

TRANSFERRING MANDATORY SUPERVISION (MS) AND POSTRELEASE COMMUNITY SUPERVISION (PCS) CASES TO AB 109 FIELD MONITORED (FM) CASELOAD

- AUTHORITY:** Sections 667.5, 1170.12, 1192.7, 1203.2, 2962, 3000, 3000.08, 3003, 3450-3465, and 3060.7 California Penal Code
Administrative Directive
- RESCINDS:** Procedure Manual Item 2-3-106, dated 09/03/21
- FORMS:**
- | | |
|---|--------------|
| Adult Risk/Needs Chrono (Automated Risks/Needs)
Report Verification Form (RVF) (English)
F057-10031 (R1/23) | Attachment A |
| Report Verification Form (RVF) (Spanish)
F057-10031 SP | Attachment B |
| Field Monitored Kiosk Reporting Letter (English)
F057-2300.1(A)AF | Attachment C |
| Field Monitored Kiosk Reporting Letter (Spanish)
F057-2300.1(A)AF (SP) | Attachment D |
| Field Monitored Kiosk Reporting Letter (Vietnamese)
F057-2300.1(A)AF (V) | Attachment E |
| Kiosk Training Workstation – Probationer Registration | Attachment F |
| Kiosk Training Web | Attachment G |
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| Adult Field Monitored Monthly Report Form
F057-1024AF (06-04) | Attachment I |
| Adult Field Monitored Monthly Report Form
F057-1024AF (SP) (06-04) | Attachment J |
| Adult Field Monitored Monthly Report Form
F057-1024AF (V) (06-04) | Attachment K |
- PURPOSE:** To provide guidelines for transferring Mandatory Supervision (MS) and Postrelease Community Supervision (PCS) cases to AB 109 Field Monitored (FM) Caseload

I. GENERAL INFORMATION

- A. AB 109 FM Caseload supervision is a step-down in supervision for cases supervised pursuant to MS and/or PCS mandates. AB 109 FM supervision is conducted by way of KIOSK, Report Verification Forms (RVF), Adult Field Monitored Monthly Report Form, or a combination thereof.
- B. Cases determined to meet FM criteria shall be transferred to an FM status via a termination chrono (Termination-Transfer to Field Monitor). FM cases will be distinguished by DPO's officer number, followed by the letter "F" example (8000F).
- C.

II. TRANSFER CRITERIA

- A. Minimum Supervision Period

1. For MS cases, the individual must have been supervised for a minimum of 12 months. Based on case dynamics, some MS cases may not be suitable for transfer to FM after 12 months of supervision (i.e., lengthy mandatory supervision periods, high profile cases, etc.)
 - B. Must have had no new law violations or technical violations resulting in a custodial sanction within the past six months.
 - C. MS cases should have a minimum of 90 days before reaching Mandatory Supervision expiration date; anything less than 90 days must have approval of the Unit Supervising Probation Officer (SPO).
 - D. Cases should not have any pending court dates.
 - E. Supervised individuals who are transient will be approved for FM on a case-by-case basis.
 - F. PCS cases where the individual is in custody on a prior matter whereby it is not considered a violation of his/her PCS terms and conditions and he/she will not be released for 12 months, or more is eligible for FM. The FM DPO must have all appropriate information documented (location of individual, identifiers, contact name and information). Once the case meets their MDD date, the case will be terminated.
 - G. Cases with prior convictions for sex crimes, child abuse, elder abuse, or intimate partner abuse require AB 109 ADD or DD review and approval.
 - H. Cases with current sex offenses must meet the following requirements to be eligible for transfer to FM caseloads:
 1. Do not require registration pursuant to 290 PC.
 2. Do not score as high on the Department's Risk/Needs Assessment.
 3. Do not score as "high risk" sex offenders on the Static 99, Stable 2007, or the LSCMI.
 - I. Individuals with current domestic violence offenses, including child abuse, elder abuse, and intimate partner abuse, must meet the following requirements to be eligible for transfer to FM caseloads:
 1. The supervised individual has completed all court ordered programs.
 2. The supervised individual is not living with the victim.
- III. Preparing a Case for Transfer to AB 109 FM Supervision
- A. Review the case for suitability.
 - B. The following casework must have been completed and documentation in the file and/or in the Integrated Case Management System (ICMS):

1. Must have a current risk/needs termination chrono noting any special conditions such as outstanding court orders, protective orders, etc.
2. A recent residence verification and search must have been completed.
3. Drug test completed (if warranted).
4. Update victim information in ICMS and verify all victim notification letter(s) have been sent (if applicable). If there is no victim, this should be noted in the victim tab of ICMS.
5. Submit, receive, and review a record check within 45 days of transfer. Copy of record check to be in file or uploaded into the Document Center found in ICMS.
6. PICS photo should be taken within six months of transfer to FM. Additionally, if there are significant changes to the physical appearance of a supervised individual, the DPO shall take a new PICS photo.
7. Current address, employment, and vehicle information shall be entered into ICMS.
8. The DPO shall review the Orange County District Attorney's Case Management System and the Superior Court "Vision" system for any cases that would be a violation of their supervision or a violation of MS and/or Probation.
9. Verify the need for DNA testing and confirm the supervised individual has submitted a DNA sample prior to the case being transferred. Update ICMS regarding DNA (i.e., PC 296, PC 296.1 and OCDA).
10. Notice of Supervision (NOS) needs to be submitted to the law enforcement agency where the supervised individual is currently residing reflecting the contact information for the AB 109 FM DPO.

