ORANGE COUNTY

OC Probation

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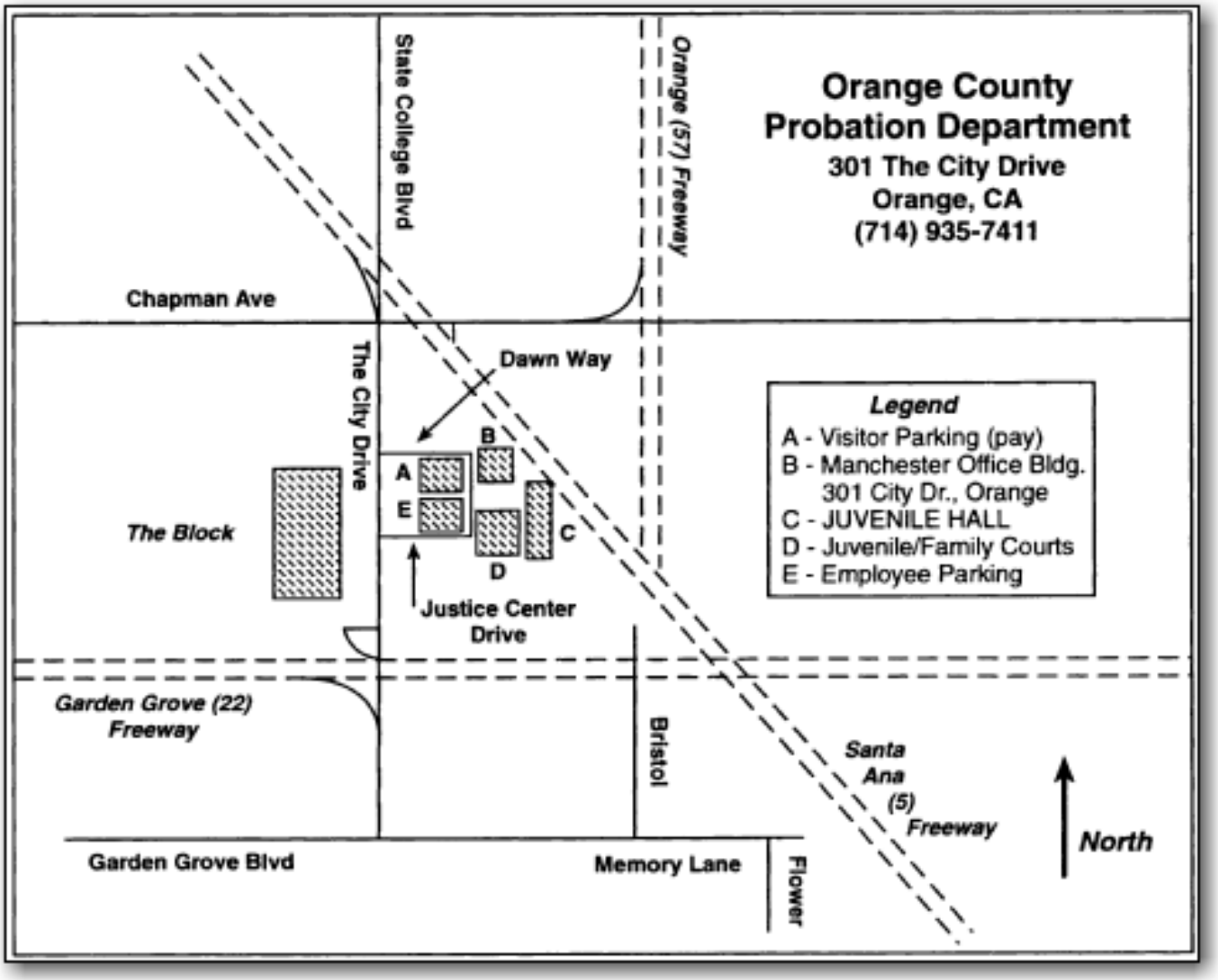
SUPERVISED ELECTRONIC CONFINEMENT

The Supervised Electronic Confinement Program is designed to assist those who qualify to maintain employment or remain at home (or both) while serving a custody commitment to the Orange County Jail.

If you are interested in applying for the Supervised Electronic Confinement Program, you must call the Supervised Electronic Confinement Clerk at (714) 935-7259 **IMMEDIATELY**. The application process takes two (2) weeks or more to complete, so you should call now.

At the time of your interview, you will need to bring **ORIGINALS AND COPIES OF THE FOLLOWING ITEMS** to 301 City Drive, 5th Floor, Orange. These copies will not be returned to you.

1. A copy of your phone bill showing telephone number, address, account balance, and whether or not the phone bill id is your name
2. The Supervised Electronic Confinement application completely filled out in black ink
3. All court documents and police reports related to your present court proceedings (Minute Orders/Probation Orders/Extensions)
4. Current Automobile Registration—whether or not you are permitted to drive and/or if you have access to someone else's vehicle
5. Proof of current Automobile Insurance (the first page of the policy showing proof of liability)
6. California Driver's License or your California I.D.
7. Three recent pay check stubs and/or a letter from employer indicating length of employment, normal days and hours worked and hourly pay
8. Social Security Card and/or prior income tax statement showing Social Security number
9. Birth Certificate
10. If someone else will provide private transportation, you must provide a current copy of the items listed below:
    a. Current Automobile Registration
    b. Proof of current Automobile Insurance (first page of policy)
    c. Automobile Description (make, model, color, year, and license plate #)
    d. California Driver's License
11. A diagram of your home
12. You must provide the following information on all adults and children in your home: (a) Name, (b) Date of Birth, and (c) Driver's License or I.D., Social Security Number
13. If you do not speak English, **please** bring an interpreter



Freeway Exits:

Garden Grove (22) Freeway at the City Drive

Santa Ana (5) Freeway northbound at Chapman Avenue

Southbound at State College Blvd. /The City Drive

Orange (57) Freeway at Chapman Avenue

APPLICATION FOR SUPERVISED ELECTRONIC CONFINEMENT

INSTRUCTIONS TO APPLICANT: Application may be made after you have been sentenced. You should telephone the Probation Department for an appointment to begin the application process. Please refer to the atta ched sheet for information on whom to contact.

