

# EL DORADO COUNTY PROBATION DEPARTMENT

**MAIN OFFICE**  
471 Pierroz Road  
Placerville, CA 95667  
Tele. (530) 621-5625  
FAX (530) 621-2430

**JUVENILE HALL**  
299 Fair Lane  
Placerville, CA 95667  
Tele. (530) 621-5585  
FAX (530) 295-2519

**SOUTH LAKE TAHOE OFFICE**  
1360 Johnson Blvd., Ste 102  
South Lake Tahoe, CA 96150  
Tele. (530) 573-3083  
FAX (530) 541-1880

**JUVENILE TREATMENT CENTER**  
1041 Al Tahoe Blvd.  
South Lake Tahoe, CA 96150  
Tele. (530) 573-7980  
FAX (530) 543-6978



**Joseph S. Warchol II**  
Chief Probation Officer

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## EL DORADO COUNTY ELECTRONIC MONITORING PROGRAM Application Packet

←  
**THE ITEMS CHECKED BELOW ARE REQUIRED AND MUST BE RETURNED  
WITH THE APPLICATION BEFORE YOU CAN BE CONSIDERED FOR THE  
ELECTRONIC MONITORING PROGRAM.**  
→

**DATE:** \_\_\_\_\_

**NAME:** \_\_\_\_\_

**DATE OF BIRTH:** \_\_\_\_\_

Make your photocopies before you send this information as we cannot make copies for you:

- Photocopy of the Court Order showing jail sentence information
- Electronic Monitoring Application
- Application Handout
- Employment Agreement
- Resident Agreement, signed by all adults in your residence
- Drug use information
- Application fee of \$25 (**CASH, CASHIER'S CHECK, or MONEY ORDER ONLY**)  
(Please make **cash** payments *in person* at either Probation Office, not by mail)
- Photocopy of driver's license or California State ID
- Photocopy of car registration
- Photocopy of proof of vehicle insurance
- Other: \_\_\_\_\_

EMP applicants are advised to collect and complete the above information as soon as possible. Be advised there are many applicants for the Electronic Monitoring Program and priority will be given to those who collect and return their application information in a timely manner.

**ANY DELAY MAY JEOPARDIZE YOUR CHANCES OF GETTING ON THE PROGRAM.**

In order to schedule an interview, you must first return all requested forms and documents to:

Placerville Probation Department  
471 Pierroz Rd.  
Placerville, CA 95667

- OR -

South Lake Tahoe Probation Department  
1360 Johnson Blvd., Suite 102  
South Lake Tahoe, CA 96150

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## EL DORADO COUNTY ELECTRONIC MONITORING PROGRAM Applicant Handout

### PROGRAM POLICY:

The Probation Department operates the Electronic Monitoring Program (EMP) for the purpose of providing an alternative to incarceration in the County Jail Facilities for sentenced inmates. The program emphasizes public safety, and is designed to relieve jail crowding and provides qualified offenders the opportunity to be contributing members of the community while completing the Court's sentences. The program is voluntary and inmates are selected with the safety of the community being paramount. While the sentencing Court may recommend, restrict or deny program participation, the Chief Probation Officer or designee has the sole discretion to accept an applicant to the EMP Program. Applicants who are prohibited from EMP services by Court order are ineligible.

### PROGRAM CONCEPT:

The Electronic Monitoring Program limits participants to those defined under Section 1203.016 of the Penal Code, who are screened to ensure they meet the program's selection criteria. EMP is considered constructive custody with the participants being accountable for all of their time, and are required to adhere to the program rules established by the El Dorado County Board of Supervisors upon recommendation of the Probation Department. EMP is 24-hour home detention. Program participants may only leave their residence as approved for work, school, medical, dental and other pre-approved situations.

### SELECTION CRITERIA:

The Probation Department determines eligibility by risk assessment and review of current charges, criminal history, law enforcement reports, custody record, previous program failures, and Court orders. Defendants selected for EMP shall have the ability to meet the following criteria:

1. Low risk. Defendants assessed as low risk offenders who are also sentenced on all charges, and have not been disqualified by the Court.
2. Defendant must have an approved residence within El Dorado County.
3. Only defendants sentenced by the El Dorado County Superior Court are allowed to apply.
4. Defendant has a minimum of 30 days and not more than 180 days of commitment remaining.
5. Medically qualified inmates may be placed on the program regardless of time to serve, at management discretion.
6. Defendants with the following convictions are ineligible for EMP:
  - \* Current or prior felony convictions listed in Sections 667.5 PC or 1192.7(c) PC
  - \* Current felony and misdemeanor convictions of Section 273.5 PC
  - \* Current or prior felony sexual offense convictions
  - \* Current felony D.U.I. convictions

Other possible disqualifying factors:

- \* History of poor conduct on probation or in jail.
- \* Warrants/charges pending outside this jurisdiction.
- \* Failure to acknowledge and agree to conditions/rules of program.
- \* Unacceptable conditions of residence and/or work environment.
- \* Current or recent gang membership or affiliation

## **EL DORADO COUNTY ELECTRONIC MONITORING PROGRAM**

### **Applicant Handout**

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**Notice:** There are additional qualifications or factors that may result in ineligibility for EMP. Not all eligible defendants are suitable for EMP. Some defendants may exhibit personal characteristics or are influenced by environmental pressures rendering them incapable of complying with the program requirements. The Probation Department reserves the right to disqualify any applicant for good cause, subject to appeal procedures within the Probation Department.

