



**County of Santa Clara  
Probation Department  
Electronic Monitoring Program Application**

Name: \_\_\_\_\_

Application Date: \_\_\_\_\_

Case: \_\_\_\_\_

Stay/Surrender Date: \_\_\_\_\_

**To apply for the Electronic Monitoring Program pursuant to Section 1203.016 of the Penal Code, complete and take this application and a NON-REFUNDABLE \$50.00 APPLICATION FEE (Check, Money Order, Cash, etc...) payable to COUNTY OF SANTA CLARA to:**

**County of Santa Clara  
Department of Revenue  
1555 Berger Drive, Building #2  
San Jose, Ca. 95112  
(408) 282-3200**

When you report to the EMP office to return the application, you must bring:

1. Your **completed** application with attached DOR application fee receipt (**Applications without a DOR application fee receipt will not be accepted**). Please return the application at least four weeks prior to your surrender date.
2. Your last **complete** telephone bill listing all the telephone services you have.
  - **Only basic telephone service and Local/ Long Distance are allowed.**
  - **No cable (Comcast) or Internet (VOIP) phone service.**
  - **No other telephone services are allowed such as:**  
*Anonymous Call Rejection, Busy Call Forwarding, Call Forwarding, Caller I.D., Call Return, Call Screening, Call Waiting, Call Waiting LD., Message Center Mailbox (voice mail), Priority Ringing, Privacy Manager, Select Call Forwarding, Speed Calling 8, Three-Way Calling, Toll Restrictions, etc.*
  - **Absolutely no:**  
*Answering machines, cordless telephones, computer modems (dial up or DSL), fax machines, neither satellite receivers, nor other electronic devices are allowed on the telephone line used for Electronic Monitoring.*
  - If you have any telephone services removed, a **Confirmation Letter** from the telephone company must be presented at the time of your screening interview. If possible, have the telephone company fax it to us.
3. **Court Order & Police Report**: You can fax us a copy to our office at (408) 577-1883.

Please answer the following questions:

I do ☐ /do not ☐ have any pending court actions or court cases: \_\_\_\_\_  
(Signature)

I do ☐ /do not ☐ have any outstanding warrants or citations: \_\_\_\_\_  
(Signature)

If accepted, there is an ***\$80.00 initial deposit payable within three (3) working days of starting EMP*** and ***\$49.00 per day fee*** for each day you have to serve. The initial deposit will be applied toward your total EMP cost.

***After receiving this application, Probation staff will evaluate eligibility and suitability. If your application is accepted, the Screening Officer will call you for an interview. If you have questions about the program, please call 408-435-2089.***



**County of Santa Clara  
Probation Department  
Electronic Monitoring Program Application**

Name: \_\_\_\_\_  
Last First Middle Suffix

Address \_\_\_\_\_  
Number Street Cross Street City Zip Code

House phone #: \_\_\_\_\_ EMP BI phone #: \_\_\_\_\_ Cell phone #: \_\_\_\_\_

DOB: \_\_\_\_\_ Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Ht: \_\_\_\_\_ Wt: \_\_\_\_\_

Social Security #: \_\_\_\_\_ CDL/I.D. #: \_\_\_\_\_ PFN# \_\_\_\_\_

Scars/Tattoos: \_\_\_\_\_

Are you a member of a gang?: \_\_\_\_\_ What gang?: \_\_\_\_\_

Description of residence: \_\_\_\_\_  
Color of house, apt, trailer, etc Color of Trim

Marital Status: \_\_\_\_\_ Spouse's Name: \_\_\_\_\_ # of people living in home: Adults \_\_\_\_\_ Children \_\_\_\_\_

Court: \_\_\_\_\_ Charges: \_\_\_\_\_ Report To Jail/Stay Date: \_\_\_\_\_

**Medical Information** (Check one.)

Yes	No	
<input type="checkbox"/>	<input type="checkbox"/>	Do you have any infectious or contagious diseases?
<input type="checkbox"/>	<input type="checkbox"/>	Are you taking medication? If yes, please list: _____

