

Siskiyou County Jail Electronic Monitoring Program E.M.P

To participate in the EMP program you must complete an application prior to being considered for the program.

Requesting an EMP application does not negate the court order to set up a commitment date with the jail. You still need to set up a date for your commitment with the jail. If you are accepted into the program EMP personnel will remove you from the commitment schedule. If you are not accepted into the EMP you will be expected to keep your scheduled commitment date.

If you are on formal felony probation you are not eligible for the Siskiyou County Jail EMP program. You must contact Siskiyou County Probation regarding eligibility into the Siskiyou County Probation EMP program.

You may pick-up the applications at the Siskiyou County Jail.

There is a \$40.00 hook-up fee and the program will cost you \$10.00 per day that you are on the program.

You must have an active phone line to your place of residence. This line must remain active during your entire time in the program.
(Cell phones will not qualify)

Your place of residence must have a physical address and you may not move from that address during your time in the program. Your place of residence must be within Siskiyou County, California and you may not leave the county during your time in the program.

You will be expected to provide written documentation from your employer or any program directors regarding employment and/or court ordered program schedules.

You will be expected to pay the hook-up fee and at least half of the program fees at the time you are placed in the program. The remainder of the fees must be paid prior to your release date from the program.

The only accepted means of payment are cash or money orders.

SISKIYOU COUNTY SHERIFF'S OFFICE
JON LOPEY, SHERIFF
SHERIFF'S HOME INCARCERATION PROGRAM
315 S. OREGON STREET, YREKA, CA. 96097
530/842-8156 FAX 530/842-1507

APPLICATION FOR ELECTRONIC MONITORING

NAME OF APPLICANT (LAST, FIRST, MIDDLE)				RACE	BIRTHDATE	AGE
HOME ADDRESS	APT#	CITY	ZIP	HOME PHONE	CELL PHONE	
SOCIAL SEC. NUMBER	SEX MALE FEMALE		HEIGHT	WEIGHT	EYE COLOR	HAIR COLOR
CALIFORNIA DR. LICENSE#	LICENSE STATUS VALID SUSP. REVOKED RESTRICTED			PLACE OF BIRTH		
CITIZEN OF WHAT CO.			ALIEN REGISTRATION#	PLEASE NOTE: IF YOU ARE NOT A CITIZEN OF THE UNITED STATES, YOU WILL BE REQUIRED TO BRING YOUR IMMIGRATION REGISTRATION WITH YOU AT THE TIME OF YOUR APPOINTMENT AND/OR INTERVIEW.		
MARITAL STATUS MARRIED DIVORCED SEPERATED SINGLE			# OF CHILDREN	AGE(S) OF CHILDREN	LIVE WITH YOU YES NO	
DO YOU PAY SPOUSAL AND/OR CHILD SUPPORT YES NO		AMOUNT?	NAME OF PERSON TO WHOM PAID		THEIR PHONE NUMBER	
NAME OF EMPLOYER				OCCUPATION		
EMPLOYER'S ADDRESS				EMPLOYER'S PHONE NUMBER		
SUPERVISOR'S NAME		GROSS DAY (INCLUDING TIPS, COMMISSIONS, ETC.) \$ PER: WEEK BI-WEEKLY MONTH			HOW LONG AT PRESENT JOB?	

INSTRUCTIONS IN FILLING OUT YOUR APPLICATION

Be completely honest in your answers. Failure to tell the truth may result in denying your application for this program. Make sure you answer **ALL** the requested information to the best of your ability. If the question is not applicable, or the answer is unknown, state so. Do not leave any questions blank. If you fail to complete all information requested on this application, it may result in a delay or denial to the program. Please refer to the 'Information Packet' and 'Instruction Sheet' that accompany this application for complete instructions. A \$40.00 NON-REFUNDABLE APPLICATION FEE IS DUE AT THE TIME YOU SUBMIT YOUR APPLICATION.

* * *

OFFICE USE ONLY

TRANSFER	OUT	IN
COUNTY		

SHERIFF'S ID# _____ DATE SUBMITTED _____ STAFF _____

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RICK RIGGINS, SHERIFF
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CO-RESIDENT AGREEMENT

I/we, the undersigned being co-residents of _____, have been advised of the following restrictions necessary for his/her placement on the Electronic Monitoring Program.