Defendants who are accepted and placed in the program will be CONFINED TO AND MONITORED INSIDE THEIR HOME.

Each participant shall wear a transmitter on his or her ankle. The transmitter is water resistant and shock resistant. A receiver/dialer will be attached to the home telephone. The transmitter sends a silent signal to the receiver/dialer. A master computer records every leave or re-entry. The master computer will be programmed to allow for an approved schedule and will record movement accordingly. The computer will immediately record any tampering with the inmate's in-house equipment, power or phone interruptions.

Each participant is subject to random drug and alcohol testing. The use, possession, or the presence of drugs and alcohol, including marijuana are prohibited.

### **FEES AND COLLECTIONS:**

All applicants upon submission of the application will pay a non-refundable application fee of \$25.00. Participants are also required to pay EMP supervision fees in the amount of \$10 per day on the program. Inability to pay supervision fees, as determined by the Probation Department, shall not solely exclude participation in the EMP Program. However, the application fee is required in all cases. Willful failure to pay EMP supervision fees, when determined able to make such payments, may result in EMP program termination.

### **MOVING RESIDENCE:**

Prior to moving their residence a participant shall notify the Probation Department and the new location will be inspected by a staff member prior to authorizing the move. Authorization to change residence during EMP may be denied.

### **VIOLATIONS:**

New violations of laws, probation violations, or drug/alcohol usage will be processed immediately and the participant will be returned to full custody status (jail) to serve remainder of original commitment.

Violations of program rules including the EMP contract violations, unanswered telephone calls, equipment tampering may also result in return to jail.

Any participant returned to jail or who receives a disciplinary action shall have a right to appeal to the Probation Department, in writing, within 10 days. EMP is a voluntary program and participants do not have a right to Court review of appeal.

Participants are financially responsible for any loss or damage to any EMP equipment assigned to them.

Participants are financially responsible for all medical costs/care while serving on EMP.

**EL DORADO COUNTY ELECTRONIC MONITORING PROGRAM**

**Applicant Handout**

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**SEARCHES:**

Each participant SHALL SUBMIT TO SEARCHES OF THEIR PERSON, PROPERTY, AND LIVING QUARTERS AT ANY TIME, DAY OR NIGHT, WHEN REQUESTED BY EMP PROGRAM STAFF OR LAW ENFORCEMENT PERSONNEL.

Additionally, all adult members of the household must agree to consent to search during the participant's term of EMP supervision.

Participants shall assure there are no weapons in the home while on EMP.

This is a zero tolerance program regarding drugs and alcohol. There is to be no drugs or alcohol in the home. The possession / use by others of drugs / alcohol in the home are cause to terminate the EMP program.

**ADDITIONAL REQUIREMENTS:**

Participants on Summary or Formal Probation will adhere to all conditions of probation as set forth by the Court and Probation Officer.

Failure to adhere to any of the conditions may result in additional restrictions or termination of the program and return to custody (jail) to serve the remaining commitment without right to further Court hearing.

Good time / work time credits will be given to EMP participants who comply with all terms and conditions of EMP. The Probation Department may administratively remove good time / work time credits, subject to appeal procedures, for violations of the EMP program.

Electronic monitoring equipment will be used in all approved EMP cases. Special phone requirements apply.

Defendants with stayed commitments allowing for application to alternative sentencing shall submit completed applications, with all required attachments, to the Probation Department as soon as possible. Application processing and assessment by the Probation Department may take as long as twenty (20) days. You must be accepted by the Probation Department in writing to EMP in order to be relieved of your jail reporting date. Every effort will be made to process applications in a timely manner. However, if written acceptance is not received prior to the mandatory jail report date, **YOU MUST REPORT TO JAIL.** Failure to report to jail as required is a violation of probation and the Court's lawful order and will result in a warrant issued for your arrest.

**ACKNOWLEDGEMENT:**

I have read, understand, and agree to all regulations/requirements in the Applicant Handout.