C. Requirements to transfer to AB 109 FM

1. Indoctrinate the supervised individual to the requirements of AB 109 FM caseload supervision and reinforce that all court orders and terms of supervision remain in full force. Complete ECR note indicating the indoctrination and note any outstanding court orders or noteworthy case dynamics.
2. Inform the supervised individual of the reporting instructions via the KIOSK system.
 - a) Have the supervised individual sign and initial the FM KIOSK Reporting Letter and upload into IDMS. Forms are located in Microsoft Word.
F057-2300.2 (A) AF
F057-2300.2 (A) AF (SP)
F057-2300.2 (A) AF (V))

- b) It is the responsibility of the DPO to enter the supervised individual into the FM KIOSK system. Please refer to the KIOSK System-Quick Reference. Forms are located on Prob-net at the following links:

[Kiosk Training WorkStation - Probationer Registration](#)

[Kiosk Training Web](#)

[Kiosk Training - Staff Registration](#)

- 3. Complete a Termination – Transfer to FM chrono. All relevant information should be included in the chrono including outstanding court orders.

IV. GENERAL DUTIES OF THE AB 109 FM DPO

- A. MS individuals who are serving extended jail commitments will be monitored until such time that they are released. The assigned FM DPO will reactive field supervision by completing a return from Field Monitoring chrono approximately 30 days prior to the completion of the jail commitment.
- B. Monitor the KIOSK reporting system via ICMS.

V. VIOLATION OF PROBATION or MS

- A. Supervised individuals who commit new law violations or technical violations of supervision after transfer to the FM caseload will be returned to the field supervision caseload to initiate appropriate violation proceedings.
- B. The AB 109 FM DPO is responsible for removing the supervised individual from the KIOSK system via ICMS if case is returned to the DPO's field caseload for supervision.
- C. The AB 109 FM DPO can at any time reactivate field supervision if it is reasonable to believe that the supervised individual is not abiding by the AB 109 FM rules and regulations.
- D. When a warrant is issued on an FM case, that case will be transferred to the AB 109 Warrant Unit for monitoring. Once the individual is arrested on the warrant, the case will be returned to the field DPO for supervision.

VI. AB 109 FM DPO-CLOSING OUT CASES

- A. Forty-five (45) days prior to the expiration date, verify that all relevant court orders have been completed.
- B. Forty-five (45) days prior to the expiration date, submit a record check. If a new law violation is discovered, immediately staff the case with the assigned unit SPO.
- C. Cases meeting "expiration date" criteria will be closed with a termination chrono completed by the AB 109 FM DPO.
- D. The AB 109 FM DPO will be responsible for sending a Notice of Discharge to appropriate local law enforcement, if applicable. The AB 109 FM DPO will provide the supervised individual with a copy of the "Notice of Discharge" upon request.

- E. The AB 109 FM DPO is responsible for removing the supervised individual from the KIOSK system, via ICMS.

REFERENCE:

Procedure:	1-1-103	Teletype Services
	1-2-303	Chronological filing in Adult Case Files
	2-1-104	Chronological History Sheet - Adult
	2-3-002	Probation Violations – Adult
	2-3-014	Transferring Cases to Adult Field Monitored and Adult Administrative Caseloads
	2-3-016	Warrants of Arrest for Adults
	2-3-019	Preparing Probation Violation and Warrant Petitions- Adult (Allegations)
	2-3-021	Adult Risk/Needs Assessment and Reassessment Packet
	2-3-102	AB109 Postrelease Community Supervision Flash Incarceration
	2-3-103	AB109 Postrelease Community Supervision Warrants of Arrest
	2-3-104	AB109 Postrelease Supervision Controlling and Mandatory Discharge Dates and Recalculations

Attachments:

Reporting Verification Form (RVF) (English) F057-10031 (R1/23)	Attachment A
Reporting Verification Form (RVF) (Spanish) F057-10031 SP	Attachment B
Field Monitored Kiosk Reporting Letter (English) F057-2300.1(A)AF	Attachment C
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S. Chandler/L. Duran

APPROVED BY:



ORANGE COUNTY PROBATION DEPARTMENT
REPORTING VERIFICATION FORM

I/A/J/L# _____

Name _____ Phone Number _____

Address _____ Apt. # _____ City _____ State _____ Zip Code _____

Have you moved in the past month? Yes No Employer _____
(Name and Address)

Probation Officer _____ Date of scheduled office appointment _____

COMPLETION OF THIS FORM VERIFIES YOUR PRESENCE AT THE ORANGE COUNTY PROBATION DEPARTMENT: (Mark one)

- _____ North County Field Services Office
- _____ Santa Ana Office: Lower Level _____ Street Level _____
- _____ South County Field Services Office: Laguna Hills _____
- _____ West County Field Services Office
- _____ Other _____

I confirm the above information is correct.