- 1) No alcohol or drugs permitted on the premises.
- 2) No deadly weapons permitted in or around the residence or grounds of the residents, i.e. firearms, martial arts weapons, or explosives.
- 3) No visitors of social gatherings in the residence unless approved by the Electronic Monitoring staff.
- 4) The residence and any vehicle occupied or utilized by the person on Electronic Monitoring is subject to search and seizure at any time of the day or night, with or without a warrants and with or without reasonable/probable cause, by the Electronic Monitoring Program staff or their designee, for the purpose of determining compliance with the conditions of release on the Electronic Monitoring Program by the person on electronic monitoring.
- 5) I agree to allow any member of the Electronic Monitoring Program or his/her designee to enter my home at any time of the day or night (24 hours a day) for the purpose of supervising the person on electronic monitoring and/or inspection of the electronic monitoring equipment.
- 6) No person may join or move into the household without permission of the electronic Monitoring staff.
- 7) I understand there will be some disruption of the telephone service due to the operation of the electronic monitoring equipment, which seizes the phone line or attempts to call and communicate with the main computer whether or not the telephone is currently in use. I agree to immediately discontinue any phone call to allow the equipment to report in. I also understand that I must keep all phone calls limited to 10 minutes.

I/we agree to the foregoing restrictions on my/our actions and/or rights for the benefit provided by allowing the electronic monitoring candidate named above to participate on the Electronic Monitoring Program. I/we understand that violation of these requirements may result in consequences to the electronic monitoring participant ranging from oral reprimand to removal from the program and return to full custody at our main jail. I/we also understand and accept that any observed violations of law may result in my/our arrest and/or the filing of criminal charges against me/us.

SIGNATURE	DATE	PRINT YOUR NAME
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

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EMPLOYER'S AGREEMENT

NAME: _____

Dear Sir or Madam:

The above named person has been sentenced to a period of confinement in the county jail. This person has applied for placement in the Sheriff's Electronic Monitoring Program and, if accepted, would be permitted to serve his/her incarceration period at his/her home under strict curfew conditions. During working hours, the applicant will be allowed to leave his/her place of residence in order to allow the individual to maintain regular employment, provide family support, and meet other essential obligations.

What is the Electronic Monitoring Program?

The authority for the Sheriff to operate an Electronic Monitoring Program is embodied in 1203.016 of the California Penal Code. Those persons that have been carefully screened evaluated and determined to be a minimum security inmate or low risk offender may be allowed to serve out their jail sentence at their place of residence. The participant will be required to adhere to a strict curfew, and his/her presence at their home will be closely monitored by sophisticated electronic equipment. Supervision will also be maintained by unannounced checks at their place of employment and/or homes by a deputy sheriff.

If the applicant is selected to participate in the electronic Monitoring Program, you as the employer will be asked to report any tardiness or absence immediately to the Electronic Monitoring Program at (530) 842-8163. Reporting of other significant changes in behavior, attitude or work performance is also requested as it may assist correctional and probation staff in the person's adjustment and rehabilitation process.

Due to the nature of the program and the equipment involved, the applicant must have a fixed schedule, at least on a weekly basis. No "on-call" provisions are allowed. The employee should be working at least 32 hours per week, and cannot work more than 6 days or 60 hours, in any combination. Work through a temporary agency, unless long-term at one job site/employer, does not qualify. The type of employment and job site supervision must be appropriate considering the nature of the current conviction and criminal history, if any. In most cases, the Electronic Monitoring Program staff must have the ability to perform random, unannounced job site checks. Certain geographical limitations to the job are required. You will be contacted either in person, or by telephone to verify the information you have supplied. Should you have any questions or concerns, please feel free to contact the Electronic Monitoring Program staff or supervisor at (530) 842-8163.

