

San Luis Obispo County Sheriff's Office

ALTERNATIVE SENTENCING APPLICATION

Home Detention and Alternative Work Program are voluntary programs open to qualifying applicants as determined by the ASU staff. THESE PROGRAMS ARE A PRIVILEGE, NOT A RIGHT. Participation in Alternative Sentencing in another county requires authorization. **Not all counties are approved for transfers. Call the ASU (805) 781-4635 for approved counties.**

All answers on application must be written in English. Upon approval for the program, participant must bring an interpreter (18 years or older) to interview. Additionally, participant must demonstrate their ability to understand verbal instructions, which are given in English.

As of July 1st, 2021, we no longer charge fees for alternative sentencing. – California AB 1869.

We now accept digital applications and remand orders by email.

The Alternative Sentencing Unit has discretion over which program the participant is placed.

ELIGIBILITY REQUIREMENTS

Home Detention Program (HDP)

HDP provides participants the opportunity to serve their sentence in their home and continue employment. Participants may not leave San Luis Obispo County while on HDP.

- Must be sentenced to more than twenty (20) days at the San Luis Obispo County Jail.
- Home must be accessible to program staff 24 hours a day and participants must remain at their job site throughout the workday.
- May require internet with a wireless router.

Alternative Work Program (AWP)

AWP provides participants the opportunity to perform eight (8) hours of general labor for every (1) day of jail time.

- Must be sentenced to twenty (20) days or less in the County Jail.
- No physical or medical limitations preventing participant from heavy lifting or general labor.
- To participate in the Work Program, applicants must understand basic English, or be able to provide a translator for all appointments and their first day of work.

HOW TO SUBMIT AN APPLICATION

1. Fully complete and submit the following (3) page Alternative Sentencing application, AND **a legible copy of court sentencing paperwork (Remand/Reservation Order.)**
2. Application must **arrive** at the Sheriff's Alternative Sentencing Unit a **minimum of 30 DAYS prior to stay-of-execution date on your court sentencing paperwork (Remand/Reservation Order.)**

Send completed application and Remand/Reservation Order EITHER by USPS MAIL or EMAIL:

San Luis Obispo County Sheriff's Office
Attention: Alternative Sentencing Unit
1585 Kansas Ave.
San Luis Obispo, CA 93405

To email, be sure to fully complete the application, then save it as a file on your computer to attach to an email. Remember to also scan and attach the Remand/Reservation Order and send a single email with both attachments to: sh_asuapps@co.slo.ca.us

ALTERNATIVE SENTENCING APPLICATION

INSTRUCTIONS: Complete all questions. If ANY answers require more space, write them on the extra page provided. Be certain to **TYPE** or **PRINT NEATLY IN INK**. Failure to provide accurate information will be grounds for denial.

You must include a legible copy of your court sentencing paperwork (Remand/Reservation Order).

If you qualify, you will be placed on **Home Detention** or **Alternative Work Program** depending on departmental needs.

Name _____
(Last Name) (First Name) (Middle Name)

Address _____
(Street Address) (City, State) (Zip code)

Mailing Address (if different) _____

Home Phone: _____ Sex: M F Social Security # _____

Cell Phone: _____ Alien Registration # _____

Date of Birth: _____ City and State of Birth: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

Driver License #: _____ License Status: Valid Suspended Expired Restricted

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 psychiatric condition? | Y | N |
| 2. | Have you ever been advised to have a surgical operation, which has not been performed?
Alternatively, are you considering any elective surgery? | Y | N |
| 3. | Do you have any current injuries? | Y | N |
| 4. | Do you have any physical limitations preventing you from doing manual labor? | Y | N |
| 5. | Do you suffer from any undiagnosed physical or physiological conditions | Y | N |
| 6. | Are you currently taking prescribed medications? | Y | N |
| 7. | Do you smoke marijuana? | Y | N |

If you answered YES to questions 2, 3 or 4

you must supply a doctor's note stating, "Able to work without Restrictions."

**You must be drug and alcohol free, including marijuana
and will be drug tested prior to starting the program.**

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 you have: _____

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

Type and number of alcoholic beverages in your home: _____

Do you have internet with a wireless router in your home? 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 _____

Supervisor's Name _____

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, and Instructor's name.

Checklist:

Completed application.

Legible copy of your court sentencing paperwork (**Remand/Reservation order**).

Confirmed your stay-of-execution date: Month _____ Day _____ Year _____.

Your application must arrive in our office a minimum of THIRTY (30) days prior to your stay-of-execution date on your court sentencing paperwork. (Remand/Reservation Order).

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 Alternative Sentencing Unit.

Signature: _____ Date: _____

If you intend on mailing your application, please send to:

San Luis Obispo County Sheriff's Office
Attention: Alternative Sentencing Unit
1585 Kansas Ave.
San Luis Obispo, CA 93405

You MUST include a legible copy of your court sentencing paperwork (Remand/Reservation Order).

Notes: