

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