Further, I acknowledge I have been instructed to report to my Probation Officer in person on: ____/____/____

Client Signature _____ Date ____/____/____ Time ____:____



Orange County Probation Department

**Hoja de Verificación de Informes
(Reporting Verification Form)**

I/A/J/L #: _____

Nombre: _____ Número de teléfono: _____

Dirección: _____ Apt #: _____ Ciudad/Estado y Código postal: _____

¿Te has mudado el mes pasado? Si / No Empleador: _____
(Nombre y dirección de la empresa)

Nombre del Oficial de Libertad Condicional: _____ Cita en esta fecha: _____

La finalización de este formulario verifica su presencia en el Departamento de Libertad Condicional
del Condado de Orange: (Mark one):

- _____ North County Field Services Office
- _____ Santa Ana Office Nivel de calle _____ Entrar por la calle y bajar al primer piso _____
- _____ South County Field Services Office Laguna Hills _____ San Juan Capistrano _____
- _____ West County Field Services Office
- _____ Otro lugar _____

Confirmo que la información anterior es correcta. Además, reconozco que se me ha instruido que me presente a mi Oficial de Libertad
Condicional en persona sobre: _____

Firma del cliente: _____ Fecha: ____ / ____ / ____ Tiempo: ____ :

F057-10031SP



DANIEL HERNANDEZ
CHIEF PROBATION OFFICER

TELEPHONE: (714) 569-2000

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

MAILING ADDRESS:
P.O. BOX 10280
SANTA ANA, CA 92711-0280

FIELD MONITORED KIOSK REPORTING PROBATION

LAST, First Middle
Street Address
City, STATE Zip

A-
Court Case #:

Effectively immediately your Probation case has been assigned to the Field Monitored caseload. This level of supervision requires that you report 1 time(s) per month to the Probation Kiosk. You will be expected to report to the kiosk by the 20th of each month and/or as directed by the Probation Officer.

When reporting to the kiosk, you will need to have your Probation A# as seen above. The kiosk will ask a series of questions that you must answer completely. Once concluded, you will see a summary screen; you will be given the option to receive a receipt summarizing your Kiosk contact. In the event you are directed to report to a Probation Officer by the kiosk instructions, you are required to do so.

Please be aware that all the terms and conditions of Probation and all court orders remain in full force and effect. Specifically, you are to:

1. Notify your Probation Officer at least 72 hours prior to any change in residence and/or employment.
2. Report all law enforcement contacts to your Probation Officer immediately.
3. If you have any outstanding financial obligations, you are to continue making payments. Please mail your payments to the address printed on your monthly billing statement or in the envelope provided in your monthly billing statement.
4. If you are required by law to register pursuant to 11590 H&S, 290 PC or 457.1 PC, your duty to register continues and you must provide proof upon request. If you change your residence, you must update your registration and provide proof.
5. Do not leave the state without prior permission from your Probation Officer and a completed travel permit.

Be advised that failure to abide by any of the above requirements may be considered a violation of your terms and conditions of Probation that can result in your return to active supervision and /or court. If you have any questions, please contact your probation officer listed below.

Very truly yours,

Deputy Probation Officer

Date

I have read and understood the above instructions

Defendant's Signature

Date

FIELD MONITORED KIOSK REPORTING

FIELD MONITORED KIOSK REPORTING

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A-

PROBATION AREA OFFICES:

Santa Ana Office

909 N. Main Street, Suite1 | Santa Ana, CA 92701 | (714) 569-2000

Hours of operation: Monday 8am-6:30pm, Tuesday - Friday 8am-5pm, closed Saturday and Sunday

Juvenile Hall Administration

331 The City Drive | Orange, CA 92868 | (714) 935-6660

Hours of operation: Sunday - Saturday 7am-8pm

North County Field Services Office

1535 E. Orangewood Avenue | Anaheim, CA 92805 | (714) 937-4500

Hours of operation: Monday 8am-6:30pm, Tuesday - Friday 8am-5pm, closed Saturday and Sunday

West County Field Services Office

14180 Beach Boulevard | Westminster, CA 92683 | Adult Probation (714) 896-7500 | Juvenile Probation (714) 896-7878

Hours of operation: Monday 8am-5pm, Tuesday 8am-6:30pm, Wednesday - Friday 8am-5pm, closed Saturday and Sunday

