

# COUNTY OF NEVADA

KEITH ROYAL  
SHERIFF-CORONER  
ALTERNATIVE SENTENCING PROGRAM  
WAYNE BROWN CORRECTIONAL FACILITY  
P.O. BOX 928  
NEVADA CITY, CA. 95959  
(530) 265-1291

## APPLICATION FOR ALTERNATIVE SENTENCING PROGRAMS

The Nevada County Sheriff's Office offers the Weekender Program and the Home Electronic Monitoring Program. Applicants must complete the application and turn in all required documentation. Failure to submit a complete application or missing documents will be grounds for disqualification to the program. Applications must be turned in a minimum of 30 days prior to court ordered commitment date. If applying while in custody, all rules and regulations apply for submitting applications and required documents.

NOTE: If applying for a transfer to or from another county, check with the other county to verify that they have a similar program and are willing to let you go there or come here.

### FILLING OUT THE APPLICATION

1. The **entire** application must be completed.
2. Answer all the questions completely.
3. Print clearly and neatly, or use a typewriter to fill out the application. Illegible applications will not be accepted.
4. Have your employer read and keep the **Notice to Employer**. Complete and return the **Employer's Agreement/Verification**. You must have worker's compensation insurance or the equivalent if you are employed. Make sure the entire employer's agreement is filled out completely. Contact will be made with your employer to confirm all information.
5. The following items must be attached to your application:
  - a. Copy of California drivers license or California Identification Card. If you are a legal resident of California, out of state licenses or identifications will not be accepted. If you do not have a valid license, you must provide a copy of the license of the person(s) who will be driving.
  - b. Car registration and insurance for all vehicles used during the program.
  - c. All applicable Police Reports, Pre-Sentence Reports or Affidavit of Violation of Probation Report.
  - d. Your commitment paper(s).
  - e. If you take prescription medication, you must provide documentation describing the medication and dosage amount. Note: Medical marijuana is not allowed on the program.
  - f. Provide signed statements from all adult members of your household agreeing to abide by the terms and conditions of the program.

## RETURNING THE APPLICATION

When your application is complete and you have all the required documents, call the Wayne Brown Jail (530-265-1291) to schedule an appointment with the Alternative Sentencing Detective. **Applications must be submitted at least 30 days prior to your court ordered jail commitment date.** There is an application fee required of \$35.00 paid by cash (exact amount), or money orders only.

Once your application has been processed you will be contacted by the Alternative Sentencing Detective and advised if you have been accepted or denied an Alternative Sentencing program.

Each applicant's eligibility and suitability for a community custody program will be decided on individual merits with emphasis based on the applicant's potential contribution and/or risk to the community and the program. Participation in any program is solely up to the Nevada County Sheriff's Office. The decision for acceptance in a program and/or for which program an inmate is allowed to participate in is made on a case by case basis.

Beginning from the date of application, failure to meet all minimum standards and qualifications, and/or removal from a program will disqualify the individual from participating in any of the community custody program for the length of the sentence. This shall also include any other sentence that results from such violation and/or criminal charges.

The Nevada County Sheriff's Office does not discriminate against any person based on age, race, sex or financial abilities.

### ***MINIMUM QUALIFICATIONS FOR ALL COMMUNITY CUSTODY PROGRAM ARE:***

1. Volunteer for participation in a program and abide by all terms and conditions.
2. Meet all minimum security classification and housing standards.
3. Be eligible for and/or housed in the minimum security section of the county jail.
4. Have no jail misconduct record.
5. No arrests or probation violations during the application/acceptance process.
6. No pending criminal or probation matters.
7. No outstanding fines or collection fees.
8. Have a verifiable, permanent local residence.
9. If employed you must:
  - a. Provide worker's compensation insurance or equivalent.
  - b. Earn minimum wage.
10. Have approved transportation and proof of insurance for vehicles (if necessary).
11. Pay fees as required.
12. Appear for the commitment as scheduled.
13. Transfers to any reciprocal program out of county are evaluated on a case by case basis. Any transfer is assessed a \$2.00 per day administrative fee for each day of the sentence. The total is due and payable at the time of booking.