Spanish speaking only _____ Other language _____

PRINT IN BLACK INK ONLY. ANY FALSE ANSWERS MAY RESULT IN A DENIAL OF YOUR APPLICATION.

(Do not sign this application until you are interviewed, as yo ur signature must be witnessed by a Deputy Probation Officer.)

I hereby declare that the statements on this application are true and I realize that a false answer may result in denial of my application. I understand it may be necessary for my employer to know the nature of my offense(s).

SIGNATURE _____ Date _____

WITNESSED BY _____

NAME _____HOME PHO NE (___)_____CELL(___)_____

HOME ADDRESS _____ APT #_____ CITY _____ZIP _____

ARE YOU PRESENTLY IN JAIL?_____ BOOKING # _____ RELEASE DATE _____
WHICH JAIL ARE YOU LOCATED AT: [ ] THEO LACY [ ] MAIN [ ] JAMES MUSICK

DATE OF BIRTH _____ DRIVER'S LIC. _____ [ ] VFD

CITIZENSHIP _____ REGISTRATION # _____

PLACE OF BIRTH _____ ETHNIC BACKGROUND _____ COMPLEXION _____

HEIGHT _____ WEIGHT _____ SOCIAL SECURITY NO. _____ [ ] VFD

EYES _____ HAIR _____ SEX _____ SCA RS (List)_____OR
TATTOOS (Describe)_____

SOCIAL INFORMATION

WHO LIVES WITH YOU? (LIST NAMES, AGES, D.O.B., DL#, AND RELATIONSHIP)

_____

_____

_____

_____

_____

_____

YOUR MARITAL STATUS _____ NAME OF SPOUSE _____

SPOUSE EMPLOYED BY _____ ADDRESS _____

SPOUSE CONTACT PHONE _(____)_____CITY _____ ZIP _____

COURT STATUS

DEFENDANT'S NAME _____ **A#** _____

---------- **FIRST CASE** ----------

COURT CASE # _____ JUDGE _____

OFFENSE CODE (S) AND DESCRIPTION _____

LENGTH OF SENTENCE (DAYS) _____CREDIT FOR TIME SERVED _____ARRESTING AGENCY_____

DATE OF ARREST _____ DATE SENTENCED _____ CO-DEFENDANTS _____

---------- **SECOND CASE** ----------

COURT CASE # _____ JUDGE _____

OFFENSE CODE (S) AND DESCRIPTION _____

LENGTH OF SENTENCE (DAYS) _____CREDIT FOR TIME SERVED _____ARRESTING AGENCY_____

DATE OF ARREST _____ DATE SENTENCED _____ CO-DEFENDANTS _____

LENGTH OF SENTENCE ALL CASES _____ JAIL REPORT DATE _____ TIME _____

ATTORNEY _____ TELEPHONE (__)_____

PRIOR RECORD

LIST **ALL** ARRESTS YOU HAVE HAD, INCLUDING JUVENILE. INCLUDE THE CHARGE (S), PLACE WHERE ARRESTED, DATE (S), DISPOSITION (S) REGARD LESS OF WHETHER CASE WAS DISMISSED OR NOT. FAILURE TO INCLUDE THIS INFORMATION CAN RESULT IN A DENIAL OF YOUR APPLICATION.
Use separate sheet if necessary.

_____

_____

_____

_____

_____

_____

_____

ARE YOU CURRENTLY ON PROBATION OR PAROLE? _____ YES _____ NO

WHICH COUNTY?_____NAME OF PROBATION/PAROLE OFFICER_____PHONE _____

OTHER THAN THE PRESENT OFFENSE, ARE YOU NOW UNDERGOING OTHER COURT ACTION? (EXPLAIN)

_____

_____

_____

_____

PRIMARY EMPLOYMENT

JOB TITLE _____

NAME OF EMPLOYER _____SUPERVISOR_____

ADDRESS _____ TELELPHONE _____

JOB SITE ADDRESS _____

INCOME: HOURLY WAGE _____ MONTHLY_____

SCHEDULED WORK DAYS _____ THROUGH _____ HOURS _____ TO _____

SECOND EMPLOYMENT OR SCHOOL

JOB TITLE _____

NAME OF EMPLOYER/SCHOOL _____ SUPERVISOR _____

ADDRESS _____ TELELPHONE _____

JOB SITE ADDRESS _____

INCOME: HOURLY WAGE _____ MONTHLY_____

SCHEDULED WORK/SCHOOL DAYS _____THROUGH_____HOURS _____TO_____

How applicant will travel from place of confinement: [ ] VFD

_____ Bus/Route # _____

_____ Auto/Driver's name _____ Driver's license No. _____

Address _____

Street City ZIP

Telephone _____

Relationship to applicant _____

Describe auto _____ Auto License No. _____ [ ] VFD

(year, model, color, body type)

Liability Insurance Carrier _____

ADDITIONAL DRIVER

_____ Auto/Driver's name _____ Driver's license No. _____

Address _____

Street City ZIP

Telephone _____

Relationship to applicant _____

Describe auto _____ Auto License No. _____ [ ] VFD

(year, model, color, body type)

Liability Insurance Carrier _____