



ORANGE COUNTY

OC Probation

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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 (4th 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.

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 _____
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)

Table with 5 columns: NAME, AGE, DOB, DL#, RELATIONSHIP. Multiple empty rows for listing household members.

EMERGENCY CONTACT

NAME OF CONTACT _____ CONTACT PHONE () _____
ADDRESS _____ RELATIONSHIP _____
NAME OF CONTACT _____ CONTACT PHONE () _____
ADDRESS _____ RELATIONSHIP _____

OFFICE USE ONLY
A# _____

APPLICANT NAME _____

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 _____

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 # _____

_____ DATE OF BIRTH _____

AUTO/DRIVER'S NAME _____

ADDRESS _____ DRIVER'S LICENSE # _____

_____ TELEPHONE () _____

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

AUTO INSURANCE _____ POLICY # _____

OFFICE USE ONLY
A# _____

APPLICANT NAME _____

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 # _____