## **THE PROGRAMS**

The ***Weekender Program*** permits individuals eligible for and/or housed in the minimum security unit and sentenced to no more than 120 days to complete their sentence in increments of 2 or 3 consecutive days per week. Eligibility is based on medical, physical or extra ordinary circumstances that prohibit the individual from participating in a home detention program.

Applicants shall be eligible for housing in the minimum security section of the Wayne Brown Correctional Facility and must abide by all pertinent standards, rules and regulations for minimum security inmates

There is an administrative fee of \$17.00 per day that is paid in advance unless weekly payments are approved by the Sheriff's Office. The total fee is based on the length of your commitment minus "conduct credits". There is a drug/urine testing fee of \$25.00 charged for each 30 days, or part thereof, on the program. This is collected at the beginning of the sentence.

Applicants accepted into the weekender programs that fail to report **at any time** during the length of the commitment, fail a drug test, or fail to pay their fees shall finish the remainder of their sentence in continuous custody ("straight time"). They shall forfeit any and all fees paid. They will be subject to jail discipline, violation of probation and additional criminal prosecution.

***The following list is the maximum amount of personal effects you may possess each time you report:***

- a. The clothing you are wearing.
- b. California Drivers License or Identification Card (permanent only).
- c. Current valid prescription medications in properly marked prescription vials.
- d. Fees, if applicable.

The ***Home Detention Program*** permits individuals eligible for and/or housed in the minimum security unit and sentenced to more than 20 days the privilege of completing their sentence in their own home. Eligibility is based on medical, physical or extra ordinary circumstances that prohibit the individual from participating in the weekender program.

Participants are confined to their home at all times unless employed or registered in school. This program is strictly voluntary and offers an opportunity for a person sentenced to the Nevada County Jail to undergo a strictly monitored regime of home detention. The participant must wear an electronic ankle monitor.

There is an administrative fee of \$20.00 per day. Applicants may apply for a fee reduction along with proof of household expenses, debts and income verification. This fee reduction application must be completed with all verifying documents at the time of the initial interview with the Alternative Sentencing Detective. There is a drug/urine testing fee of \$25.00 charged for each 30 days of actual custody time. This is collected at the beginning of the sentence.

***In addition to the minimum qualifications, Home Detention participants must:***

1. Be physically and mentally capable of caring for themselves, or have the ability to have another person provide such care.
2. Have a verifiable and permanent local residence.
3. Have no less than *20 days* to serve in jail. "Fine Time" or "Community Service Time" may not be served on the program.

Candidates selected for participation in the Home Detention program will undergo intensive supervision. They will be allowed to seek and maintain employment, and participate in approved therapeutic and/or rehabilitation programs as required. All participants must be classified for housing in the minimum security section of the Nevada County Jail. Whether housed in the county jail or at home the participants are ***in fact*** inmates of the minimum security section and must meet and maintain all rules, regulations and standards thereof.

You are required to have a consistent schedule for the duration of your sentence. **Multiple schedule changes and last minute requests, not of an emergency nature, will NOT be approved.** These are structured programs, consequently all schedule changes and activities must receive prior approval (minimum of 7-10 days) by Alternative Sentencing Detective

Failure to comply with all provisions of the program in which you participate will result in your return to full custody in the Nevada County Jail.

The Alternative Sentencing Programs have a "**ZERO TOLERANCE**" policy for drug and/or alcohol use. You may not use, possess or control any controlled substance that is not prescribed by a physician. You may not use, possess or control any controlled substance that is not recommended by a physician. This means that when you report for your commitment or anytime during the length of your sentence, you are found with drugs, alcohol, medications in your system, possession, or control you will be removed from the program. You will be taken to jail for the rest of your sentence, you will forfeit all fees and your probation may be violated. This may result in additional jail time and even a sentence to state prison if you are on felony probation.

You must be able to provide a clean urine test at your schedule appointment with the Alternative Sentencing Detective. **Marijuana use is not permitted on the program.** Failure to provide a clean test will result in disqualification from the program.

If you do drugs or drink, it will be discovered! If you don't think you can stop using drugs or alcohol, you should not go on an Alternative Sentencing program. Before you are transferred to a program you are required to submit to a drug/alcohol test.

