

ORANGE COUNTY PROBATION DEPARTMENT

APPLICATION FOR SUPERVISED ELECTRONIC CONFINEMENT

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

ENGLISH SPANISH OTHER LANGUAGE _____

PERSONAL INFORMATION

NAME _____ DATE OF BIRTH _____

HOME ADDRESS _____ CA LICENSE OR ID# _____

HOME PHONE () _____

MAILING ADDRESS _____ CELL PHONE () _____
(If different than home)

WORK PHONE () _____

PLACE OF BIRTH _____ ETHNICITY _____

ALIEN STATUS U.S. CITIZEN NATURALIZED CITIZEN PERMANENT RESIDENT A- _____

VISITOR NON-RESIDENT OTHER _____

SOCIAL SECURITY # _____ HEIGHT _____ WEIGHT _____ SEX: MALE/FEMALE

MARITAL STATUS SINGLE MARRIED DOMESTIC PARTNER DIVORCED WIDOWED

EYES _____ HAIR _____ SCARS *(Describe)* _____

TATTOOS *(Describe)* _____

SOCIAL INFORMATION

WHO LIVES WITH YOU? *(List Names, Ages, Date of Birth, Driver's License#, and Relationship)*

NAME	AGE	DOB	DL#	RELATIONSHIP

EMERGENCY CONTACT

NAME OF CONTACT _____ CONTACT PHONE () _____

ADDRESS _____ RELATIONSHIP _____

NAME OF CONTACT _____ CONTACT PHONE () _____

ADDRESS _____ RELATIONSHIP _____

APPLICANT NAME _____

OFFICE USE ONLY
A# _____

COURT STATUS

FIRST CASE:

COURT CASE # _____ JUDGE _____

OFFENSE CODE(S)/DESCRIPTION _____

LENGTH OF SENTENCE (DAYS) _____ CREDIT FOR TIME SERVED _____ ARRESTING AGENCY _____

VIOLATION DATE _____ DATE SENTENCED _____ CO-DEFENDANT(S) _____

SECOND CASE: (If applicable)

COURT CASE # _____ JUDGE _____

OFFENSE CODE(S)/DESCRIPTION _____

LENGTH OF SENTENCE (DAYS) _____ CREDIT FOR TIME SERVED _____ ARRESTING AGENCY _____

VIOLATION DATE _____ DATE SENTENCED _____ CO-DEFENDANT(S) _____

ARE YOU CURRENTLY IN JAIL?

YES LOCATION: _____ BOOKING# _____ SENTENCE END DATE _____

NO LENGTH OF SENTENCE ON ALL CASES _____ JAIL REPORT DATE _____ TIME _____

ATTORNEY _____ TELEPHONE () _____

PRIOR RECORD

LIST ALL ARREST(S) YOU HAVE HAD, INCLUDING JUVENILE. INCLUDE THE CHARGE(S), PLACE WHERE ARRESTED, DATE(S), DISPOSITION(S) REGARDLESS OF WHETHER THE 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 SUPERVISED BY PROBATION OR PAROLE? YES NO IF SO, WHICH COUNTY _____

NAME OF PROBATION/PAROLE OFFICER _____ TELEPHONE () _____

OTHER THAN THE PRESENT OFFENSE, ARE YOU CURRENTLY UNDERGOING OTHER COURT ACTION? (Explain)

APPLICANT NAME _____

A# _____

EMPLOYMENT / SCHOOL

PRIMARY EMPLOYMENT / SCHOOL

JOB TITLE _____ NAME OF SUPERVISOR _____

NAME OF EMPLOYER/SCHOOL _____ TELEPHONE () _____

JOB SITE ADDRESS/SCHOOL ADDRESS _____

SECOND EMPLOYMENT / SCHOOL *(If applicable)*

JOB TITLE _____ NAME OF SUPERVISOR _____

NAME OF EMPLOYER/SCHOOL _____ TELEPHONE () _____

JOB SITE ADDRESS/SCHOOL ADDRESS _____

WORK/SCHOOL SCHEDULE: **NOTE: TOTAL WORK/SCHOOL HOURS CANNOT EXCEED SIXTY (60) HOURS PER WEEK**

	MONDAY	TUESDAY	WEDNESDAY	THURSDAY	FRIDAY	SATURDAY	SUNDAY
FROM:							
TO:							

INCOME: WAGE \$ _____ HOURLY / MONTHLY _____ OTHER INCOME: _____ \$ _____
CIRCLE ONE TYPE

TRANSPORTATION

HOW WILL APPLICANT TRAVEL FROM PLACE OF CONFINEMENT?

THE APPLICANT HAS A VALID CALIFORNIA DRIVER'S LICENSE AND WILL BE DRIVING DURING CONFINEMENT

AUTO DESCRIPTION _____ VEHICLE PLATE # _____
(year, model, color, body type)

AUTO INSURANCE _____ POLICY # _____

BUS ROUTE# _____

SOMEONE ELSE WILL PROVIDE TRANSPORTATION *(If more than two drivers, please attach separate sheet)*

AUTO/DRIVER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ DRIVER'S LICENSE # _____

_____ TELEPHONE () _____

AUTO DESCRIPTION _____ VEHICLE PLATE # _____
(year, model, color, body type)

AUTO INSURANCE _____ POLICY # _____

AUTO/DRIVER'S NAME _____ DATE OF BIRTH _____

ADDRESS _____ DRIVER'S LICENSE # _____

_____ TELEPHONE () _____

AUTO DESCRIPTION _____ VEHICLE PLATE # _____
(year, model, color, body type)

AUTO INSURANCE _____ POLICY # _____

APPLICANT NAME _____

OFFICE USE ONLY
A# _____

ADDITIONAL INFORMATION

DO YOU HAVE ANY SIGNIFICANT MEDICAL OR HEALTH CONCERNS YOU WOULD LIKE US TO CONSIDER? If so, please explain. *(Attach a doctor's letter/supporting documentation)*

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 _____

PRINT NAME _____

If the application was prepared by other than applicant:

SIGNATURE _____ DATE _____

PREPARED BY _____ RELATIONSHIP _____

CONTACT # _____