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

Employer: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_  
Number Street Cross Street City Zip Code

Telephone Number: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Hours working: From: \_\_\_\_\_ To: \_\_\_\_\_ Circle Day(s) working: Su – Mo – Tu – We – Th – F – Sa

**Emergency Contact Information** (List four (4) different contacts. All information must be correct and may be verified)

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: \_\_\_\_\_ Business Telephone: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Probation Officer Signature: \_\_\_\_\_ Date: \_\_\_\_\_

# Transportation Information

**FIRST DRIVER or SELF** (Required) (Please Print Legibly)

<b>Driver's Name:</b>	<b>Home Telephone #:</b>
<b>Date of Birth:</b>	<b>Business Telephone:</b>
<b>Driver's License #:</b>	<b>Expiration Date:</b>
<b>Vehicle Year:</b>	<b>Vehicle Color:</b>
<b>Vehicle Make:</b>	<b>Vehicle Model:</b>
<b>Vehicle License:</b>	<b>Reg. Exp. Date:</b>
<b>Vehicle Body Style:</b> (2 dr., 4 dr., Sedan, etc.)	
<b>Notes:</b>	

**SECOND DRIVER** (Optional) (Please Print Legibly)

<b>Driver's Name:</b>	<b>Home Telephone #:</b>
<b>Date of Birth:</b>	<b>Business Telephone:</b>
<b>Driver's License #:</b>	<b>Expiration Date:</b>
<b>Vehicle Year:</b>	<b>Vehicle Color:</b>
<b>Vehicle Make:</b>	<b>Vehicle Model:</b>
<b>Vehicle License:</b>	<b>Reg. Exp. Date:</b>
<b>Vehicle Body Style:</b> (2 dr., 4 dr., Sedan, etc.)	
<b>Notes:</b>	

Please list **ALL OTHER VEHICLES** at the residence (Please Print Legibly)

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License \_\_\_\_\_ Color \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License \_\_\_\_\_ Color \_\_\_\_\_

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ License \_\_\_\_\_ Color \_\_\_\_\_

Applicant Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## **Employee Data**

(To be completed by Employer)

**Inmate/Employee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Name of Business, Company or Firm:** \_\_\_\_\_

**Address:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Days of the week employee working (circle):**      **Sun**   **Mon**   **Tues**   **Wed**   **Thu**   **Fri**   **Sat**

*The employee is limited to 12-hour workdays. These 12 hours includes travel time to and from his/her residence to the place of employment.*

### **Work Schedule:**

**Work starting time:** \_\_\_\_\_ **Work ending time:** \_\_\_\_\_

**Base Hourly Wage Paid:** \$ \_\_\_\_\_ **Paydays:** \_\_\_\_\_ **Weekly** \_\_\_\_\_ **Bi-Weekly** \_\_\_\_\_ **Monthly**

**Indicate Holidays Business is closed:** \_\_\_\_\_

**Remarks:** \_\_\_\_\_

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**NOTE: A representative of the Santa Clara County Probation Department Electronic Monitoring Program will contact you. Please indicate day, time and location contact can be made. (Please Print)**

**Contact Person:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Location:** \_\_\_\_\_ **Time:** \_\_\_\_\_

**Employer:** \_\_\_\_\_  
(Print)

**Employer:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Signature)

## ***Employer's Agreement***

(To be completed by Employer)

**Inmate/Employee Name:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

***As an Employer of a Santa Clara County Probation Department Electronic Monitoring Program Inmate, I hereby agree to:***

