

**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	_____	Sex	_____
Home Address	_____	Social Security #	_____
	_____	CA license or ID #	_____
Mailing Address (if different from home)	_____	Home Phone	_____
	_____	Cell Phone	_____
	_____	Work Phone	_____
Place of Birth	_____	Date of Birth	_____
Ethnicity	_____	Marital Status	_____
Scars (describe)	_____	Height	_____
	_____	Weight	_____
Tattoos (describe)	_____	Eye Color	_____
	_____	Hair Color	_____

Social Information (Who lives with you?)

Full Name	Age	Date of Birth	Driver's License #	Relationship

Emergency Contact

Full Name	_____	Phone	_____
Address	_____	Relationship	_____

Full Name	_____	Phone	_____
Address	_____	Relationship	_____

Applicant Name _____

A # _____

OFFICE USE ONLY

Court Status

First Case: Court Case # _____ Sentence Length (days) _____

Judge _____ Credit for Time Served _____

Arresting Agency _____

Offence Code(s) / Description Violation Date _____

Date Sentenced _____

Co-Defendant(s) _____

Second Case: Court Case # _____ Sentence Length (days) _____

(if applicable)

Judge _____ Credit for Time Served _____

Arresting Agency _____

Offence Code(s) / Description 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)

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Applicant Name _____ A # _____

Are you currently supervised by Probation or Parole? ☐ Yes ☐ No

If so, which county? _____
Probation/Parole Officer _____ Telephone _____

Other than the present offense, are you currently undergoing other court action? If so, explain.

Employment / School

Primary: Job Title _____
 Employer/School _____
 Job/School Address _____
 Supervisor _____ Telephone _____

Secondary: Job Title _____
(if applicable) Employer/School _____
 Job/School Address _____
 Supervisor _____ Telephone _____

Work / School Schedule:
Note: Total work/school hours cannot exceed sixty (60) hours per week.

	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday
Start							
End							

Income: Wage \$ _____ /hourly Other \$ _____ (type)
 \$ _____ /monthly

Applicant Name _____

OFFICE USE ONLY
A # _____

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
(year, model, color, body type) _____

Vehicle Plate # _____

Auto Insurance _____

Policy # _____

- ☐ Bus: Route # _____

- ☐ Someone else will provide transportation
Note: If more than two (2) drivers, please attach separate sheet.

Driver's Name _____

Date of Birth _____

Driver's Address _____

Driver's License # _____

Telephone _____

Auto Description
(year, model, color, body type) _____

Vehicle Plate # _____

Auto Insurance _____

Policy # _____

Driver's Name _____

Date of Birth _____

Driver's Address _____

Driver's License # _____

Telephone _____

Auto Description
(year, model, color, body type) _____

Vehicle Plate # _____

Auto Insurance _____

Policy # _____

Additional Information

Do you have any significant medical or health concerns you would like us to consider? If so, please explain.

Note: Attach a doctor's letter and/or supporting documentation.

Applicant Name _____

OFFICE USE ONLY

A # _____

Acknowledgement

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:

Prepared By _____
(Print Name)

Relationship _____

Contact # _____

Signature _____

Date _____