South County Field Services Office

23271 Verdugo Drive, | Laguna Hills, CA 92653 | (949) 206-4160

Hours of operation: Monday 8am-6:30pm, Tuesday - Friday 8am-5pm, closed Saturday and Sunday



DANIEL HERNANDEZ
CHIEF PROBATION OFFICER

TELEPHONE: (714) 589-2000

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

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

REPORTE EN EL KIOSCO PARA SUPERVISION CONTROLADA

LAST, First Middle
Street Address
City, STATE Zip

A-
Court Case #:

Con efecto inmediato, su caso de libertad condicional ha sido asignado a los casos Administrativos (Administrative) Este nivel de supervisión requiere que usted se reporte 1 vez al mes al Kiosco de Libertad Condicional. Se espera que se reporte al Kiosco para el día 20 de cada mes y/o como lo indique el Oficial de Libertad Condicional.

Cuando se reporte al Kiosco deberá usar su número A como se indica arriba. El Kiosco le hará unas preguntas que deberá contestar completamente. Cuando termine, verá la pantalla con el resumen; se le dará la opción de recibir un recibo sumariando el contenido de su contacto en el Kiosco. En caso de que se le indique reportarse con el Oficial de Libertad Condicional por las instrucciones del Kiosco, tendrá que hacerlo.

Por favor entienda que todos los términos y condiciones de libertad condicional y todas las órdenes del tribunal continúan en completo vigor y efecto. Específicamente, usted deberá:

1. Dar aviso al Oficial de Libertad Condicional por lo menos 72 horas antes de algún cambio en su domicilio y/o lugar de trabajo.
2. Reportarle inmediatamente a su Oficial de Libertad Condicional todos los contactos con representantes de la ley.
3. Si usted tiene alguna cuenta financiera pendiente deberá seguir haciendo pagos. Por favor mande sus pagos al domicilio impreso en su estado de cuenta mensual o en el sobre que se adjunta en su estado de cuenta mensual.
4. Si la ley requiere que usted se registre de acuerdo con las secciones 11590 H&S, 290 PC o 457.1 PC, la obligación de registrarse continúa y tendrá que dar prueba de su registro cuando se le pida. Si cambia de domicilio, deberá registrarse nuevamente indicando el cambio de domicilio y probar que lo reportó.
5. No deberá salir del estado sin tener la autorización previa del Oficial de Libertad Condicional y tendrá que llenar una forma de permiso para viajar.

Para su información, si falla en cumplir con cualquiera de los requisitos arriba indicados podrá considerarse una violación de sus términos y condiciones de libertad condicional y puede resultar en volver a supervisión activa y/o al tribunal. Si tiene algunas preguntas, por favor póngase en contacto con su Oficial de Libertad Condicional al teléfono que se indica abajo.

Atentamente,

Firma del Oficial de Libertad Condicional

Deputy Probation Officer

Date

He leído y entendido las instrucciones arriba mencionadas.

Firma del Acusado

Date

FIELD MONITORED KIOSK REPORTING

FIELD MONITORED KIOSK REPORTING

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UBICACION DE LAS OFICINAS DE LIBERTAD CONDICIONAL:

Santa Ana Office

909 N. Main Street, Suite1 | Santa Ana, CA 92701 | (714) 569-2000

Horas laborables: Lunes 8am-6:30pm, Martes a Viernes 8am-5pm, cerrado Sábado y Domingo

Juvenile Hall Administration

331 The City Drive | Orange, CA 92868 | (714) 935-6660

Horas laborables: Domingo - Sábado 7am-8pm

North County Field Services Office

1535 E. Orangewood Avenue | Anaheim, CA 92805 | (714) 937-4500

Horas laborables: Lunes 8am-6:30pm, Martes a Viernes 8am-5pm, cerrado Sábado y Domingo

West County Field Services Office

14180 Beach Boulevard | Westminster, CA 92683 | Adult Probation (714) 896-7500 | Juvenile Probation (714) 896-7878

Horas laborables: Lunes 8am-5pm, Martes 8am-6:30pm, Miercoles a Viernes 8am-5pm, cerrado Sábado y Domingo

South County Field Services Office

23271 Verdugo Drive, | Laguna Hills, CA 92653 | (949) 206-4160

Horas laborables: Lunes 8am-6:30pm, Martes a Viernes 8am-5pm, cerrado Sábado y Domingo



DANIEL HERNANDEZ
CHIEF PROBATION OFFICER
TELEPHONE: (714) 569-2000
909 N. MAIN ST., SUITE 1
SANTA ANA, CA
MAILING ADDRESS:
P.O. BOX 10260
SANTA ANA, CA 92711-0260

FIELD MONITORED KIOSK REPORTING

LAST, First Middle
Street Address
City, STATE Zip

A-
Court Case #:

Có hiệu lực ngay lập tức, hồ sơ án treo của quý vị đã được chuyển sang Field Monitored caseload. Ở mức độ giám sát này, quý vị phải đến trình diện qua hệ thống máy Ki-ốt mỗi tháng 1 lần. Quý vị phải đến trình diện qua hệ thống máy Ki-ốt trễ nhất là ngày 20 của mỗi tháng và/hoặc theo chỉ thị của Quản Chế Viên (Probation Officer).

