

**SONOMA COUNTY SHERIFF'S OFFICE
DETENTION ALTERNATIVES UNIT
ELECTRONIC MONITORING PROGRAM**

2254 Ordinance Road
Santa Rosa, CA 95403

(707) 578-6042 Fax (707) 544-0155

Email: detention-alternatives-unit@sonoma-county.org

DATE: _____

SUBMIT COMPLETED APPLICATION TO ABOVE ADDRESS OR FAX NUMBER

Last Name: _____ First: _____ Middle: _____

Other Names: _____

Social Security Number: _____ Date of Birth: _____ Age: _____

Driver's License Number: _____ Sex: _____ Race: _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Primary Language: _____

Home Street Address: _____

City: _____ State: _____ ZIP Code: _____

Home Phone: _____ Cell Phone: _____

Mailing Address (If different): _____ Email Address _____

City: _____ State: _____ ZIP Code: _____

Employer: _____ Occupation: _____

Number of hours worked a week: _____ Hourly Wage: _____

Work Street Address: _____

City: _____ State: _____ ZIP Code: _____

Work Phone: _____ Supervisor's Name: _____

I declare that I am the above named subject's employer/supervisor and as such understand I have an obligation to the Sheriff's Office to report all absences not previously scheduled. If the employee leaves work early or arrives late, uses controlled substances or appears under the influence of a controlled substance, I will immediately notify the program office.

Employer's Signature

Print Name

Date

WEEKLY WORK SCHEDULE

Arrive Work Time

Depart Work Time

	Arrive Work Time	Depart Work Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Are you covered by Worker's Compensation Insurance?: _____

If not, do you have other insurance coverage?: _____

Do you have medical/personal problems that might interfere with the program(s) you are applying for?

If yes, explain: _____

Transportation (Circle): Walk Bus Ride from Friend or Relative Personal Car

Make/Model of Car: _____ / _____ Year: _____ Color: _____

License Plate Number: _____

Insurance Company: _____ Policy Number: _____

If you are applying for Electronic Monitoring, you must list all persons residing in your home, including their age, their relationship to you, and if they are currently on probation or parole.

Name:	Age:	Relationship to you:	Probation/Parole?
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

(List any additional persons on a separate sheet of paper of necessary)

Court Case Number(s): _____

Offense(s): _____

Amount of time to serve? _____

When is your turn-in date? _____

Have you previously (or currently) been supervised by a Probation Officer? Yes No

If Yes, Where? _____ When? _____

Who is/was your Probation Officer? _____

Why? _____

Do you have any pending matters in any courts? Yes No If yes, explain: _____

Are you on probation in any other counties? Yes No If yes, explain: _____

I hereby authorize the Sheriff's Office to make whatever contacts and investigation deemed necessary to confirm the accuracy of the information contained in this application. Detention Alternatives investigators are requested and authorized to release and disclose criminal offender record information. I certify that disclosure of this information is for the purpose of furthering my own rehabilitation. I absolve all parties from any liability as a result of releasing said information. I also authorize Jail Medical Staff to release any and all medical information/history to the Sheriff's Office. I declare that all of the information on this form is true and correct.

_____ Applicant Signature	_____ Print Name	_____ Date
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