

San Luis Obispo County Sheriff's Department

HOME DETENTION PROGRAM APPLICATION

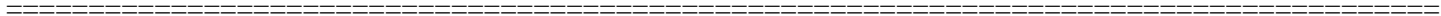
The Sheriff's Department offers a Home Detention Program (HDP) for inmates who are sentenced to ten (10) days or more in the County Jail. HDP allows an inmate to serve their sentence in their home and continue to work at their regular job. Inmates may not leave San Luis Obispo County for any reason while they are on the program. There is a daily fee for HDP. This voluntary program is open only to MINIMUM SECURITY/LOW RISK INMATES, as determined by the HDP staff. Your home must be accessible to program staff 24 hours a day and you must remain at your job site throughout the work day. Certain crime convictions are not eligible for participation on HDP, including violent crimes, sexual crimes, and some drug related crimes. You may call HDP staff at 781-4639 for further information. To participate in HDP, you must complete this application and mail it along with a non-refundable eighty-five dollar (\$85.00) payment to HDP. The payment can only be made by using a money order purchased at any U.S. Post Office or a Cashier's Check issued from any bank. ALL OTHER FORMS OF PAYMENT ARE PROHIBITED. Make the Post Office Money Order or Bank Cashier's Check payable to "San Luis Obispo Sheriff's Department Home Detention Program." You must mail your application and fee to arrive at the Sheriff's Department Home Detention Program office prior to four (4) weeks before your stay-of-execution date. The mailing address is written on page four (4) of the application. This application contains six (6) pages.

INSTRUCTIONS: TYPE or PRINT LEGIBLY in ink. Complete all questions. If ANY answers require more space, write them on a separate piece of paper and attach it to this application. Be certain to TYPE or PRINT NEATLY IN INK.

You Must Have A Home Phone (Land line) In Your Home To Be On The Program

FAILURE TO PROVIDE ACCURATE INFORMATION WILL BE GROUNDS FOR DENIAL.

The payment can only be made by using a money order purchased at any U.S. Post Office or a Cashier's Check issued from any bank.



Name \_\_\_\_\_ (Last Name) (First Name) (Middle Name)

Address (Street, City, Zip) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone: (Required) \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Social Security # \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alien Registration # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Major Hand: \_\_\_\_\_

Driver License #: \_\_\_\_\_ Do you have any unpaid traffic tickets? Yes \_\_\_\_\_ No \_\_\_\_\_

License Status (circle): Valid / Suspended / Expired / Restricted

Your Car: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Your Car: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Your Car: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Your Car: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

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 major dental problems? Y/N \_\_\_\_\_
4. Do you have any injuries now? Y/N \_\_\_\_\_
5. Do you have any reason to believe that you suffer from any undiagnosed physical or mental ailment or problem at this time? Y/N \_\_\_\_\_
6. Do you take any prescription medication at this time? Y/N \_\_\_\_\_
7. 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: \_\_\_\_\_

Do you have medical insurance? Y/N \_\_\_\_\_ Name of Company: \_\_\_\_\_

Do you have dental insurance? Y/N \_\_\_\_\_ Name of Company: \_\_\_\_\_

Do you have disability insurance? Y/N \_\_\_\_\_ Name of Company: \_\_\_\_\_

**FEMALES ONLY:** Are you pregnant? Y/N \_\_\_\_\_ Have you recently delivered? Y/N \_\_\_\_\_

Have you recently had a miscarriage or an abortion? Y/N \_\_\_\_\_

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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 \_\_\_\_\_

Directions to your home from Highway 101 (be **specific**) \_\_\_\_\_

Nearest cross street before your home: \_\_\_\_\_

Nearest cross street after your home: \_\_\_\_\_

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 \_\_\_\_\_

How do you get to work \_\_\_\_\_

Gross hourly wage \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

Directions to your employment from Highway 101 (**be specific**) \_\_\_\_\_

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:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List **ALL** of the crimes that you have been **ARRESTED** for or **CONVICTED** of in your entire life.

(FAILURE TO PROVIDE ACCURATE INFORMATION WILL BE GROUNDS FOR DENIAL.)

<u>MONTH/YEAR</u>	<u>SPECIFIC PENAL CODES</u>	<u>TERMS OF SENTENCE (JAIL, FINE, ETC.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

(If you have more than five (5) previous arrests or convictions list them on a separate, attached paper.)

Which cases are you asking to serve through the Home Detention Program?

<u>CURRENT</u> <u>CASE #</u>	<u>SPECIFIC PENAL CODES</u>	<u>DAYS SENTENCED</u>	<u>STAY-OF-EXECUTION DATE</u> <u>(TURN-IN DATE TO THE JAIL)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Please review your application for completeness. If any questions require more space than the application allows, you must write your answers on a separate piece of paper and attach them to this application. **ANSWER ALL OF THE QUESTIONS.** Within two (2) weeks from receipt of this application, Home Detention Program staff will contact you to schedule an in-person interview in your home if you pass the background eligibility criteria. Failures to follow the Home Detention Program rules are grounds for removal from the program and incarceration in the jail without prior or advance notice.

The \$85.00 application fee is **NON-REFUNDABLE**, whether you are accepted or not onto the program. You may call 781-4639 for Home Detention Program information, including the daily fee cost.

Here is the address to mail your application and fee to:

San Luis Obispo County Sheriff's Department  
Attention: Home Detention Program  
P. O. Box 32  
San Luis Obispo, CA 93406

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: \_\_\_\_\_