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## Instructions for filling out your application

Be complete in all your answers. Your acceptance in the program may be denied if you are dishonest. 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, say 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 cover sheet that accompanies this application for complete instructions.

## Personal History

Name (Last, First, Middle)			Race	Birth Date	Age
Home Address	Apt. #	City	Zip	Home Phone	
Mailing Address (If Different)				Other Phone (Message)	

Nearest cross street to your home	Type of residence (Apartment, House, Duplex, etc.)	Color of residence
Directions to residence		
Please list any animal (i.e. dogs, etc.) or other cautions near or at your home	How long have you owned/rented your residence	
Name of person in control of the residence (Owner, Landlord, etc.)	Address (If different from above)	

Drivers License / ID Number	Drivers License Status <input type="checkbox"/> Valid <input type="checkbox"/> Restricted <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked	Height	Weight	Hair Color	Eye Color
Social Security Number	Place of Birth	Citizen of what country	Alien Registration Number	If you are not a citizen of the United States you will be required to bring your immigration registration.	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed		Number of children	Age(s) of children	Live with you?	
Do you pay spousal and/or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Name of person to whom paid		Their phone number	

List all other occupants of the residence:

Name (Last,First,Middle)	Birthdate	Relationship to you

**Emergency Contact - 2 Required**

Person to contact in case of emergency	Address	Phone number
Person to contact in case of emergency	Address	Phone number

**Employment, Residences and Education**

Name of current employer	Address	Phone number
Occupation	How long at present job	Supervisors name
		Hourly Wage \$

Please list your employment history for the past 5 years, including any trade school or colleges attended (Excluding your present employer). Use back of page if necessary

Name of employer	Address	Phone	Dates employed

List your last 2 residences - excluding where you live now

Home address	Apt. #	City	State	Zip	Dates

Highest year completed in school (Circle one): 7 8 9 10 11 12 13 14 15 16 17+

Have you graduated from high school, completed a high school equivalency test or earned a G.E.D. certificate?  Yes  No *If yes;*

School name: \_\_\_\_\_ City: \_\_\_\_\_

Year graduated/earned certificate: \_\_\_\_\_

Did you go to college?  Yes  No *If yes;*

College: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_

Major: \_\_\_\_\_ Degree(s): \_\_\_\_\_

Dates attended: \_\_\_\_\_

Are you currently enrolled in school or job training?  Yes  No *If yes;*

School: \_\_\_\_\_ Date started: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

## Transportation

You must describe the method by which you intend to commute to and from work each day. Mark the appropriate box(es) showing your method of transportation.

Private Vehicle  
  Taxi  
  Walk  
  Bicycle  
  Bus  
  Other

If you or your spouse will be driving you own vehicle(s) you must have a valid California driver's license and provide a complete description of your vehicle, and proof of insurance and a valid registration. Attach copies of registration and insurance.

Vehicle Color	Year	Make	Model	License and State

Name of Insurance Company			
Address	City	State	Zip
Policy Number	Expiration date	Phone	

If you will be transported in a private vehicle by someone other than your spouse, you must complete the section below. **You are limited to 3 authorized drivers.**

Drivers Name	Vehicle /color	Year	Make	Model	License and State

*I understand that my eligibility is based on medical, physical or extra ordinary circumstances. I would like to be considered for*  *Home Detention*  *Weekender because:*


### Criminal History

What crime have you been convicted of? (Code, Section Number and Description)

Which court is your commitment from?

Nevada County - Nevada City  Nevada County - Truckee

Other Court \_\_\_\_\_

What is the court docket or case number? \_\_\_\_\_

What is the day and date that you report to jail? \_\_\_\_\_ time? \_\_\_\_\_

How many days is your sentence? \_\_\_\_\_

Do you have any credit for time served on this sentence?  Yes  No

If "Yes", How many days? \_\_\_\_\_

Were you on probation or parole at the time this offense was committed?  Yes  No

Are you currently on probation?  Yes  No

Type of probation  Formal  Informal  Summary (Court)

Name of Probation Officer: \_\_\_\_\_

Which law enforcement agency arrested you?

