|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: |       |  | Application Date: |       |
| Case#/PFN: |       |  | Stay/Surrender Date: |       |

**To apply for the Electronic Monitoring Program pursuant to Section 1203.016 of the Penal Code, complete this application and return it to Adult Probation (Main Office) 2314 N. First St. San Jose, CA. 95131.**

***If you have questions about the program, please call 408-435-2089 or 408-435-2088.***

**Please attach a copy of your Court Order: If you don’t have your copies, you can fax them to this**

**fax # (408) 577-1883. Please turn in the application at least 4 weeks prior to your surrender date.**

**Participation in the EMP program is FREE of any daily monitoring charges.**

Please answer the following question:

Do you have any pending court actions or warrants? Yes [ ]  No [ ]

If yes? Explain:

|  |
| --- |
|       |
|       |
|       |
|       |

***After receiving this application, EMP personnel will evaluate your eligibility and suitability. If you are found eligible, the Screening Officer will call you for an interview.* *If your application is denied, you will be notified via telephone and a Denial letter will be sent to the address listed on this application.***

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Name: |       | / |       | / |       | DOB: |       |
|  | Last |  | First |  | Middle |  |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Address |       | Description of residence: |       |
|  | Number Street City Zip Code |  | Color of house, apt, trailer, etc |
|       | House phone #: |       | Cell phone #: |       |
| Gender: |       | Race: |       | Hair Color: |       | Eye Color: |       | Ht: |       | Wt: |       | Scar/Tattoos: |       |
| SS #: |       | CDL/I.D. #: |       | Marital Status: |       | Spouse’s Name |       |

***Medical Information*** *(Check one.)*

 Yes No

 [ ]  [ ]  Do you have any infectious or contagious diseases?

 [ ]  [ ]  Are you taking prescription medication? If yes, please list:

|  |
| --- |
|       |

***Emergency Contact Information*** (*All information must be correct and may be verified).*

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Name: |       | Relationship: |       | Telephone #: |       |
| Address: |       | City: |       | Zip Code: |       |
| Name: |       | Relationship: |       | Telephone #: |       |
| Address: |       | City: |       | Zip Code: |       |

**Transportation information (Personal Vehicle)**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Registered Owner: |       |  | Phone#: |       |
| Vehicle License#: |       |  | Reg. Exp. Date: |       |
| Vehicle year & make: |       |  | Vehicle color & model#: |       |

**List all vehicles at the residence**

|  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Year |       | Make |       | Model |       | License |       | Color |       |
| Year |       | Make |       | Model |       | License |       | Color |       |
| Year |       | Make |       | Model |       | License |       | Color |       |
| Year |       | Make |       | Model |       | License |       | Color |       |

***Employment Information***

|  |  |  |  |
| --- | --- | --- | --- |
| Employer: |       | Occupation: |       |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| Address: |       | / |       | / |       | / |       |
|  | Number |  | Cross Street |  | City |  | Zip Code |
| Supervisor's Name: |       | Telephone Number: |       |
| Hours working: From: |       | To: |       | Check Day(s) working: Su [ ]  Mo [ ]  Tu [ ]  We [ ]  Th [ ]  F [ ]  Sa [ ]  |

***You are limited to 50 hrs workweeks, which includes travel time from your residence to your place of employment.***

***If necessary, we may contact your employer for verification. Additional time may be allowed on a case -by- case basis.***

***Cohabitant Agreement***

**By signing this agreement all cohabitants** must agree with the program (EMP) rules which apply to the EMP participant and allow EMP personnel access to the residence to enforce program rules and regulations.

Permission to Search

|  |  |  |
| --- | --- | --- |
| I understand that  |       | has applied for the Santa Clara County Probation Department, |
|  | (Applicant Name) |  |

Electronic Monitoring Program. If accepted, the above named applicant will be residing in my home while participating in the program.

I understand that the person on EMP is subject to search of both his/her person and all areas under his/her control and that those portions of my residence being used by this person are therefore subject to search at any time by personnel of the Santa Clara County Sheriff's Department.

I agree to allow officers/EMP personnel of the Santa Clara County Probation Department complete access to all areas of my residence being used by the above named person during his/her participation on the Electronic Monitoring Program.

I also understand that failure to allow entry into my home when requested by an officer/EMP personnel will result in the person being removed from the **Electronic Monitoring Program** and returned to the Santa Clara County Jail.