**1. Provide supervision at all times.**

2. Report any tardiness and/or absences to the Electronic Monitoring Office.
3. Notify our office if the employee leaves the work site during work hours.
4. Notify our office immediately of the use of any alcohol or drugs.
5. Notify our office immediately if the employee changes work sites (if applicable).
6. Notify our office of any injury and provide an accident report.
7. Provide employee with necessary safety equipment.
8. Notify our office of any visitation at the work site.
9. Notify our office of any unauthorized telephone calls.
10. Prohibit the working of any overtime unless approved by our office.
11. Report all employment status, schedule or time changes and also provide or fax a copy of the employee's work schedule if the employee's work schedule changes on a weekly, bi-weekly or monthly basis.
12. Allow the EMP personnel to review employee's attendance/payroll records.
13. Allow the employee to schedule appointments, such as medical and legal concerns and coordinate schedules with the EMP office.
14. Allow the search of the employee and his/her immediate work area for contraband by any peace officer and/or EMP personnel.

***I have read and agree to the above listed conditions and understand that any violation of these conditions by the employee will be cause for removal from the Electronic Monitoring Program. The employee is not allowed outside of Santa Clara County.***

**Business Name:** \_\_\_\_\_ **Telephone:** \_\_\_\_\_

**Address** \_\_\_\_\_ **City:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Employer:** \_\_\_\_\_ **Date:** \_\_\_\_\_  
(Print)

**Employer:** \_\_\_\_\_ **Title:** \_\_\_\_\_  
(Signature)

**Nearest Cross Street:** \_\_\_\_\_

**NOTE: Please make a copy of Employer's Agreement for your file and reference.**

## **Cohabitant Agreement**

Whoever is living in the same residence (**cohabitants**) as the person requesting the program must agree to and sign this agreement. **All cohabitants** must abide by the same rules and regulations as the program participant. The place of **residence** is considered the place of detention and is treated as such.

## **Permission to Search**

I understand that \_\_\_\_\_ has applied for the Santa Clara County Probation Department, Electronic Monitoring Program. If accepted, the above named applicant will be residing in my home while participating in the program.  
(Applicant Name)

I understand that the person on the Electronic Monitoring Program 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.

Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

List all residence occupants **including yourself** (print names) and have each sign (**only if 18 years old and over**):

Name	Relationship	Date of Birth	Signature
<u>Example: John Doe</u>	<u>Father</u>	<u>01/01/45</u>	<u>John Doe</u>
_____	<u>Self</u>	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\_\_\_\_\_  
**Probation Officer**  
**Electronic Monitoring Program**



# 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 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 to pay the \$80.00 initial deposit fee plus \$49.00 per day fee for each day served on EMP. The initial deposit will be payable within three (3) working days of starting EMP. I also agree to accept the financial responsibility of my account and will not let my account fall below minimum fees.

\_\_\_\_\_ 2. I agree should I escape or fail the program; all monies in my EMP account will be forfeited.

\_\_\_\_\_ 3. I volunteer for this program.

\_\_\_\_\_ 4. I will not violate any City, County, State or Federal law while on the program.

\_\_\_\_\_ 5. I agree to remain within the interior of my residence within the hours designated by my EMP Probation Officer (hereafter referred to as PO). I will only leave my residence or work site when authorized to do so by my PO. When on authorized leave, I will go to and from the location authorized using the most direct route possible. If someone else is transporting me, they must be listed on the Transportation Information sheet. **I will not leave Santa Clara County.**

\_\_\_\_\_ 6. I will provide documentation to my PO for all authorized leave of absence from my residence or work site. These will be provided when I come into the office, delivered to contact staff, faxed or by mailed to my PO.

\_\_\_\_\_ 7. I agree and will allow EMP personnel (if needed) to install a monitoring device to my telephone line and 110-volt electrical outlet. I agree to the use of electronic equipment and understand the necessity for the monitoring equipment to be installed in my home; that I am responsible for any expense of adapters necessary for the installation and/or the expense for phone calls and electrical service incurred to monitor me through this equipment. I will maintain electrical service at all times.

\_\_\_\_\_ 8. I agree to be responsible for all equipment installed. I acknowledge liability for any damage or loss of any equipment installed. I will maintain electrical service at all times.

