

Alternative Sentencing Bureau
812-A W. Foster Road
Santa Maria, CA 93455
(805) 934-6157
SMEM@SBSHERIFF.ORG
Office Hours:
M-Th 7am-3:30pm, Fri: 7am-2pm
(Office Hours and Days are
Subject to Change)

Sheriff's Alternative Sentencing Bureau

Alternative Sentencing Program Application
Cover Sheet

Alternative Sentencing Bureau
4436-A Calle Real
Santa Barbara, CA 93110
(805) 681-4221
SBEM@SBSHERIFF.ORG
Office Hours:
M-Th 7am-3:30pm, F 7am-2pm
(Office Hours and Days are
Subject to Change)

Thank you for your interest in the Santa Barbara Sheriff's Office Electronic Monitoring / Sheriff's Work Alternative Programs. The court does not guarantee acceptance into these programs, Sheriff's Office personnel determine program eligibility. If you don't speak English, you must bring an interpreter (18 years or older) to your interview and if you are accepted, the interpreter must accompany you through the booking process.

You must reside in the Tri-Counties (San Luis Obispo County, Santa Barbara County, or Ventura County) while participating in the program. If you reside outside the Tri-Counties, your application will be considered on a case-by-case basis. Participants may work outside of the Tri-Counties area, but must return daily to an address within the Tri-Counties unless supervisor approval has been received.

Please follow the instructions below. **You must complete this application completely in blue or black ink.**

You must turn in the following documents with this application:

- Valid government photograph identification
- Proof of residency (current address on valid government ID **OR** an item of mail addressed to the applicant which lists the address of residence, such as a utility bill or government correspondence **OR** a copy of a lease/rental agreement signed by the property owner **OR** proof of property ownership).
- **\$50.00 non-refundable application fee** in the form of exact cash, VISA, MasterCard, cashier's check or money order made payable to "SBSO".
- Original copies of all court paperwork detailing sentence requirements for applicant.
 - This includes probation terms and conditions.

Failure to provide any of these documents may result in program disqualification.

Your tentative daily maintenance fee has been set at \$_____.

You must bring at least half of your daily maintenance fees totaling \$_____ on your next appointment date.

Your next appointment is scheduled for _____ at _____.

- If approved for the program, two months of your most recent pay statements are required on your booking day. If unemployed, bring bank statements, disability statements, and/or unemployment statements.

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Alternative Sentencing Program Application



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| | | | |
|----------------------|--------------------|---------------------------------|--------------------|
| Booking Date: | Days x Fee: | CID#: | Date Given: |
| | | Application Fee Paid On: | |

**Complete this form and return it with your application packet and \$50.00 application fee.
(Do Not Mail)**

| | | | | | | | |
|--|-------|--------|-----------------------|--|-------------------------------|----------------------------------|---|
| Name: Last: | | First: | | Middle: | | Date of Birth: | |
| Age: | Race: | Sex: | Hgt: | Wgt: | Hair: | Eyes: | |
| Driver's License Number: | | | Social Security #: | | | Cell Phone #: | |
| Home Address: | | | City: | | Zip: | Home Phone #: | |
| Mailing Address (if different then above): | | | | | | | |
| E-Mail: | | | | Married: <input type="checkbox"/> | D/P: <input type="checkbox"/> | Single: <input type="checkbox"/> | Div: <input type="checkbox"/> Sep: <input type="checkbox"/> |
| Place of Birth: | | | Number of Dependents: | | If Married: | Spouse's Name: | |
| Emergency Contact Person: | | | | Relationship: | | Phone: | |
| Present Employer: | | | | How Long: | | | |
| Employer's Address: | | | | City: | | Telephone: | |
| Supervisor's Name: | | | | Your Job: | | | |
| Work Site Address: | | | | Work Hours: | | Days Off: | |
| Are you on Probation (formal or informal)? Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | Are you on Parole?: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| Probation/Parole Officer Name & Contact Number: | | | | | | | |
| Is your license suspended/revoked?: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | Restricted: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | |
| How will you get to work, etc.?: | | | | Car/Motorcycle: <input type="checkbox"/> Ride: <input type="checkbox"/> Bus: <input type="checkbox"/> Bicycle: <input type="checkbox"/> Walk: <input type="checkbox"/> | | | |
| Do you have any medical/mental health conditions?: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | If yes then list: | | | |
| | | | | | | | |
| | | | | | | | |
| Are you currently taking any prescription medications?: Yes <input type="checkbox"/> No <input type="checkbox"/> | | | | If yes then list: | | | |
| | | | | | | | |
| | | | | | | | |
| List all illegal substances used in the last five (5) years (this includes marijuana) and the last date(s) of use: | | | | | | | |
| | | | | | | | |
| | | | | | | | |
| | | | | | | | |

ACCEPTANCE TO THE ALTERNATIVE SENTENCING PROGRAMS IS NOT A GUARANTEE

Office Use Only

[illegible]

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Sheriff's Alternative Sentencing Bureau

Alternative Sentencing Applicant Questionnaire

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Please check the appropriate box for each question:

Yes / No

- | | | |
|--|--------------------------|--------------------------|
| 1. Are you willing and physically able to perform manual labor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 2. Do you have any injuries now? | <input type="checkbox"/> | <input type="checkbox"/> |
| 3. Do you have any medical condition which would prevent you from performing manual labor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 4. Have you ever been advised to have a surgical operation which has not been performed, or are you considering any elective surgery? | <input type="checkbox"/> | <input type="checkbox"/> |
| 5. Are you currently under treatment by a doctor? | <input type="checkbox"/> | <input type="checkbox"/> |
| 6. Have you ever been diagnosed as having a mental disorder? | <input type="checkbox"/> | <input type="checkbox"/> |
| 7. Do you take any prescription medication at this time? | <input type="checkbox"/> | <input type="checkbox"/> |
| 8. Do you currently have any cases pending in any criminal court? | <input type="checkbox"/> | <input type="checkbox"/> |
| 9. Have you ever been arrested for any offenses related to violence; sexual misconduct; arson; child molestation; escape; drug usage, possession and/or sales; failure to appear for SWAP? | <input type="checkbox"/> | <input type="checkbox"/> |
| 10. FEMALES ONLY: Are you pregnant or have you recently delivered or miscarried? | <input type="checkbox"/> | <input type="checkbox"/> |

Explain all 'Yes' answers:

I understand that incomplete, inaccurate, or falsified information above may be grounds for disqualification from the Alternative Sentencing Program.