C.H.P.  Grass Valley PD  Nevada City PD  Nevada County Sheriff

Other: \_\_\_\_\_

Have you ever been **convicted** of any crime since age 18?  Yes  No

***If yes, complete the following (Use the back of this sheet if necessary):***

Charges	Year	Sentence

Have you ever served time in any penal/correctional institution or jail?

Yes  No *If yes, where and when;*

Have you ever participated in Work Furlough, Home Detention, Weekends or Work Release?  Yes  No *If yes, where and when;*

*If yes, did you successfully complete the program?*  Yes  No

Have you ever received any "write-ups" or disciplinary actions while serving a sentence in custody or while on an alternative to incarceration program, such as Work Furlough, Home Detention, Weekends or Work Release?

Yes  No *If yes, describe the circumstances (use back of page if necessary):*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_



## Medical History

Describe your current physical health:  Excellent  Good  Fair  Poor

Are you currently under a doctor's care?  Yes  No

<b>EXPLAIN ALL "YES" ANSWERS ON THE BACK OF THIS PAGE</b>	Yes	No
Are you mentally or emotionally upset?		
Are you taking any prescription medication?		
Do you have any current injuries or illnesses?		
Do you have any problems that should be considered regarding your acceptance into a jail program?		
Do you have dental insurance? <i>Company &amp; Policy Number:</i>		
Do you have disability insurance? <i>Company &amp; Policy Number:</i>		
Do you have medical insurance? <i>Company &amp; Policy Number:</i>		
Do you have trouble breathing?		
Do you have trouble eating or sleeping?		
Do you smoke heavily? (more than 1 pack per day)		
Do you take any over-the-counter medications?		
Do you wear glasses, contact lenses or dentures?		
Are you addicted to or have problems with drugs?		
Are you addicted to or have problems with alcohol?		
Have you ever been, or are you currently enrolled in any substance abuse counseling/treatment program?		
Have you ever been told to have surgery which has not been performed, or do you need any now?		
Have you ever attempted suicide?		
Have you ever had mental health counseling?		
Have you gained or lost weight recently?		
In the last 3 year have you required a doctor's treatment for any physical or mental condition?		
Have you given birth?		
Have you had a miscarriage in the last year?		
Have you had an abortion in the last year?		
Are you pregnant?		
Do you have allergies? <i>or,</i>		
Diabetes		
Anemia or paleness		
Arthritis		
Asthma/Emphysema		
Back trouble		
Broken bones		
Cancer		
Fits or convulsions		
Headaches		
Heart trouble		
Hepatitis		
Herpes		
High blood pressure		
Joint Injury		
Kidney trouble		
Menstrual problems		
Pneumonia		
Stomach ulcers		
Unconsciousness		
Veneral disease		

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## Alternative Sentencing Programs Employment Agreement/Verification Verification of Worker's Compensation Insurance Coverage

This to verify that \_\_\_\_\_ is employed by:  
Business Name: \_\_\_\_\_

Business Address (No P.O. Boxes): \_\_\_\_\_

Business Telephone Number: \_\_\_\_\_  
Date Hired: \_\_\_\_\_ Length of Time with the company \_\_\_\_\_  
Job Title/Description: \_\_\_\_\_

The salary is \$ \_\_\_\_\_ per hour. Salary is paid:  weekly  bi-weekly  monthly

### Worker's Compensation Insurance Information:

Insurance Carrier	Address	Telephone	Policy Number

*\*Individuals shall not be allowed to work if adequate worker's compensation insurance is not provided\**

### Work Schedule

Mon.	Tu.	Wed	Th.	Fri.	Sat	Sun	Status
							Start Work
							End Work
							Day(s) Off

**As employer, I agree to inform the Nevada County Sheriff's Office immediately if this employee does not show up for work, leaves work, is fired or quits. I will call: (530) 265-1291. I verify that the above information is true and correct and that the company will abide by the conditions set forth.**

Signature of Employer: \_\_\_\_\_ Date: \_\_\_\_\_

**As employee, in consideration for being granted a Community Custody program in Nevada County, I hereby waive and release the County of Nevada, its officers and employees from any and all liability occasioned/caused from whatever source attendant to the Community Custody program. I do also hereby agree to indemnify and hold harmless said county, its officers and employees for any claims, losses, attorney fees or costs which may be associated with any loss, injury, or other liability that I may experience directly or indirectly for the operation of said program.**

