

HOME DETENTION APPLICATION

THIS APPLICATION REQUIRES A \$30 NON-REFUNDABLE APPLICATION FEE
HOME DETENTION IS \$30 PER DAY

Name: _____ SS #: _____
Date of Birth: _____ Cell phone _____ E-Mail _____
Address: _____ City: _____ Zip Code: _____
How long at this residence: _____ Have you even been on home detention? _____ If so, where? _____
Mailing address, if different: _____
Other persons (and their age) in households: _____
Illness/Injury/Medications/Physician: _____
Currently on probation or parole? _____ Agency: _____ PO's name: _____
Currently in alcohol/drug treatment? _____ Where? _____
Pending charges/indictments: _____

EMPLOYMENT VERIFICATION (if applicable)

Place of employment: _____
Supervisor's name & phone: _____
Business address: _____ Work site, if different: _____
How long? _____ Position: _____
Pay rate: \$ _____ Pay days: _____ other income: _____
Work Schedule – days & times: _____
Additional place of employment: _____
Supervisor's name & phone: _____
Business address: _____ Work site, if different: _____
How long? _____ Position: _____
Pay rate: \$ _____ Pay days: _____ other income: _____
Work Schedule – days & times: _____
Driver/transporter #1: _____ ODL #: _____
Vehicle description #1: _____ Plate #: _____
Driver/transporter #2: _____ ODL #: _____
Vehicle description #2: _____ Plate #: _____
Emergency contact: _____ Relationship: _____ Phone: _____

For Office Use Only

Case#: _____	Offense: _____	Report Date: _____
Length of Sentence: _____	Judge: _____	
Case#: _____	Offense: _____	
Length of Sentence: _____	Judge: _____	
Case#: _____	Offense: _____	
Length of Sentence: _____	Judge: _____	SO #: _____
Approved: _____	Denied: _____	Process Date: _____
Supervisory Authority: _____	Date: _____	

ELECTRONIC MONITORING CONDITIONS OF SUPERVISION

- Remain at my residence unless given permission to leave by my supervising officer.
- Allow no visitors in my residence unless approved by my supervising officer.
- Use no alcohol or illicit drugs (to include marijuana).
- Obey all laws, including driving statutes.
- Permit supervising officers in my residence at any time requested for compliance verification.
- Submit to drug and/or alcohol testing upon request of my supervising officer.
- Pay all Home Detention and/or program fees at contracted time.
- Non-compliance with home detention conditions will cause the termination of electronic monitoring and result in incarceration in jail to serve sentence imposed at time of sentencing.
- Any violation of conditions causing termination of custody will result in a \$119.00 fee.

PARTICIPANT'S ACKNOWLEDGMENT: I affirm that all of the above information is true and complete. I have read, and I understand the guidelines on the reverse side of this application.

Participant's signature: _____ Date: _____

ELECTRONIC MONITORING COMMUNICATION AND DOCUMENTATION REQUIREMENTS

- Cell phone must remain in service during home detention sentence. Failing to pay your cell phone bill and experiencing disconnection will result in termination from home detention.
- Clients who are eligible for the phone application must keep the phone application installed and respond to all alerts immediately. Failing to follow these rules could result in termination from home detention.
- Client must be employed or able to show documentation of disability/retirement income. Primary childcare providers must document means of financial support. Job searching on home detention is not permitted.
- Client is required to provide copy of paycheck stub or business license at time of home detention startup. Client can expect to work between 20 and 50 hours per week. Make arrangements with your employer ahead of time.
- Client is required to provide copy of work schedule. The provided document cannot be in clients writing. Documentation must clearly be work schedule or on letterhead.
- No documentation will result in denial or loss of privileges while on home detention.
- Payment for 15 days (\$450.00) is the minimum due on the start date for home detention.

These are the minimum communication and documentation requirements for a client to be considered to serve a sentence in the home detention program.

Offender Signature

Date

Supervisory Authority Staff

Date