Very truly yours,
Jon Lopey, Sheriff

By
Electronic Monitoring Program Supervisor

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Participant Agreement

1. I will not tamper with the electronic monitoring equipment that has been issued to me, nor will I permit tampering by any other person. Loss, intentional damage or damage sustained to the unit(s) or their components due to negligence will result in my immediate removal from the program and return to full custody. I will be held financially responsible for all equipment issued to me.
2. I understand my participation in the program will be monitored by a tamper resistant, non-removable ankle bracelet, which I agree to wear 24 hours a day during the entire period of the Electronic Monitoring Program (EMP).
3. I will be required to have a private residential phone line with basic service only. Optional services, such as call waiting or call forwarding, are not allowed. Cordless phones or answering machines are not permitted while on this program.
4. All residents of the household and I will grant admittance to my home to any agent of the Electronic Monitoring Program or his designee at any hour of the day or night.
5. I understand that I will be required to stay within the interior premises of my home and/or within the area determined by the Electronic Monitoring Program staff.
6. I will not, nor will I permit anyone else to, deface, unplug, move, tamper, abuse, alter or disconnect any monitoring or telephone equipment placed in my home while on the Electronic Monitoring Program.
7. I understand and agree that if either my electricity or telephone services are disconnected or turned off due to non-payment, I may be removed from the program and returned to full custody.
8. I will only leave my residence for the following reasons:
 - a) To attend work as pre-approved by the EMP staff
 - b) To attend and participate in a treatment program or counseling as pre-approved by the EMP staff
 - c) To attend to personal affairs as pre-approved by the EMP staff
 - d) When directed to do so by emergency personnel (i.e. police, fire, paramedic, etc.)
 - e) When an emergency situation, such as serious illness or injury to myself or my immediate family, necessitates my leaving the residence
 - f) In the case of (d) and (e), I will immediately or as reasonably practical, call the Electronic Monitoring Program and advise the program staff of such incidents during business hours. If the incident occurs during non-business hours, I will call the 24 hour recorder and explain the nature of my emergency or incident requiring me to leave. I will provide written proof of any incident to the Electronic Monitoring staff the next business day, or as reasonably practical.

All other absences require the prior approval of the Electronic Monitoring staff. I may be required to provide written documentation verifying these absences.

9. I will immediately or as soon as possible report any illness or circumstance to the Electronic Monitoring staff that prevents me from adhering to my schedule.
10. I will keep my telephone in good repair and the line available for incoming calls. All telephone conversations will be limited to 10 minutes duration or less.

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11. I will not violate any laws. If I receive a traffic citation, or have any contact with any police agency, I will report such contact as soon as possible to the Electronic Monitoring Program staff.
12. I will comply with all terms and conditions of my probation (if any) and any directives issued by my probation officer. Failure to abide with any of these orders may result in my immediate removal from the program.
13. I will not consume or possess any alcoholic beverages, illegal drugs or narcotics. I will advise the Electronic Monitoring staff of any prescription drugs I am required to take.
14. I will not possess or have in my residence any gun, explosive, or other deadly weapon as restricted by the Penal Code of California.
15. I will submit to any chemical, blood, breath, saliva or urine testing deemed necessary by the Electronic Monitoring staff.
16. I will submit my person, property, residence or vehicle to search and seizure without any warrant or probable cause, at any hour of the day or night, by the Electronic Monitoring staff or their designee.
17. I understand that all residents of the household I live in must agree to the following conditions:
 - a) no possession or consumption of alcohol on the premises
 - b) no possession of illegal drugs or narcotics
 - c) no dangerous or deadly weapons
 - d) no resident or guest shall be under the influence of any drug or alcohol
 - e) no social gathering will be held except with members of the immediate household, unless prior approval from the electronic Monitoring staff is obtained.
 - f) No visitors will be allowed unless pre-approved by the EMP staff.

In the event that any resident of my household fails, or withdraws their agreement on any of the above terms or conditions, I may be removed from the Electronic Monitoring Program.

18. No person may join or move into the household unless prior permission is obtained from the Electronic Monitoring Program staff.
19. Pets will be confined to allow free access to my residence by the Electronic Monitoring staff. I will advise the program staff of any pets or other hazards *prior* to being placed on the Electronic Monitoring Program.
20. If the length of my EMP program will be more than thirty (30) days, then at the time of hook up, I am required to pay the entire hook up fee of Forty Dollars (\$40.00) plus the monitoring fees for the remaining part of the first calendar month. Monitoring fees for anything less than a full calendar month will be calculated at Ten Dollars (\$10.00) per day. If I will still be on the EMP program through the next full calendar month, I will pay on the first Monday of that month the monitoring fees for the next full calendar month. Example: Payment on the first Monday of July pays for the month of July. If I will be on the EMP program for only part of the next calendar month, I will pay on the first Monday of the month the monitoring fees for the part of the month left on my program, calculated at Ten Dollars (\$10.00) per day. However if the length of my EMP program will be thirty (30) days or less to begin with, then at the time of hook up, I am required to pay the entire hook up fee plus the entire monitoring fee, calculated at Ten Dollars (\$10.00) per day.