Signature of Employee: \_\_\_\_\_ Date: \_\_\_\_\_

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## Alternative Sentencing Programs Notice to Employer

Dear Employer;

Your employee has been sentenced to the county jail at the Wayne Brown Correctional Facility. They have applied for placement in the Alternative Sentencing Programs administered by the Nevada County Sheriff's Office. If accepted, they will be permitted to serve their incarceration period under strict terms and conditions. The employee will be allowed to maintain regular employment, provide family support and meet other essential obligations.

The authority for the Sheriff to operate programs such as these is explained in Section 1203.016 and 1208 of the California Penal Code. In short, persons that have been carefully screened, evaluated, and determined to be a minimum security inmate and low risk offender may be allowed to serve out their jail sentence in a Community Custody program. The participant shall adhere to a strict curfew, and will be closely monitored by sheriff's personnel. Supervision may also include unannounced visits to their place of employment.

If your employee is selected to participate in the program you will be notified. In turn, you as the employer are asked to notify the Sheriff's Office ***immediately*** if the employee **does not show up for work, leaves work, quits or is terminated. All changes in the employee's work schedule must be verified by you as the employer.** Reporting any other significant changes in behavior, attitude, work performance or signs of drug/alcohol use is also requested as it may assist 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. "On-call" provisions are not allowed. The employee must work at least 32 hours per week. The employee cannot work more than 6 days or 60 hours in combination. Unless special arrangements are made directly with the Alternative Sentencing Detective, home electronic monitoring participants are confined to their homes on the following holidays:***

1. ***New Years Day***
2. ***Lincoln's Birthday***
3. ***President's Day***
4. ***Memorial Day***

5. *Independence Day*
6. *Labor Day*
7. *Columbus Day*
8. *Veterans Day*
9. *Thanksgiving Day*
10. *Christmas Day*
11. *New Year's Eve*
12. *New Year's Day*

***Work through a temporary agency, unless for the length of the sentence term, 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. The program staff must have the ability to perform random, unannounced job site checks.***

You may be contacted either in person, or by phone to verify the information you have supplied. Should you have any questions or concerns, please call the Nevada County Sheriff's Office at (530)265-1291.

Please keep this letter for future reference.

Thank you for your cooperation,  
Nevada County Sheriff's Office

**NEVADA COUNTY  
SHERIFF'S OFFICE**



**KEITH ROYAL**  
SHERIFF/CORONER  
PUBLIC ADMINISTRATOR

**Nevada County Sheriff's Office Home Detention Program**

**Defendant:**

**Case No.**

I, \_\_\_\_\_, having been accepted to participate in the Home Detention Program understand I must comply with the following terms and conditions. I also understand a violation of any of these Conditions of Agreement may cause my removal from the program without notice. In addition, I understand that the program rules will be enforced for the duration of the program in conjunction to any other terms and conditions of my probation grant(s).

1. I will not tamper with the electronic monitoring/GPS equipment that has been issued to me, nor will I permit tampering by any other person.
2. 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. I will be held financially responsible for all equipment issued to me not to exceed \$2000.00. The actual replacement and/or repair cost will be determined by the contracted monitoring company.
3. Intentional damaged or lost equipment will also result in formal misdemeanor/felony charges being filed with the court.
4. I understand that my participation in the program will be monitored by a tamper-resistant, non-removable GPS ankle bracelet, which I agree to wear 24 hours a day during the entire period of the Home Detention Program.
5. I understand that it is my responsibility to advise all individuals residing in my residence of the rules and regulations of this program. All residents of the household and I will grant admittance to my home to any Peace Officer or Probation Officer at any hour of the day or night.
6. 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 any Peace Officer or Probation Officer.
7. I will not violate any laws. If I receive a traffic citation or have any contact with any law enforcement agency I will report such contact as soon as possible to the Deputy Sheriff. I will comply with all terms and conditions of my probation.
8. I understand that I will be required to stay within the premises of my home, and/or within the areas determined by the Deputy Sheriff while on the program.
9. I will only leave my residence for the following reasons:
  - a. To attend work as **pre-approved** by the Deputy Sheriff.
  - b. To attend and participate in a treatment program of counseling as **pre-approved** by the Deputy Sheriff.
  - c. To attend to personal affairs as **pre-approved** by Deputy Sheriff.
  - 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, or injury to my immediate family or myself necessitates my leaving the residence.
  - f. In the case of (d) and (e) I will immediately, or as reasonably practical, contact and advise the Deputy Sheriff of such incidents. I will provide written proof of any incident to the Deputy Sheriff the next business day or as reasonably practical.
  - g. All other absences require the prior approval of the Deputy Sheriff. I will be required to provide written documentation verifying these absences.
10. I will not consume or possess any alcoholic beverages, marijuana, illegal drugs, or narcotics. I will advise the Deputy Sheriff of any prescription drugs I am required to take.