Khi đến trình diện qua hệ thống máy Ki-ốt, quý vị phải mang theo số hồ sơ (A#) ghi ở trên. Máy Ki-ốt sẽ có một số câu hỏi và quý vị bắt buộc phải trả lời tất cả các câu hỏi này. Sau khi hoàn tất bản tường trình, quý vị sẽ thấy bản tóm tắt các câu trả lời của quý vị trên màn ảnh; quý vị có thể lựa để máy Ki-ốt in giấy biên nhận ngày quý vị đến trình diện. Trong trường hợp quý vị thấy máy Ki-ốt ghi chỉ thị yêu cầu quý vị trình diện với Quản Chế Viên, quý vị phải tuân theo lệnh này.

Xin lưu ý tất cả luật lệ của án treo và của toà án vẫn còn hiệu lực. Đặc biệt, xin quý vị lưu ý đến những điều sau đây:

1. Báo cho Quản Chế Viên (Probation Officer) biết ít nhất là 72 tiếng đồng hồ trước khi thay đổi chỗ ở và/hoặc chỗ làm việc.
2. Khi có dính liểu hoặc bất cứ liên hệ gì với cơ quan công lực (all law enforcement contacts), xin lập tức báo cho Quản Chế Viên của quý vị biết.
3. Nếu quý vị còn thiếu bất cứ những khoảng tiền nợ nào, quý vị phải tiếp tục trả hết nợ. Xin gửi tiền trả nợ đến địa chỉ in trên tờ hoá đơn hàng tháng hoặc trong phong bì đính kèm với tờ hoá đơn hàng tháng của quý vị.
4. Nếu quý vị bị bắt phải đăng ký với nơi cư trú theo điều luật 11590 H&S, 290 PC hoặc 457.1 PC, quý vị có trách nhiệm phải đăng ký với nơi quý vị hiện đang cư trú và quý vị phải xuất trình giấy chứng nhận đã đăng ký khi được yêu cầu. Nếu quý vị thay đổi chỗ ở, quý vị vẫn phải tiếp tục đăng ký với nơi cư trú mới và xuất trình giấy chứng nhận đã đăng ký.
5. Không được rời khỏi tiểu bang (California) trước khi được Quản Chế Viên cho phép và cấp giấy phép thông hành (completed travel permit).

Xin nhấn mạnh nếu quý vị không tuân theo những chỉ thị ở trên sẽ đưa đến sự vi phạm những điều khoản và luật lệ của án treo và hồ sơ của quý vị có thể bị kiểm soát chặt chẽ hơn và/hoặc phải ra hầu tòa. Nếu quý vị có bất cứ câu hỏi hoặc thắc mắc gì, xin liên lạc với Quản Chế Viên dưới đây.

Kính thư,

Quản Chế Viên (Deputy Probation Officer)

Ngày (Date)

Tôi đã đọc và hiểu rõ những luật lệ ghi ở trên.

Chữ ký người bị quản chế (Defendant's Signature)

Ngày (Date)

FIELD MONITORED KIOSK REPORTING

FIELD MONITORED KIOSK REPORTING

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ĐỊA ĐIỂM CÁC VĂN PHÒNG TY QUẢN CHẾ VÀ GIÁM SÁT:

Santa Ana Office

909 N. Main Street, Suite 1 | Santa Ana, CA 92701 | (714) 569-2000

Giờ làm việc: Thứ Hai 8:00 sáng – 6:30 chiều
Thứ Ba – Thứ Sáu 8:00 sáng – 5:00 chiều
Đóng cửa thứ Bảy và Chúa nhật

Juvenile Hall Administration

331 The City Drive | Orange, CA 92868 | (714) 935-6660

Giờ làm việc: Chúa nhật – Thứ Bảy 7:00 sáng – 8:00 tối

North County Field Services Office

1535 E. Orangewood Avenue | Anaheim, CA 92805 | (714) 937-4500

Giờ làm việc: Thứ Hai 8:00 sáng – 6:30 chiều
Thứ Ba – Thứ Sáu 8:00 sáng – 5:00 chiều
Đóng cửa thứ Bảy và Chúa nhật

West County Field Services Office

14180 Beach Boulevard | Westminster, CA 92683 | Adult Probation (714) 896-7500 | Juvenile Probation (714) 896-7878

Giờ làm việc: Thứ Hai 8:00 sáng – 5:00 chiều
Thứ Ba 8:00 sáng – 6:30 chiều
Thứ Tư – Thứ Sáu 8:00 sáng – 5:00 chiều
Đóng cửa thứ Bảy và Chúa nhật