List all residence tenants and have each sign if they **over 18 years old.** (If you need more space use the back of the page)

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| Print Name |  | Relationship |  | Date of Birth |  | Signature |
| Example: John Doe |  | Father |  | 01/01/45 |  | *John Doe* |
|       |  |       |  |       |  |  |
|       |  |       |  |       |  |  |
|       |  |       |  |       |  |  |
|       |  |       |  |       |  |  |
|       |  |       |  |       |  |  |
|       |  |       |  |       |  |  |
|       |  |       |  |       |  |  |

**Electronic Monitoring Program**

**Rules and Regulations**

*(Please put your initials if you agree with the rule)*

|  |  |  |
| --- | --- | --- |
| I, |       | , as a participant on the Santa Clara County Electronic Monitoring Program, hereby agree to be governed by |

by the following rules and regulations. I further agree that any violation of City, County, State or Federal laws or failure to obey these rules and regulations may result in disciplinary action and/or removal from the program.

|  |  |
| --- | --- |
| [ ]  | 1. **I agree and understand that being a participant on EMP is a privilege and not a right.** |
|  |  |
| [ ]  | 2. I understand that if I absconded from the program, a warrant for my arrest will be issued. |
|  |  |
| [ ]  | 3. I agree to remain in my residence and the surrounding areas, no more than 50 Ft. and I must notify the EMP personnel of any pets I have in my residence. |
|  |
|  |  |
| [ ]  | 4. I am liable for all equipment installed in my house and agree to maintain electrical service at all times. I will notify the EMP personnel of any problem I may have with the equipment. (All EMP devices **cannot** be exposed to X-Rays or MRI's). |
|  |
|  |  |
| [ ]  | 5. I understand that in addition to electronic surveillance, I will be subject to contact surveillance including unannounced/unscheduled visits to my work and home. |
|  |
|  |  |
| [ ]  | 6. I will answer all incoming calls from the EMP personnel and the monitoring service, which can be at any hour. |
|  |  |
| [ ]  | 7. I will abide by all instructions given by the EMP personnel and/or the monitoring service. |
|  |  |
| [ ]  | 8. My residence and all persons who reside there must meet the approval of the EMP personnel. The environment must be conducive to successful completion of my program. ***If anyone in the residence is on Parole or Probation, I must notify the EMP personnel.*** I must notify the EMP personnel 24 hours in advance of any visitors to my residence. (**No visitors on parole or probation are allowed at the residence, nor are parties or social gatherings, and NO OVERNIGHT GUESTS unless approved by EMP personnel).** |
|  |
|  |  |
| [ ]  | 9. I understand I must be properly dressed and will be respectful during all EMP personnel contact (this also applies to family members and guest). |
|  |
|  |  |
| [ ]  | 10. I will not possess or keep any type of weapons (firearms, daggers, knuckles etc. etc.) at my residence, car or at work. |
|  |
|  |  |
| [ ]  | 11. I agree to a warrantless search of my person, residence and vehicle at any time of the day or night while participating on EMP by any peace officer and/or EMP personnel. |
|  |
|  |  |
| [ ]  | 12. Any incident at my residence where Law Enforcement personnel, Fire Department personnel, Probation Office personnel or Medical personnel respond must be reported to the EMP personnel immediately. |
|  |
|  |  |
| [ ]  | 13. I agree that in case of medical emergency of an immediate family member or myself, I will attend to that matter immediately, notify the EMP personnel via telephone immediately and provide verification when the crisis has passed. (For all authorized leave of absence from my residence or work site, I will provide proof via fax, email and text messages) |
|  |
|  |  |
| [ ]  | 14. I will notify the EMP personnel of work schedule changes or if work is cancelled for the day. I will eat only at my work site or place authorized by EMP personnel. If **my employment is terminated**, I will immediately return to my residence and notify the EMP personnel. |
|  |
|  |  |
| [ ]  | 15. I agree to continue any counseling or rehabilitative programs ordered by the Courts or Probation. This must be pre-approved by EMP staff. (**You will be required to show proof of attendance)** |
|  |