\_\_\_\_\_ 9. I will not tamper with or attempt to fix any equipment installed. I will notify my PO of any problem I may have with the equipment.

\_\_\_\_\_ 10. I will maintain my telephone service in good repair and working order. Only basic telephone service with local and long distance. No cable (Comcast) or Internet (VOIP) phone service. **No answering machines, cordless telephones, computers, modems (cable or otherwise), satellite receivers or filters of any kind nor any other electronic equipment are to be connected to the telephone line used by the monitoring device.**

\_\_\_\_\_ 11. I understand that in addition to electronic surveillance, I will be subject to contact surveillance including unannounced/unscheduled visits to my work or home. Cohabitants and employer must also agree to this.

\_\_\_\_\_ 12. My residence and all persons who reside there must meet the approval of my PO. The environment must be conducive to successful completion of my sentence. **If anyone in the residence is on parole or probation, I must notify my PO.**



## Electronic Monitoring Program Rules and Regulations

- \_\_\_\_\_ 13. I will not possess any weapons or keep any weapons at my place of confinement (residence).
- \_\_\_\_\_ 14. I must notify my PO of any pets I have at my residence. ***Dogs must be restrained between 6am-8pm.***
- \_\_\_\_\_ 15. I agree to a warrant less search of my person, residence and vehicle at any time of the day or night while participating on the Electronic Monitoring Program.
- \_\_\_\_\_ 16. I agree to accept all financial responsibility for any medical expenses that I may incur while participating in the Electronic Monitoring Program.
- \_\_\_\_\_ 17. 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 office immediately.
- \_\_\_\_\_ 18. If I become ill or injured, wherever occurred, I will notify my PO for instructions. In case of medical emergency of an immediate family member or myself, I will attend to that matter immediately, notify my PO via telephone immediately and provide verification to my PO when the crisis has passed.
- \_\_\_\_\_ 19. I will provide myself with meals required and eat only at my work site or place authorized by my EMP Probation Officer.
- \_\_\_\_\_ 20. If released from work earlier than usual or if work is cancelled for the day, I will immediately return to my residence and notify my PO. **Also, if my employment is terminated, I will notify my PO immediately.**
- \_\_\_\_\_ 21. 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.**
- \_\_\_\_\_ 22. I am prohibited from having telephone calls or contacts with other participants in this program or with current in custody inmates. While I am at home, I am required to answer the telephone. I agree to restrict all telephone calls and usage to no longer then five (5) minutes at a time.
- \_\_\_\_\_ 23. I will not go to bars, restaurants or places where alcoholic beverages are served and/or consumed.
- \_\_\_\_\_ 24. 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.**
- \_\_\_\_\_ 25. I agree to submit to alcohol and/or drug testing as directed by any Santa Clara County Probation Department's Electronic Monitoring Program personnel and I agree to pay any fees required for the testing and/or equipment.
- \_\_\_\_\_ 26. I agree and understand that being a participant on the Electronic Monitoring Program **is a privilege and not a right.**





## Electronic Monitoring Program Rules and Regulations

\_\_\_\_\_ 27. I understand it is my responsibility to answer the telephone and door when I am required to be at home. There must be NO DELAY in responding to the door and I must be properly dressed. Should I fail to do so, I will be in violation. ***I will give my PO 24 hours notice before going anywhere.***

\_\_\_\_\_ 28. I agree and understand that I must notify my PO at 24 hours in advance of any visitors to my residence. My PO must approve all visits and visitors prior to each visit. **No visitors on parole or probation are allowed at the residence** (exceptions are cohabitants already approved by my PO) **nor am I allowed to have parties or social gatherings while visiting. NO OVERNIGHT GUESTS!**

\_\_\_\_\_ 29. I shall not, through word, gesture, picture or action, be intentionally rude, curse, swear at, make obscene gestures toward or use any derogatory language to any officer or civilian employee of the Probation Department, or any other law enforcement agency.