South County Field Services Office

23271 Verdugo Drive, | Laguna Hills, CA 92653 | (949) 206-4160

Giờ làm việc: Thứ Hai 8:00 sáng – 6:30 chiều
Thứ Ba – Thứ Sáu 8:00 sáng – 5:00 chiều
Đóng cửa thứ Bảy và Chúa nhật

Kiosk Training WorkStation (Probationer Kiosk Orientation)

I. Register Probationer's Finger Print

1	Press the desired language	
2	Press [Complete a Kiosk Report]	
3	Type in the Probationer's ML# (A12345...)	
4	Press [DPO Login]	
5	Enter your employee PhotoID number (numbers only-next to your photo)	
6	Press [Start], Place your selected finger on the scanner, until the red light of the scanner turn off.	
7	Wait until [Next] turn on, Press [Next]	
8	Select the Probationer's hand and finger , Press [Next]	
9	Press [Start], Place Probationer's selected finger on the scanner, until the red light of the scanner turn off.	
10	Wait until [Next] turn on, Press [Next]	😊

II. Train Probationer on Kiosk-Reporting (First Time)

1	Press the desired language	
2	Press [Complete a Kiosk Report]	
3	Type in the Probationer's ML# (A12345...)	
4	Press [Next]	
5	Press [Start], Probationer places selected finger on the scanner, until the red light of the scanner turn off.	
6	Wait until [Next] turn on, Press [Next]	
7	Answer the Questions (Yes, No, OK)	
8	When Contact Phone Number Changed, Enter the Full New Phone Number. (Leave new Contact Phone # blank when None), Press [Next]	
9	Review and Verify the Answers. Press [Make Changes] to Change Answers or [Submit]	
10	Review the Receipt Screen, press [OK]	
11	Probationer should follow the instruction on the Receipt Screen and Printed Receipt.	😊

III. Train Probationer on Kiosk-Request to See a Probation Officer

1	Press the desired language	
2	Press [See a Probation Officer]	
3	Type in the Probationer's ML# (A12345...) press [Done]	
4	If don't Know Probationer's ML#, leave ML# blank, Press [Done] and go to see the Receptionist.	
5	After entering the correct ML#, and receive the acknowledge message, go sit down at the lobby and wait for Receptionist call.	

IV. Frequent Ask Questions

1	Not recognize ML#	Look up Web Page, make sure probationer is listed, Kiosk Reporting is 'Yes', Not passed End Date. Also, probationer has completed fingerprint intake for Kiosk.
2	Difficult in recognize fingerprint	Press firmly on the scanner. Clear the scanner.
3	Probationer take too long to response	Press [Yes] to the popup "Do you need more time?"
4	Not recognize Officer/Staff fingerprint	Officer/Staff must be in the System. see manual for this.

Kiosk Training Web (Officer Web Kiosk Orientation)

I. Schedule Probationer

1	Login ICMS	
2	Contacts / Kiosk / Schedule	
3	Locate the Probationer (through ML#)	
4	Click the pen for update (or the link and ML to detail screen for update)	
5	Click Report to Kiosk (uncheck it to take off Kiosk)	
6	Enter dates, ect...	
10	Click check mark ✓ to Save or X to Cancel	😊

II. Review through Kiosk Summary

1	Login ICMS	
2	Click the Kiosk-Summary button (or My Place, Dash-Board, then Kiosk)	
3	Click and open the TAB that you want [+]	
4	You can change the Selection Criteria	
5	You can branch to ECR, then update the Address, look at the Kiosk report through ECR-Note, or create a new ECR note.	
	See (Review through ECR on Address Changed)	😊

III. Review through ECR

1	Login ICMS	
2	Adult / Search	
3	Enter ML or Select ML from the list of Probationers under you	
4	Click the All ECR icon	
5	You will see the Kiosk Answers under Note.	
6	If Probationer said 'Yes' to Address change, You will see a link From Kiosk next to the Address , click on it to review and make any correction to the New address and Submit it to ICSM	
7	Notice: the Contact Phone # will automatically update to ICMS right after probationer submit at the Kiosk-Reporting.	
8	The Primary DPO could click the Note icon, and add note to this Kiosk report.	😊

IV. Review Probationer Report with Picture


1	Login ICMS	
2	Contacts / Kiosk / Report /Prob Report 2	
3	Click on the ML # of the Probationer with the Report Date&Time that you want to see.	
4	You will see a snap shot of the picture, at the end of reporting	😊

V. Frequent Ask Questions

1	Why Probationer Could not report?	<ol style="list-style-type: none"> 1. The Probationer might have an End-Date before the date Probationer reporting. 2. Report-To-Kiosk for the Probationer might have been unchecked. For example you want to take the probationer off Kiosk-Reporting before their Probation Term expired; and want them to report to Officer instead.
2	Why there is no picture?	<ol style="list-style-type: none"> 1. Occasionally, network or hardware problem preventing the picture completed at the end of the reporting. We might not have picture on some Kiosk report.
3	Why Kiosk Result is not in ECR?	<ol style="list-style-type: none"> 1. Occasionally, net work or system locked in ICMS, the result could not completely write to ECR. We have a catch up as remedy every night to populate the Kiosk Reporting answer to ECR Note. (Check Kiosk Summary could help too).
4	Why Probationer still see Next Reporting Date, (after the End-Date – even Probation should be expired)?	<ol style="list-style-type: none"> 1. May be in future enhancement would let Probationer know Probation is going to expired. For now, it is up to Officer (or Probation Department Official) to notify Probationer the Expiration of their Probation Term.