|  |  |
| --- | --- |
| [ ]  | 16. I am prohibited from having any contact via phone or in person with other EMP participants or with current in custody inmates. While I am at home, I am required to answer all calls or texts from EMP personnel. |
|  |
|  |  |
| [ ]  | 17. The making, drinking, possessing or being under the influence of **ANY ILLEGAL NARCOTICS, ILLEGAL DRUGS, ALCOHOL (or its containers), INTOXICANTS or MISUSE/ABUSE OF NONPRESCRIPTION OR PRESCRIPTION MEDICATION IS PROHIBITED. Medicinal Marijuana is prohibited while doing EMP.** |
|  |
|  |  |
| [ ]  | 18. I agree to submit to alcohol and/or drug testing as directed by EMP personnel. |
|  |  |
| [ ]  | 19. I will not lie or falsely represent the truth to any officer or civilian employee of the Probation Department, or any other law enforcement agency. |
|  |
|  |  |
| [ ]  | 20. If I fail to abide by the terms and conditions above, I understand that I will be failed from EMP |

**TRANSFERS-OUT ONLY** (To serve EMP sentence outside of Santa Clara County)

|  |  |
| --- | --- |
| [ ]  | 21. If rejected or terminated from EMP for any reason, I agree to return to Santa Clara County and report to the EMP Screening Officer within 48 hours of rejection or termination. (Failure to do so may result in the issuance of a Warrant for your arrest.) |
|  |

Work/School Schedules:

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| CURFEW SCHEDULE |   |   |   |   |
| **DAY** | **LEAVE HOME****TIME** | **ARRIVALTIME** | **DEPARTURE****TIME** | **ENTER HOME****TIME** | **LOCATION** |
| *Monday* |       |       |       |       |       |
|   |       |       |       |       |       |
| *Tuesday* |       |       |       |       |       |
|   |       |       |       |       |       |
| *Wednesday* |       |       |       |       |       |
|   |       |       |       |       |       |
| *Thursday* |       |       |       |       |       |
|   |       |       |       |       |       |
| *Friday* |       |       |       |       |       |
|   |       |       |       |       |       |
| *Saturday* |       |       |       |       |       |
|   |       |       |       |       |       |
| *Sunday* |       |       |       |       |       |

I have read and initialed each rule indicating that I understand the rules and my responsibilities while on the Electronic Monitoring Program. I have also informed the cohabitants of the program rules and regulations. I further understand that if I violate any of these rules, I will be removed from the program and returned to custody in the Santa Clara County Jail.

|  |  |  |  |
| --- | --- | --- | --- |
| Applicant Signature: |  | Date: |       |

**FOR SCRAM CLIENTS ONLY** *(to be completed on the date of the equipment installation and EMP start date)*

|  |  |
| --- | --- |
| [ ]  | 1. I agree not to remove, tamper with, or place any obstructing material between the TAD transmitter and my leg. |
|  |  |
| [ ]  | 2. Only in an emergency or with the prior permission of my officer will I remove the TAD transmitter. |
|  |  |
| [ ]  | 3. I experience a burning sensation, rash on my skin, or any other apparent health risk from the TAD transmitter, I will contact my officer immediately. |
|  |

***Banned Products:***

|  |  |
| --- | --- |
| [ ]  | 4. I understand that I am not to use any product containing alcohol, including, but not limited to: medicinal alcohol, household cleaners and disinfectants, mouthwash, lotions, body washes, perfumes, colognes, or other hygiene products that contain alcohol. No products other than soap and water should be used on the skin around the TAD transmitter. |
|  |

***Tampering:***

|  |  |
| --- | --- |
| [ ]  | 5. I understand that the use of banned products or any effort to interfere with the TAD transmitter is an attempt to tamper with the unit and will be considered a violation of this agreement. |
|  |

***Swimming & Bathing:***

|  |  |
| --- | --- |
| [ ]  | 6. I understand that I am not to submerge the TAD transmitter in water. Showers are the only permitted bathing method. I understand that if I submerge the TAD transmitter in water it will be treated as a tamper attempt and will be handled in the same manner as intentional damage. I understand that I will be held liable for any damages caused by submerging the TAD transmitter as well as for additional hookup fees when new equipment is required. |
|  |

***Personal Hygiene:***

|  |  |
| --- | --- |
| [ ]  | 7. I agree that when showering, I will thoroughly clean the area around the transmitter with soap and water. I will thoroughly rinse with clean water and dry the TAD transmitter. I understand that failure to rinse away all soap and dry the area around the TAD transmitter may result in a mild skin rash. |
|  |

