an in-person interview if you pass the background eligibility criteria. Failures to follow the Alternative Sentencing Program rules are grounds for removal from the program and incarceration in the jail without prior or advance notice.

All application fees are **NON-REFUNDABLE**, whether or not you are accepted into a program. You may call 781-4635 for information, including the daily fee cost.

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Mail your application and fee to:
San Luis Obispo County Sheriff's Office
Attention: Alternative Sentencing Unit
1585 Kansas Ave.
San Luis Obispo, CA 93405

Please include a legible copy of your court sentencing paperwork

Which program would you be most interested in participating in?
Home Detention Program **Alternative Work Program**

To the best of my knowledge the answers on this application are true and correct. I understand that any incomplete, inaccurate, or falsified information can be cause for denial into the Home Detention Program.

Signature: _____ Date: _____

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