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

Santa Rosa, CA 95403

D/L#				

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

DATE:

2254 Ordinance Road

Last Name:		First:	Middle:		
	ecurity Number:				
Driver's License Number:					
			mary Language:		
Home Street Addre	ess:				
			ZIP Code:		
Home Phone:		Cell Phone:			
Mailing Address (If	different):				
	City:				
			Occupation:		
	lumber of hours worked a week:				
Work Street Addres	ss:				
City:	ity:		ZIP Code:		
substance, I will im	mediately notify the p	orogram office.	under the influence of a controlled		
Employer's Sign		Print Na			
	V	VEEKLY WORK SCHED	ULE		
Arrive Worl		ork Time	Depart Work Time		
Monday					
Tuesday					
Wednesday					
Wednesday Thursday					
Wednesday Thursday Friday					
Wednesday Thursday Friday Saturday					
Wednesday Thursday Friday Saturday Sunday					
Wednesday Thursday Friday Saturday Sunday Are you covered by	y Worker's Compensa				
Wednesday Thursday Friday Saturday Sunday Are you covered by If not, do you have	other insurance cove	rage?:			
Wednesday Thursday Friday Saturday Sunday Are you covered by If not, do you have	other insurance cove	rage?:	the program(s) you are applying fo		

Transportation (Circle): Walk Bus	Ride fron	n Friend or Rela	tive Personal	Car	
Make/Model of Car:	/	Ye	ear:	Color:	
License Plate Number:					
Insurance Company:		Policy	Number:	· · · · · · · · · · · · · · · · · · ·	
If you are applying for Electronic Mo	nitoring, you r	nust list all perso	ons residing in yo	our home, including	
their age, their relationship to you, a	nd if they are	currently on prol	pation or parole.		
Name:	Age:	Relations	ship to you:	Probation/Parole?	
(List any additiona	l persons on a	separate sheet	of paper of nece	essary)	
Court Case Number(s):					
Offense(s):				· · · · · · · · · · · · · · · · · · ·	
Amount of time to serve?	· · · · · · · · · · · · · · · · · · ·				
When is your turn-in date?					
Have you previously (or currently) be	een supervise	d by a Probation	Officer?	∕es No	
If Yes, Where?	-	_			
Who is/was your Probation Officer?					
Why?					
Do you have any pending matters in	any courts?	Yes No	If yes, ex	plain:	
Are you on probation in any other co	ounties?	Yes No	If yes, explain:		
I hereby authorize the Sheriff's Offic	e to make wha	atever contacts	and investigation	deemed necessary to	
confirm the accuracy of the informat	ion contained	in this application	n. Detention Alte	ernatives investigators	
are requested and authorized to rele	ease and discl	ose criminal offe	ender record info	mation. I certify that	
disclosure of this information is for the	ne purpose of	furthering my ov	vn rehabilitation.	I absolve all parties	
from any liability as a result of releas	sing said infor	mation. I also au	thorize Jail Medi	cal Staff to release any	
and all medical information/history to	the Sheriff's	Office. I declare	that all of the inf	ormation on this form is	
true and correct.					
Applicant Signature		Print Nam	e	- ————————————————————————————————————	