11. I understand that all residents of the household I live in must comply with the following conditions:
  - a. No possession or consumption of alcohol on the premises.
  - b. No possession of marijuana, illegal drugs or narcotics.
  - c. No firearms or dangerous weapons.
  - d. No residence or guest shall be under the influence of any drug or alcohol.
  - e. No social gatherings will be held except with members of the immediate household, unless prior approval from the Deputy Sheriff is obtained.
  - f. No visitors will be allowed unless **pre-approved** by the Deputy Sheriff.
12. No persons may join or move into the household, unless prior permission is obtained from the Deputy Sheriff.
13. I will not have any form of contact or communication with any other inmates, either in this program, or in any jail, correctional facility, or state prison. (Exceptions to be approved by the Deputy Sheriff.)
14. I understand that my employer may be contacted, either in person or by telephone, to verify my continued employment and working hours.
15. I will not change my address, phone number or means of transportation without the prior approval of the Deputy Sheriff.
16. I will submit any schedule change request at least one week in advance. I will supply any documentation requested by the Deputy Sheriff to verify my schedule. Schedule change requests will be kept to a minimum to maximize the efficiency of the program.
17. Work schedules may only be changed with the approval of the Deputy Sheriff.
18. I understand that leaving a message on voice mail, by e-mail or text is **NOT** authorization to change my schedule or leave my home. I must obtain prior approval from the Deputy Sheriff to change my schedule.
19. I understand that willful failure to return to my residence within the prescribed time, or leaving this address at an invalid time, shall be deemed an escape from custody, and I can be charged 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 Deputy Sheriff may be cause for my removal from the program.
20. During the period I am allowed to leave my residence I will proceed directly to and from the designation(s) that had / have been approved by the Deputy Sheriff.
21. I will be financially responsible for any medical expenses incurred while participating in the Home Detention Program.
22. 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. I further agree that the computer printout may be used as evidence in a Court of Law to prove said violation.
23. 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 Deputy Sheriff.
24. I will notify the Deputy Sheriff as soon as possible of any changes in status of my employment, school studies, job training, treatment program, or other Home Detention Program component of extension.
25. I will be responsible for charging my monitoring device a minimum of 60 minutes in the morning and 60 minutes in the evening. In the event the monitoring device battery runs out, I understand that I can be removed from the Home Detention Program.
26. I have read and understand the following instructions for wearing the Electronic Monitoring/GPS device:
  - a. Attach the charging cup by clipping it to both sides of the GPS device.

- b. Light on the front indicates charging, not the battery level.
- c. Remove the charger by gently detaching its clips from the GPS device (do not pull or tug on the electrical wire attached to the bottom of the charger).
- d. Charge twice daily for 60 continuous minutes each time.
- e. If a 60 minute charge is skipped, charge for 120 continuous minutes.
- f. If you feel a low battery vibration (twice every 10 minutes), charge for 2.5 continuous hours.
- g. Do not charge while sleeping or driving.
- h. Do not submerge the GPS device in water (baths, pools, large bodies of water).
- i. Do not force a boot over the GPS device.
- j. A sock can be worn over and/or under the GPS device.
- k. The GPS device is hypoallergenic and cannot overheat.
- l. Do not tamper with the GPS device (no pulling, striking, and attempt to open).
- m. Do not expose to extreme temperatures (below -4F or above 131F).
- n. Notify the Deputy Sheriff if a medical procedure requires removal of the GPS device.
- o. Do not press buttons on the GPS device unless instructed by the Deputy Sheriff.
- p. If the GPS device vibrates or beeps, contact the Deputy Sheriff.
- q. If the light shines or blinks when off the charger, contact the Deputy Sheriff.

