



ORANGE COUNTY

**OC Probation**

**STEVEN J. SENTMAN**  
CHIEF PROBATION OFFICER

TELEPHONE: (714) 569-2000

909 N. MAIN, SUITE 1  
SANTA ANA, CA 92701

MAILING ADDRESS:  
P.O. BOX 10260  
SANTA ANA, CA 92711-0260

## SUPERVISED ELECTRONIC CONFINEMENT

The Supervised Electronic Confinement (SEC) Program is designed to assist those who qualify to maintain employment or remain at home (or both) while serving a custody commitment to the Orange County Jail.

### Instructions on applying for the SEC Program

Before calling to apply for SEC, please answer the following questions:

- 1) I was sentenced to Orange County Jail  Yes  No  
If so, Jail Report Date \_\_\_\_\_ Time \_\_\_\_\_
- 2) My Jail Report Date (JRD) is at least six (6) weeks from today.  Yes  No
- 3) I do not have any pending Court cases (Misdemeanor and/or Felony).  Yes  No
- 4) The Court does not prohibit participation in the Home Confinement Program.  Yes  No

**If you answered "Yes" to all of the above questions, please call (714) 569-2015 to apply for SEC. You must have your court case number ready.**

Once you have applied over the phone, please fax copies of the following items:

- Completed SEC application filled out in black ink
- California Driver's License, California Identification Card, or other government issued photo ID
- Social Security Card or prior income tax statement showing Social Security Number
- Birth Certificate, Passport, or Certificate of Naturalization
- A hand drawn or printed diagram of your home (floor plan)
- Copy of California Driver's License or Identification Card of all adults living in your residence
- Three recent paycheck stubs and/or a letter from employer indicating length of employment, work hours, and hourly pay
- A copy of your home phone bill showing telephone number and address (Home phone must be free of additional features.)
- If the applicant has valid California Driver's License and will be driving during Home Confinement:
  - Current automobile registration
  - Proof of current automobile insurance (the first page of the policy showing proof of liability)
- If someone else will provide transportation, the applicant must provide a copy of all driver's information:
  - Driver's California Driver's License
  - Driver's current automobile registration
  - Driver's proof of current automobile insurance (the first page of the policy showing proof of liability)
- You may submit supporting documents for review, such as medical documents and references.
- If you are non-English speaking, please advise us of your primary language at the time of your application.

For more information, please call 714-569-2015 or visit us on the web at <http://www.ocgov.com/probation>.



## **SEC GENERAL RULES AND CONDITIONS**

- Do not tamper with the equipment
- Confined to home except to attend work, attend approved psychological counseling sessions or educational or vocational training classes, or seek medical and dental, and probation appointments
- Admit any person or agent designated by the correctional administrator (Probation Officer/Vendor) into your home
- Keep a telephone line open and in good repair as directed by the Probation Officer
- Submit to search and seizure (4<sup>th</sup> amendment)
- Do not possess or consume alcohol
- No unauthorized drugs, narcotics or controlled substances, including marijuana, and any prescription medication not in the prescribed dosage
- Submit to alcohol/drug testing
- Participate in alcohol/drug treatment as required
- Violate no law
- No weapons in the home
- No visitors
- No contact with jail or other SEC inmates
- Pets confined to allow private provider/Probation Officer visits
- Participant is permitted to work away from home, hours to be determined by assigned Probation Officer
- If unemployed, Probation Officer will provide date and time to job search
- Religious events, AA/NA meetings etc., grocery/errands may be allowed at the discretion of the Probation Officer
- Case specific conditions may also be imposed (example: an individual with a theft history may not shop)
- Boundaries for movement are restricted to the interior walls of the home
- Applicant may not stop and/or detour anywhere other than permitted destination

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# MAILING ADDRESS HOME PHONE CELL PHONE WORK PHONE PLACE OF BIRTH ETHNICITY SOCIAL SECURITY # HEIGHT WEIGHT SEX: MARITAL STATUS EYES HAIR SCARS TATTOOS

SOCIAL INFORMATION

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

Table with 5 columns: NAME, AGE, DOB, DL#, RELATIONSHIP. Multiple empty rows for data entry.

EMERGENCY CONTACT

NAME OF CONTACT ADDRESS NAME OF CONTACT ADDRESS APPLICANT NAME CONTACT PHONE RELATIONSHIP 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 # \_\_\_\_\_