\_\_\_\_\_  
Applicant's Name - PRINTED      Applicant's Signature      Date

**EL DORADO COUNTY ELECTRONIC MONITORING PROGRAM**  
**Application**

**PERSONAL INFORMATION:**

LAST NAME: \_\_\_\_\_ FIRST \_\_\_\_\_ MIDDLE \_\_\_\_\_

OTHER NAMES USED: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_

HOME TELEPHONE #: \_\_\_\_\_ WORK TELEPHONE #: \_\_\_\_\_

CELL PHONE #: \_\_\_\_\_ PAGER #: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ AGE: \_\_\_\_\_ DOB: \_\_\_\_\_

HT: \_\_\_\_\_ WT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

DRIVER'S LICENSE #: \_\_\_\_\_ CITY & STATE OF BIRTH: \_\_\_\_\_

SOCIAL SECURITY #: \_\_\_\_\_ BIRTHMARKS, SCARS, TATTOOS: \_\_\_\_\_

OCCUPATION: \_\_\_\_\_

PRESENT EMPLOYER: \_\_\_\_\_

EMPLOYER ADDRESS: \_\_\_\_\_

SUPERVISOR'S NAME \_\_\_\_\_ PHONE NO: \_\_\_\_\_

EMPLOYMENT BEGAN: \_\_\_\_\_

EMERGENCY NOTIFICATION: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

Are you required to register as a drug, arson, or sexual offender? Yes \_\_\_ No \_\_\_ Offense: \_\_\_\_\_

**COURT INFORMATION:**

What charges were you convicted of? \_\_\_\_\_

Last Court date? \_\_\_\_\_ Court Case No. \_\_\_\_\_

What was your sentence? \_\_\_\_\_

Contact/Report date: \_\_\_\_\_

Do you have further Court proceedings pending? (If yes, when, where & charges) \_\_\_\_\_

All Applicants will be asked to submit to drug testing at the time of application. An Applicant may not be accepted with a positive drug test. Failure to provide a urine sample upon request will delay the processing of an application.

I have read and understand the above information, the information given is true and correct to the best of my knowledge.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

**CUSTODY INFORMATION:**

Are you presently in custody? Yes \_\_\_ No \_\_\_ If yes, where? \_\_\_ Placerville Jail \_\_\_ SLT Jail  
If yes, release date? \_\_\_ Other Location, including EMP \_\_\_

Have you ever previously been on EMP? Yes \_\_\_ No \_\_\_ If yes, did you Pass? \_\_\_ Fail? \_\_\_

Are you on Formal Probation or Parole? Yes \_\_\_ No \_\_\_ County? \_\_\_\_\_

Parole/Probation Officer's Name \_\_\_\_\_ Phone No. \_\_\_\_\_

**HOUSING INFORMATION:**

How long have you been at your current address: \_\_\_\_\_ years / months

**LIST ALL PERSONS RESIDING IN YOUR HOME:**

1.	_____	AGE	_____	RELATIONSHIP:	_____
2.	_____	AGE	_____	RELATIONSHIP:	_____
3.	_____	AGE	_____	RELATIONSHIP:	_____
4.	_____	AGE	_____	RELATIONSHIP:	_____
5.	_____	AGE	_____	RELATIONSHIP:	_____

**TRANSPORTATION TO WORK INFORMATION:**

How many miles to work? \_\_\_\_\_ How long does it take you to get there? \_\_\_\_\_

Do you provide your own transportation? \_\_\_\_\_

If not, who transports you? \_\_\_\_\_

Vehicles you own and their license numbers: \_\_\_\_\_

**APPLICATION PROCESS:**

You can submit your application in person or through the mail to either of the addresses below (Applications may take up to 20 days for processing):

Placerville Probation Department  
471 Pierroz Rd.  
Placerville, CA 95667

- OR -

South Lake Tahoe Probation Department  
1360 Johnson Blvd., Suite 102  
South Lake Tahoe, CA 96150

The following must be submitted with your Application:

1. Confirmation of Employment (Letter from your employer)
2. Signed form from the person who owns, leases or rents the residence in which you live and all adult residents in the home.
3. A non-refundable application fee of \$25 (Cash, Cashier's check or Money Order ONLY) Please make cash payments in person at either Probation Office, not by mail.

**SUBMITTING AN APPLICATION FOR THE ELECTRONIC MONITORING PROGRAM DOES NOT RELIEVE YOU FROM THE COURT'S ORDERS REGARDING YOUR REPORTING TO JAIL DATE. YOU SHALL REPORT TO JAIL UNLESS ACCEPTED BY THE PROBATION DEPARTMENT, IN WRITING, TO THE ELECTRONIC MONITORING PROGRAM.**

I have read the above information and I understand I must contact the Probation Department, Electronic Monitoring Unit, regarding my report date. If I am placed on the Electronic Monitoring Program, I am responsible for my payments as directed. I also understand that making false statements concerning my application can be grounds for denial to the program.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

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Chief Probation Officer

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## EL DORADO COUNTY ELECTRONIC MONITORING PROGRAM Resident Verification

I understand that \_\_\_\_\_ (“Applicant”) has applied for the El Dorado County Probation Department’s Electronic Monitoring Program (EMP). If accepted, the above-named applicant will be residing with me in the same residence while participating in this program. Inasmuch as this EMP is voluntary, the Applicant must agree to certain terms, and members residing with Applicant must likewise agree to certain terms, as outlined below, for Applicant to remain eligible to participate in the EMP Program.