***Current Health Status or Pre-existing Medical Conditions:***

|  |  |
| --- | --- |
| [ ]  | 8. I agree that I will reveal my current health status to my officer and will also notify them of any pre-existing medical conditions that I am aware of such as pregnancy, diabetes, or any type of known skin disorder or condition. |
|  |

I acknowledge receipt of:

|  |  |  |  |
| --- | --- | --- | --- |
| * TAD Transmitter Serial Number
 |       | **Initial Here** |       |
| * Home Base Receiver Serial Number
 |       |  |

I also understand that I will be held responsible for damage, other than due to normal wear, to the TAD transmitter or Home Base receiver. I also understand that if I do not return the equipment in good working condition, I will be charged for the repair or the replacement of the equipment as follows:

|  |  |  |
| --- | --- | --- |
| * Full Replacement of the TAD Transmitter
 | $2,215.00 |  |
| * Full Replacement of the Home Base Receiver
 | $1,285.00 | **Initial Here** |       |

**\*\*For Court Order Condition of Probation Cases:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date:** |       | **Tentative Completion Date:** |       |
| Applicant Name: |       |  |  |
| Applicant Signature: |  | Date: |       |

**FOR SOBERLINK CLIENTS ONLY** *(to be completed on the date of the equipment installation and EMP start date)*

|  |  |
| --- | --- |
| [ ]  | 1. Keep the SL2 unit in my possession at all times for the duration of the program. |
|  |  |
| [ ]  | 2. Keep the SL2 device adequately charged at all times. |

***Testing Procedures:***

|  |  |
| --- | --- |
| [ ]  | 3. Sunglasses, hats, or any other items that may distort my appearance will not be worn while testing. |
|  |  |
| [ ]  | 4. I will not place my hands on the mouthpiece or cover the back vent while testing. |
|  |  |
| [ ]  | 5. I will look directly into the camera during the test and not obstruct the camera in any way. |
|  |  |
| [ ]  | 6. I will refrain from eating twenty (20) minutes prior to testing. |
|  |  |
| [ ]  | 7. I will wait at least twenty (20) minutes after using mouthwash or any product containing alcohol, such as but not limited to, hand sanitizing gel or any other topical substances (cologne or bug spray) before I submit to testing on the SL2 device. |
|  |  |
| [ ]  | 8. When prompted for any test that is non-compliant, I will retest as instructed until my BAC registers a compliant test. Failure to retest as instructed may be considered a “positive” reading and/or may be considered breach of this contract as a “failure to comply”. |
|  |  |
| [ ]  | 9. I will take the test in normal operating temperatures (32\* - 105\* F) |

***Equipment Tampering:***

|  |  |
| --- | --- |
| [ ]  | 10. Efforts to cover or obstruct the view of the camera lens during testing will be reported to my supervising officer as an attempt to defeat the equipment and in violation of this agreement. |
|  |  |
| [ ]  | 11. Attempts to introduce outside agents and or substances to the device will be considered a violation. |

***Equipment Malfunctions:***

|  |  |
| --- | --- |
| [ ]  | 12. I will report problems that I encounter with the SL2 device immediately to my supervising officer. If I am unable to speak to anyone in person or if I call during non-business hours, I agree to leave a voicemail that includes my name, the time, and the nature of my problem. |

***Equipment Care:***

|  |  |
| --- | --- |
| [ ]  | 13. I will store the SL2 device in the protective case at all times when not in use and away from items that could contain alcohol. |

***Acknowledgment of Equipment Receipt:***

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| [ ]  | 14. SL2 Unit Number |       | , and |       | (#) of Breathalyzer Tubes. |

***Responsibility for Lost, Damaged or Stolen Equipment:***

|  |  |
| --- | --- |
| [ ]  | 15. I will be held liable for any equipment damage other than that caused by normal wear, I will pay for repairs or replacement costs and will be charged if the device is lost, stolen or damaged. (ie. Dropped submerged in water or other liquids, or other activity resulting in damage to unit components). |
|  |  |
| [ ]  | 16. If I fail to return the equipment, I will be charged for the full replacement cost as follows: |

**SL2 Device $800.00**

**SL2 Case $15.00**

**Charger $10.00**

**\*\*For Court Order Condition of Probation Cases:**

|  |  |  |  |
| --- | --- | --- | --- |
| **Start Date:** |       | **Tentative Completion Date:** |       |
| Applicant Name: |       |  |  |
| Applicant Signature: |  | Date: |       |