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21. When I will be tardy or if I change employers, I will contact 530-842-8163 and report the change.
22. Minimum sentence is 10 days. Maximum sentence is 180 days. Any sentence less than 10 days must be authorized by a Judge. Special circumstances will be taken on a case by case basis.
23. Applicant must be a Siskiyou County resident and stay physically present in Siskiyou County for the duration of the program.
24. I understand that my employer may be contacted, either in person or by telephone, to verify my continued employment and working hours.
25. While employed, I understand I will be required to be covered by Worker's Compensation insurance through my employer.
26. I will not change my means of transportation without the prior approval of the Electronic Monitoring staff. I will furnish to the EMP staff the following information:
 - a) Vehicle license information and description (year, make, model, color, etc.)
 - b) Vehicle insurance carrier, policy number, and expiration date
 - c) Name of driver(s) and drivers license numbers
 - d) Type and schedule of public transportation

I will not use any form of transportation not specifically approved by the EMP staff.
27. Work schedules may only be changed with the approval of the Electronic Monitoring Program staff.
28. I will submit any schedule change requests at least 24 hours in advance, between the hours of 8:00 AM and 4:00 PM, Monday through Friday. I will supply any documentation requested by the EMP staff to verify my schedule. Schedule change requests will be kept to a minimum to maximize the efficiency of the program.
29. The primary use of the Electronic Monitoring Program voice mail system is for emergency situations that necessitate my leaving the home at unauthorized times, or to request a return call. I understand that leaving a message on the recorder is **NOT** authorization to change my schedule or leave my home. I must obtain prior approval in person or by telephone from the Electronic Monitoring Program staff to change my schedule. The voice mail number is 530-842-8163.
30. I understand that if I willfully failure to return to my residence with in the prescribed time, or if I leave this address at an invalid time, it shall be deemed as escape from custody and I can be charges and prosecuted to the fullest extent of the law. I further understand that willful failure to abide by the pre-determined schedule established by the EMP staff may be cause for my removal from the program.
31. During the periods I am allowed to leave my residence, I will proceed directly and only to and from the destination(s) that has/have been approved.
32. I understand if the electronic Monitoring equipment placed in my home should fail to operate properly for any reason, I may be removed from the program and returned to full custody.
33. I will abide by any reasonable requests and instructions related to program compliance.

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- 34. I will be financially responsible for any medical expenses incurred while participating in the Electronic Monitoring Program.
- 35. I understand that the loss of a receiving signal or the receipt of a tamper signal by the monitoring device shall constitute prima facie evidence that I have violated my curfew and I further agree that the computer printout may be used as evidence in a court of law to prove said violation.
- 36. If released from work or any other program component earlier than usual, or if work or other program component is canceled for the day; I will immediately return to my residence and notify the EMP staff.
- 37. I will notify the EMP staff as soon as possible of any change in status of my employment, school studies, job training, treatment program, or other Electronic Monitoring Program component or extension.
- 38. I understand any expense for special adapters necessary in the installation of electronic equipment and/or the expense of phone calls incurred to monitor this equipment shall be at my own expense.
- 39. I agree to pay a monitoring fee of Three Hundred Dollars (\$300.00) per calendar month in advance to the Electronic Monitoring Program supervisor unless other arrangements have been made. Fee amounts for partial calendar months will be calculated at Ten Dollars (\$10.00) per day
- 40. I will abide by the following additional conditions checked below:

_____ No contact with _____
_____ Other _____

I, _____, having been accepted to participate in the Electronic Monitoring Program, understand I must comply with the foregoing rules and regulations. I also understand and agree that if I violate any of these conditions, I may be subject to disciplinary actions, which may include my removal from the program without notice I further understand and agree that any and all fees paid for participation in the Electronic Monitoring Program are not refundable and will be forfeited if I violate any of the conditions of this Electronic Monitoring Program "Participant Agreement".

Participant's Signature

Date

Deputy Sheriff, Program Staff

This is my current work schedule, filled out by my employer.

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday

I affirm that the forgoing schedule is true and correct.

Signed: _____ Date: _____
Employer