I understand the Applicant is subject to search of his/her person, vehicle, and place of residence by officers of the El Dorado County Probation Department at any time. This is separate and beyond any rights waived by virtue of Applicant being on probation or parole.

I also understand and agree that Officers of the El Dorado County Probation Department may enter and search my person, vehicle, or any other area within my control while Applicant lives in the residence and is participating in the EMP Program. It is the intent of this provision that all adult members of the household must agree to this consent to search provision by signing at the close of this form. If all adult members of the household do not agree to these terms, Applicant will be ineligible to participate in the program.

I understand the following restrictions will also apply: No alcohol or drugs will be permitted on the premises. No deadly weapons will be permitted on the premises, i.e., firearms, martial arts weapons, or explosives. There will be no visitors in the residence unless approved by the Probation Officer.

I also understand there will be some disruption of the telephone service due to the operation of the EMP equipment while the equipment seizes the phone line and attempts to call and communicate with the main computer, whether or not the phone is in use. I agree to discontinue any phone call to allow the equipment to report in three minutes.

Failure to allow entry or search of any area covered under this agreement will result in Applicant being removed from the EMP Program and returned to standard incarceration.

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Address of Residence

---

Occupant Print Name

---

Occupant Print Name

---

Occupant Signature

---

Date

---

Occupant Signature

---

Date

---

Occupant Print Name

---

Occupant Print Name

---

Occupant Signature

---

Date

---

Occupant Signature

---

Date

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## EL DORADO COUNTY ELECTRONIC MONITORING PROGRAM

### Employment Agreement

(Applicant's employer fills out this page)

Employee: \_\_\_\_\_ is employed by the undersigned as a

Job Title: \_\_\_\_\_

at: Company Name: \_\_\_\_\_

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

Company Telephone #: \_\_\_\_\_

Supervisor: \_\_\_\_\_

1. He/she will receive \$ \_\_\_\_\_ per hour

2. He/she will be paid as follows:  
\_\_\_\_\_ Weekly \_\_\_\_\_ Bi-weekly \_\_\_\_\_ Hourly \_\_\_\_\_ Other: \_\_\_\_\_

3. Work hours are: \_\_\_\_\_ a.m./p.m. to \_\_\_\_\_ a.m./p.m.

From: \_\_\_\_\_ to: \_\_\_\_\_  
(Day of the Week) (Day of the Week)

4. He/she began employment with this company on: \_\_\_\_\_

5. He/she \_\_\_\_\_ Has \_\_\_\_\_ Has not worked steadily since that time.

I agree to furnish adequate workmen's compensation insurance protection for him/her while he/she is working for me.

I agree to inform the Electronic Monitoring Program Officer, or Probation Officer on duty, immediately if he/she does not show up for work, or if he/she is fired or has quit. (Employer, please use office numbers at the top of this document).

\_\_\_\_\_  
Employer's Signature

\_\_\_\_\_  
Employee's Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Date

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## EL DORADO COUNTY ELECTRONIC MONITORING PROGRAM Drug Use Information / Agreement

NAME: \_\_\_\_\_

List any and all illegal drugs used in the last three years (This list of any illegal drug or medication will not be used to deny your application. Failure to list illegal substances may be reason to deny your application. A positive result of a urine test during the application process will result in a denial to the program).

<u>YES / NO</u>	<u>TYPE OF DRUG / MEDICATION</u>	<u>DATE OF LAST USE</u>
_____	Marijuana (hashish, pot, etc.)	_____
_____	Amphetamine (crank, speed, etc.)	_____
_____	Cocaine (crack)	_____
_____	Opiates (heroin, codeine, pain pill)	_____
_____	Hallucinogens (LSD, PCP, etc.)	_____
_____	Barbiturates (downers, seconal, Phenobarbital, etc.)	_____
_____	Librium, Valium, Dalmane, Prozac (anti-depressants, etc.)	_____
_____	Alcohol	_____

List all prescriptions you take: \_\_\_\_\_

List all over the counter medication you take: \_\_\_\_\_

List any other medications you may take: \_\_\_\_\_

List any medical problems or conditions you have: \_\_\_\_\_

The use of medical marijuana while on EMP is prohibited. While on EMP you may take prescription medication, Tylenol, and Aspirin. You must notify the EMP Officer of the use of any other over-the-counter medication you are taking.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date