\_\_\_\_\_ 30. 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.

\_\_\_\_\_ 31. I agree the below listed schedule is current and should this schedule change, I will notify my PO immediately.

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

\_\_\_\_\_ 32. 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.)

Scheduled hours away from my residence:

<u>Day</u>	<u>Time leaving home</u>	<u>Time returning home</u>	<u>Reason</u>
Sun	_____	_____	_____
Mon	_____	_____	_____
Tue	_____	_____	_____
Wed	_____	_____	_____
Thu	_____	_____	_____
Fri	_____	_____	_____
Sat	_____	_____	_____

*I have read and initialed each rule indicating that I understand the rules and my responsibility 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: \_\_\_\_\_

PO Signature: \_\_\_\_\_ Date: \_\_\_\_\_

***Important Information***  
**Prior to starting EMP you must:**

Have enrolled in any court ordered classes or programs.

Bring proof of schedules (i.e.; Job, Classes, Programs, etc.)

Have **Confirmation Letter** of removed services (if services were removed) from telephone, company (may take up to 5-7 days after service removal to receive). **No cable (Comcast) or Internet (VOIP) phone service.**

Have all personal business done (haircuts, dental, groceries, appts., etc.) prior to your surrender date.

Make arrangements for our personnel to have easy access to your residence especially if you live in a gated or guarded community.

**Make arrangements for our personnel to have easy access to your work facility, especially if you work in a gated or secure facility.**

**Prior to our doing a House Check**

Dispose of any container(s) that contains or had contained alcohol/liquor/wine from residence and property. (Example: No empty beer/liquor/wine bottles/cans for recycling, No cooking wine/sherry, No decorative beer/liquor/wine bottles, etc.)

NO cordless telephones may be used with the electronic monitoring equipment..

Remove all firearms, hunting knives, BB/pellet guns, archery sets, etc. from residence and property.

**After Enrolling**

You **cannot** make any changes to the telephone service or add any cohabitants without authorization.

You **will not** be allowed to go out and look for employment without prior authorization.

If you are currently employed, you **cannot** change employer or go to work for a new employer until a new Employers Agreement is completed and a job check is done first.

You **will not** work or leave your home the day you start on the program.

You **cannot** expose our equipment to any X-Rays or MRI's due to it will damage our equipment, which you will be liable for.

You will not be allowed to have visitors at any time without authorization.

You are only allowed **one visit per week** (Sun thru Sat) **up to 3 visitors** (subject to EMP Probation Officer's approval) for **two hours at a time** No visitors on probation or parole will be allowed at the residence.

For more information, please call **408-435-2089**. Our fax # is **408-577-1883**.

**Note: When faxing papers please make sure, you type Attn: EMP Clerk.**



## SANTA CLARA COUNTY PROBATION DEPARTMENT

### AUTHORIZATION FOR RELEASE OF MEDICAL/CONFIDENTIAL INFORMATION

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

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

ADDRESS: \_\_\_\_\_

City: \_\_\_\_\_ ZIP Code: \_\_\_\_\_

I hereby authorize \_\_\_\_\_  
(Name of Physician, Hospital, Agency, etc.)

\_\_\_\_\_ to disclose records obtained in the course of evaluation and treatment of

\_\_\_\_\_ to Santa Clara County Probation Department,  
(Name of Patient)

2314 North First St., San Jose, California 95131,

Attention: \_\_\_\_\_ -

This disclosure of records is required to assist in the investigation report and recommendations to the Court, and shall be limited to the following specific types of information, e.g., lab reports, history, diagnosis, medical, psychiatric, drug or alcohol records:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

This consent is subject to revocation by the undersigned at any time except to the extent that action has been taken in reliance hereon. If not earlier revoked, this consent shall terminate on \_\_\_\_\_

\_\_\_\_\_  
(Signature of Patient)

\_\_\_\_\_  
(Date)