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 # _____

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)

_____

_____

_____

_____

_____

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 $ _____   _____
                   $ _____ /monthly   (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 (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 _____

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 _____   Relationship _____
            (Print Name)
                                                 Contact # _____

Signature _____   Date _____