Kiosk Training – Staff Registration

I. Register Staff's Finger Print

1	Press the desired language	
2	Press [Complete a Kiosk Report]	
3	Enter your employee Badge-ID# without letter 'A' (567123...)	
4	Press [Next]	
5	Select the Your hand and finger , Press [Next]	
6	Press [Start], Place your selected finger on the scanner, until the red light of the scanner turn off.	
7	Wait until [Next] turn on, Press [Next]	

ADULT FIELD MONITORED MONTHLY REPORT FORM

FILL IN ALL AREAS AND POSTMARK BY THE 10TH OF EACH MONTH TO RECEIVE CREDIT

My Probation File # is A- _____ Assigned Deputy Probation Officer: _____

Name (print clearly) _____ Home Ph# _____ Cell Ph# _____

Current Street Address _____

City _____ State _____ Zip _____

Did you move in the last month? Yes No If yes-date: _____ Date DPO Notified _____

Payment Information

Do you owe Restitution/Fines? Yes No

Amount paid to Probation this month _____

Amount paid to Probation last month _____

If behind in payments, explain why _____

With whom do you live? (Names) _____ Relationship _____

Are they on probation/parole? _____ # of Children _____ # dogs _____

Present Occupation _____ Work hours: _____ Date Started: _____

Employer's Name _____ Address: _____

City and Zip Code: _____ Work Ph #: _____

Are you receiving: AFDC SSI UIB Workers Comp Other _____

If not working, give reason: Quit Fired Laid Off Disabled

Other: _____

Vehicle Driven: License Plate # _____ Year _____ Model _____ Color _____

Registered owner's name and address _____

Police Contacts last month _____ Agency Name _____

Arrested _____ Charges _____ Citation/New Case # _____

Reported to DPO Yes No If no, why not? _____

Ph # you can always be contacted _____ Relative/friend name/PH# _____

I hereby declare that the above statements are true and correct and that I am complying with the terms and conditions of my probation and the general rules of the Orange County Probation Department, except as noted above. I am aware that any false statements may result in a violation of my probation.

Signature: _____ Date: _____

MAIL REPORT FORM TO:
Orange County Probation Dept.
P.O. Box 10260
Santa Ana, CA 92711-0260

MAIL CHECKS/MONEY ORDER PAYMENTS TO:
Orange County Probation Dept.
P.O. Box 10178
Santa Ana, CA 92711-0178

FORMA DE REPORTE MENSUAL PARA ADULTOS EN SUPERVISION MONITORIZADA

LLENE TODOS LOS ESPACIOS Y ENVIE LA FORMA. LA FECHA DEL SELLO DE CORREO
NO DEBE PASAR DEL DIA 10 (DIEZ) DE CADA MES PARA RECIBIR CREDITO.

No. del expediente en el Depto. de Libertad Condicional A- _____ Oficial asignado: _____

Nombre (letra impresa y clara) _____ Tel. en su casa _____ Tel. celular _____

Domicilio actual _____

Ciudad _____ Estado _____ Código Postal _____

Ha cambiado de residencia en el último mes? Si No Si se cambió, indique la fecha _____ Fecha en que el Oficial fue notificado del cambio _____

INFORMACION SOBRE LOS PAGOS

Debe por Restitución o Multas? Si No

Cantidad pagada a la Oficina de Libertad Condicional en este mes _____

Cantidad pagada a la Oficina de Libertad Condicional el mes pasado _____

Si está atrasado en hacer sus pagos, explique porqué _____

Con quién vive? (Nombres) _____ Relación _____

Están en Libertad Condicional del Condado/Estado? _____ No. de niños _____ Si tienen perros, cuántos? _____

Ocupación actual _____ Horario: _____ Fecha en que empezó _____

Nombre de su empleador _____ Domicilio: _____

Ciudad y Código Postal: _____ Tel. en el trabajo _____

Está recibiendo ayuda financiera de: AFDC SSI UIB Workers Comp Otra _____

Si no está trabajando, indique el motivo: Renuncia Despido Desocupación Incapacidad

Otro: _____

Vehículo que maneja: Placa de Matrícula _____ Año _____ Modelo _____ Color _____

Nombre y domicilio del dueño en el registro _____

Tuvo contacto(s) con la Policía el mes pasado? _____ Nombre de la Agencia _____

Fue Arrestado? _____ Cargos _____ Citatorio/No. del caso nuevo _____

Lo reportó al Oficial de Libertad Condicional? Si No (explique porqué) _____

No. de teléfono donde siempre se le pueda localizar _____ Nombre y No. de teléfono de un familiar/amigo _____

Por la presente afirmo que las declaraciones arriba mencionadas son verdicas y correctas y que estoy cumpliendo con los términos de mi libertad condicional y las reglas generales del Departamento de Libertad Condicional, excepto en lo que arriba se indica. Tengo conocimiento de que cualquier declaración falsa puede resultar en una violación a mi libertad condicional.