27. I have received a copy of the Wayne Brown Correctional Facility Inmate Informational Handbook and I agree to follow all rules, policies, and procedures documented in the handbook.
28. I understand that I am subject to random drug testing and failure to comply with the testing will result in removal from the program. I understand I am responsible to pay \$25.00 for each 30 days, or part thereof, on the program to cover the expense of drug testing.
29. I understand that I am responsible for payment of all fees and costs of the Home Detention Program. I understand if I am removed from the Home Detention Program that all fees paid are non-refundable.
30. I will abide by the following rules imposed by the Deputy Sheriff:

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Participation on the Home Detention Program is a privilege and may be revoked at any time. I understand that I am in custody while participating on the Home Detention Program. I understand the above rules and regulations and a violation of any rule may result in my immediate removal from the program.

Defendant: \_\_\_\_\_

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

Deputy Sheriff: \_\_\_\_\_

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





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## Statement of Income and Expenses

*You must complete this form completely and accurately and attach a copy of your last years' state and federal income tax return to apply for a reduction of the \$20.00 daily fee normally charged while on the Home Detention Electronic Monitoring program. You must provide documentation (i.e. paycheck stubs, bills, bank account statements, etc) to substantiate any information you provide.*

**I request that my Home Detention daily fees be reduced to:**

\$10.00     \$15.00

Name (Last, First, Middle)	Social Security Number
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Are you currently employed?  Yes  No    If no, when did you last work? \_\_\_\_\_

Employer and Address – No Post Office Box Numbers	Telephone

Your current gross income (if employed) \$ \_\_\_\_\_

Do you have a spouse/partner  Yes  No    Are they currently employed  Yes  No  
If no, when did they last work? \_\_\_\_\_

Spouse/Partner Name (Last, First, Middle)	Social Security Number
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Employer and Address – No Post Office Box Numbers	Telephone

Spouse/Partner gross monthly income \$ \_\_\_\_\_

I support the following people:

Name (Last, First, Middle)	Age	Birthdate	Relationship to you

### Income and Expenses

Total gross income per month	Amount
Income from my job (Same amount as page 1)	\$
Income from my spouse/partner (Same amount as page 1)	\$
Pension/Retirement	\$
Social Security	\$
Unemployment benefits	\$
Any other income	\$
Dividends, rentals, trusts, or others	\$
<b>Total gross income before taxes</b>	<b>\$</b>

Income deductions per month	Amount
Federal/State income tax	\$
Social Security	\$
Insurance	\$
Union dues	\$
Retirement Plan	\$
Credit Union	\$
Savings Plan	\$
Other	\$
<b>Total income deductions</b>	<b>\$</b>

<b>Total Net Income (Total gross income minus deductions)</b>	<b>\$</b>
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Monthly expenses not deducted from paycheck	Amount
Rent/House payment	\$
Light/gas/water/phone	\$
Food	\$
Child/spousal support	\$
Automobile maintenance (gas, oil, repairs, etc)	\$
Car payments	\$
Other (explain)	\$
<b>Total gross expenses</b>	<b>\$</b>

Debts incurred/Name or Business	For	Amount Owed	Monthly Payment
		\$	\$
		\$	\$
		\$	\$
		\$	\$

Assets	Value	Amount Owed	Monthly Payment
Automobile	\$ _____	\$ _____	\$ _____
Land	\$ _____	\$ _____	\$ _____
Rental Property	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Total amount of expenses	\$ _____
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Bank Accounts – Checking and Savings	Account Number	Balance

**All amounts entered must be verified with documentation. Please do not bring in originals. Documents submitted will not be returned.**

**I hereby acknowledge by signing below that all information provided is accurate and true to the best of my knowledge.**

\_\_\_\_\_  
Applicant Name (Print)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature