

## KINGS COUNTY PROBATION DEPARTMENT ELECTRONIC MONITORING PROGRAM APPLICATION FORM

PERSONAL INFORMATION	
Name:	DOB:
Driver's License / Identification Number: Telep	bhone #:
Address while on house arrest:	
Owner or main resident at address listed above:	
Owner or main resident's telephone number:	
Owner or main resident's relationship to you:	
Anyone on probation, parole, PRCS, or house arrest at the address listed	above: 🗆 YES 🛛 🗆 NO
If yes, explain:	
Are you on probation or parole? $\Box$ YES $\Box$ NO If yes, what co	ounty:
Do you have restraining orders?	
If yes, explain:	
Do you agree to be subject to search and seizure without a warrant by ar	ny law enforcement agency?
Do you agree to totally abstain from the use of any drugs or alcohol while	e on house arrest?
COURT INFORMATION	
Case Number(s):	
Sentence or Remand Date:	
INSTRUCTIONS	
*Applications can be submitted one week prior to sentence or remand da	ate.
*Applications will not be processed until the candidate is in-custody at th	ne Kings County Jail.
*Submitting an application does not guarantee acceptance into the progr	ram.
*Completed applications can be submitted in person at the Electronic Mo	onitoring Unit.

## **ELECTRONIC MONITORING PROGRAM**

595 CLYDE DRIVE HANFORD, CA 93230 (559) 852-2992

Approved June 13, 2018