Firma _____ Fecha _____

ENVIE LA FORMA DE REPORTE A:
Orange County Probation Dept.
P.O. Box 10260
Santa Ana, CA 92711-0260

ENVIE SU PAGO EN CHEQUE O GIRO A:
Orange County Probation Dept.
P.O. Box 10178
Santa Ana, CA 92711-0178

BẢN BÁO CÁO HÀNG THÁNG CỦA NGƯỜI BỊ QUẢN CHẾ

XIN ĐIỀN ĐẦY ĐÚ VÀO CHỖ TRỐNG VÀ ĐÓNG DẤU BƯU ĐIỆN TRỄ NHẤT LÀ NGÀY 10 CỦA MỖI THÁNG ĐỂ ĐÚNG HẠN

Số hồ sơ của tôi là A- _____ Quận Chế Viên giữ hồ sơ _____
Tên (viết chữ in rõ ràng) _____
Số điện thoại nhà _____ Số điện thoại cầm tay _____
Địa chỉ hiện tại _____
Thành phố _____ Tiểu bang _____ Số Zip _____
Trong tháng vừa qua, quý vị có thay đổi chỗ ở không? Có Không
Nếu có, ngày di chuyển chỗ ở _____
 Không Ngày báo địa chỉ mới với Quận Chế Viên _____

Quá Trình Trả Góp

Quý vị có nợ tiền bồi thường thiệt hại (Restitution)/tiền phạt (Fines) không? Có Không
Tổng cộng số tiền trả cho Cơ Quan Quản Chế và Giám Sát tháng này \$ _____
Tổng cộng số tiền trả cho Cơ Quan Quản Chế và Giám Sát tháng vừa qua \$ _____
Nếu trả trễ hạn, xin giải thích lý do tại sao _____

Quý vị hiện đang sống chung nhà với những ai (Tên từng người)? _____
Sự liên hệ của những người sống chung trong nhà với quý vị _____
Những người sống chung trong nhà có từng bị án treo (on probation)/là thường phạm được phóng thích trước thời hạn có điều kiện (parole) không? _____

Có bao nhiêu người con _____ Nuôi bao nhiêu chó _____
Chức nghiệp hiện tại _____ Giờ làm việc _____ Ngày bắt đầu nhận việc _____
Tên sở làm _____ Địa chỉ sở làm _____
Thành phố và số zip _____ Số điện thoại số _____
Quý vị đang lãnh: AFDC (tiền trợ cấp gia đình có con nhỏ) SSI (tiền trợ cấp an sinh xã hội) UIB (tiền thất nghiệp)
 Workers Comp (tiền bồi thường tai nạn nghề nghiệp) Other (các khoản tiền khác): _____

Nếu không làm việc, xin cho biết lý do: Quit (tự ý bỏ việc) Fired (bị đuổi việc) Laid off (cho nghỉ việc)
 Disabled (bị bệnh tật, không làm việc được) Other(các lý do khác): _____

Xe đang sử dụng: Bảng số xe _____ Đồi xe _____ Kiểu xe _____ Màu xe _____
Tên và địa chỉ của người đứng tên xe _____
Có liên can đến cảnh sát trong tháng vừa qua _____ Số Cảnh Sát _____

Bị bắt giữ _____ Bị buộc tội về _____ Giấy phạt/số hồ sơ mới # _____
Đã báo cáo với Quận Chế Viên: Có Không Nếu không, lý do tại sao không? _____

Số điện thoại có thể liên lạc với quý vị bắt cứ lúc nào _____ Số điện thoại của họ hàng, thân nhân/bạn hữu _____

Tôi xác nhận bản báo cáo trên đây là đúng sự thật và tôi tuân theo những điều khoản của án treo và luật lệ của Cơ Quan Quản Chế và Giám Sát, ngoại trừ những khoản đã khai báo ở trên. Tôi hiểu rõ rằng những điều khai báo sai sự thật có thể đưa đến sự vi phạm án treo của tôi.

Ký tên _____ Ngày _____

XIN GỬI BẢN BÁO CÁO ĐẾN:
Orange County Probation Dept.
P.O. Box 10260
Santa Ana, CA 92711-0260

XIN GỬI CHI PHIẾU (CHECKS)/NGÂN PHIẾU (MONEY ORDERS) ĐẾN:
Orange County Probation Dept.
P.O. Box 10178
Santa Ana, CA 92711-0178