

# EL DORADO COUNTY PROBATION DEPARTMENT

## SHINGLE SPRINGS OFFICE

3974 Durock Road, Ste. 205  
Shingle Springs, CA 95682  
Tele. (530) 621-5625  
FAX (530) 676-6216

## 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



**Brian J. Richart**  
Chief Probation Officer

## EL DORADO COUNTY VOLUNTARY ELECTRONIC MONITORING PROGRAM Application Packet

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

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

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

CASE NUMBER: \_\_\_\_\_

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

Applicant Handout

Voluntary Electronic Monitoring Application

Resident Agreement (signed by all adults in your residence)

Employment Agreement

Drug Use Information / Agreement

Photocopy of the Court Order showing jail sentence information

**Non-refundable** application fee of \$25 (**Exact 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. Make any photocopies for yourself before you send this information as we cannot make copies for you. To allow enough time for application processing, please turn in your application at least twenty (20) business days before your Court-ordered surrender date.

**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:

Shingle Springs Office  
3974 Durock Road, Ste. 205  
Shingle Springs, CA 95682

- OR -

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

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## EL DORADO COUNTY VOLUNTARY ELECTRONIC MONITORING PROGRAM Applicant Handout

### **PROGRAM POLICY:**

The Probation Department operates the Voluntary 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, pursuant to Section 1203.016 P.C. the Chief Probation Officer or designee has the sole discretion to accept an applicant to the EMP.** Applicants who are prohibited from EMP services by Court order are ineligible.

### **PROGRAM CONCEPT:**

The Voluntary EMP 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 and/or dental appointments, and other pre-approved situations.

### **SELECTION CRITERIA:**

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

1. Defendants must be assessed as **LOW** risk offenders, are 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. Medically qualified inmates may be placed on Voluntary EMP regardless of remaining time to serve, at management discretion.
5. Defendants with the following convictions are **ineligible** for Voluntary EMP:
  - Current or prior felony convictions listed in Sections 667.5(c) PC, A VIOLENT FELONY ALLEGATION, or 1192.7(c) PC, A SERIOUS FELONY ALLEGATION.
  - Current felony and misdemeanor convictions of Sections 273.5 PC, CORPORAL INJURY TO SPOUSE OR COHABITANT, or 243(e)(1) PC, BATTERY TO SPOUSE OR COHABITANT (Domestic Violence).
  - Sexual offense convictions (except Section 261.5(b) PC, UNLAWFUL SEXUAL INTERCOURSE).
  - Current felony D.U.I. convictions.

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

### **Applicant Handout**

6. Other possible disqualifying factors:
- History of poor conduct on probation or in jail.
  - Warrants/charges pending outside this jurisdiction (El Dorado County).
  - 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.

**Notice:** There are additional qualifications or factors that may result in ineligibility for Voluntary 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 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 Voluntary EMP. 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 program termination.

#### **MOVING RESIDENCE:**

Prior to moving 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, Post Release Community Supervision violations, violations of Mandatory Community Supervision, or drug/alcohol usage will be processed immediately and the participant will be returned to full custody status (jail).

Violations of program rules including the EMP contract violations, unanswered telephone calls, and 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. As a voluntary program, 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 Voluntary EMP.

**EL DORADO COUNTY VOLUNTARY ELECTRONIC MONITORING PROGRAM**

**Applicant Handout**

**SEARCHES:**

Participants 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 Voluntary 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 Voluntary EMP.**

**ADDITIONAL REQUIREMENTS:**

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

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

Electronic monitoring equipment will be used in all approved EMP cases.

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) business days. A defendant must be accepted by the Probation Department in writing to EMP in order to be relieved of the 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 VOLUNTARY 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 CONTACT: \_\_\_\_\_ PHONE NO: \_\_\_\_\_

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

**COURT INFORMATION:**

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

Last Court date: \_\_\_\_\_ Court Case #: \_\_\_\_\_

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

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

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

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You will be asked to submit to drug testing at the time of application. You 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

**EL DORADO COUNTY VOLUNTARY ELECTRONIC MONITORING PROGRAM**

**Application**

**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, Mandatory Community Supervision, Post Release Community Supervision or Parole? Yes  No  County: \_\_\_\_\_

Parole/Probation Officer's Name: \_\_\_\_\_ Phone#: \_\_\_\_\_

**HOUSING INFORMATION:**

How long have you resided 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: \_\_\_\_\_

(Attach additional sheets of paper if necessary)

**TRANSPORTATION TO WORK INFORMATION:**

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

Do you drive to work? Yes  No  Vehicles you own and their license numbers: \_\_\_\_\_

If not, how do you get to work? \_\_\_\_\_

**APPLICATION PROCESS:**

You can submit your application, with a non-refundable application fee of \$25 (Exact Cash, Cashier's Check or Money Order ONLY) in person or through the mail to either of the addresses below. Please make **cash** payments in person at either Probation Office, not by mail. To allow enough time for application processing, please turn in your application at least twenty (20) business days before your Court-ordered surrender date:

Shingle Springs Office  
3974 Durock Road, Ste. 205  
Shingle Springs, CA 95682

**- OR -**

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

**SUBMITTING AN APPLICATION FOR THE VOLUNTARY 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 VOLUNTARY ELECTRONIC MONITORING PROGRAM.**

I have read the above information and I understand I must contact the Probation Department, Electronic Monitoring Probation Officer, regarding my report date. If I am placed on the Voluntary 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

## EL DORADO COUNTY VOLUNTARY ELECTRONIC MONITORING PROGRAM Drug Use Information

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

List any and all legal and illegal drugs used in the last three years (The use of any illegal drug or medication will not be used to deny your application. However, failure to list illegal substances used may be reason to deny your application. A positive result of a urine sample during the application process will result in a denial to Voluntary EMP).

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

List all prescription medication you take: \_\_\_\_\_

\_\_\_\_\_

List all over the counter medication you 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. Any other over the counter medication must be discussed with the EMP Probation Officer.

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

\_\_\_\_\_  
 Date