Participant's Name

Participant's Signature

Date

Electronic Monitoring and Sheriff's Work Alternative Program (SWAP) Rules:

- 1) Acceptance into Alternative Sentencing Programs is a **PRIVILEGE**. The participant will serve their jail sentence in a way not available to most county inmates. Abuse of the privilege or violation of the law or program rules may result in removal from the program and the participant will serve the remainder of their sentence in the county jail. _____Initials
- 2) The participant will contact our office if there is any change in the information given on their original application. _____Initials
- 3) The participant agrees to obey all laws and report any law enforcement contact to our office while participating in the program and/or during the application process. _____Initials
- 4) There are fees associated with the program. A non-refundable application fee of fifty dollars (\$50.00) will be paid at the time the application is submitted. The cost of the program will be determined by Alternative Sentencing Bureau (ASB) staff after acceptance into the program has been determined; program costs are formulated on a sliding scale, based on the participant's income. Proof of income must be presented at the time of booking onto the program. Proof of income may include earnings statements, paycheck stubs, tax returns, bank statements, Disability statement, Social Security statement, and/or Unemployment statement. After acceptance into the program, the participant may request a review of the program fees for a change in employment and/or marital status, or other situations impacting their ability to pay. Participants cannot be denied for program participation, nor can they be removed from the program because of an inability to pay program fees. Participants may appeal program fees through the Supervisor of the ASB. Should a participant fail to reach an agreement with ASB staff through the appeal process regarding program fees, the matter shall be referred to the court to decide on program fees. _____Initials
- 5) On the booking day into the program, a down payment to cover a portion of the program fees will be made. Payment will be made in exact cash, cashier's check, money order, Visa, or Mastercard only. Photo identification of the cardholder must be presented when paying with a credit card. The remaining balance will be paid while participating on the program. Fees are to be paid in full by the completion date. Failure to pay program fees may result in a collection process. _____Initials
- 6) With full knowledge of my rights, I do hereby waive the issuance and service of a warrant of extradition, and do hereby waive all other procedures incidental to extradition proceedings, and do hereby voluntarily consent to return to the State of California and submit myself here and now to the custody of such legal authority who will transport me to the jurisdiction of the State of California to face the said charges against me in that jurisdiction. _____Initials

Electronic Monitoring and Sheriff's Work Alternative Program (SWAP) Rules continued:

- 7) While on the program the participant must not possess, use or consume any kind of illegal drugs or alcohol. Participant will not go to places alcohol is served, unless authorized by ASB staff. The use of prescribed medication is allowed, but must be presented to the ASB staff at the interview and/or booking day, or once the medication is prescribed. The use of marijuana, even with a medicinal card, is not allowed while on the program. The participant must be able to successfully pass a screening test for drugs and alcohol on their booking day and while on the program. _____Initials
- 8) The participant may be required at any time, while on the program, to submit to a drug and alcohol test. Failure to submit to a test or testing positive for drugs or alcohol may result in removal from the program and the participant may be placed into jail custody. The participant agrees to allow law enforcement staff to enter their residence in order to enforce the terms and conditions of EM or SWAP. Participant is subject to search and seizure of their person, property, residence and vehicle without warrant or probable cause for the purpose of verifying compliance with program rules. _____Initials
- 9) **The participant must reside in the Tri-Counties (San Luis Obispo County, Santa Barbara County, or Ventura County) while participating in the program.** The participant may work outside of the Tri-Counties area, but must return daily to an address within the Tri-Counties (unless supervisor approval has been received). _____Initials

SWAP Specific Rules:

- 1) The participant is responsible for arranging their own transportation to the work site. Failure to arrange transportation is NOT an excusable absence. _____Initials
- 2) The participant agrees to appear for work at the time and place as directed until the completion of their sentence. The participant will contact the office and/or work site immediately if unable to report for any reason. Participant understands that if they fail to appear as promised, they are guilty of violating Section §4024.2(b) of the Penal Code, a misdemeanor, and the court may issue a warrant for their arrest. _____Initials

Electronic Monitoring Specific Rules:

- 1) The Electronic Monitoring program requires the participant to provide proof of residence, a functioning phone either cellular or residential, and have adequate access to electrical service for the purpose of charging their device. The participant may or may not be employed, may attend school, and may have a verifiable medical condition. _____Initials
- 2) Once on the program, the participant is allowed to leave their residence with prior written approval on their schedule form by ASB staff. All other requests not listed on their schedule form require approval by the program staff. Schedule changes must be approved 24 hours in advance, by ASB staff, for the change to be made. Failure to return to the residence or contact staff as to a reason for the delay may result in removal from the program and the participant may be charged with escape pursuant to section §4532 of the California Penal Code. _____Initials
- 3) ASB staff will conduct random checks of the residence, work place or school of the participant. _____Initials

Electronic Monitoring and Sheriff's Work Alternative Program (SWAP) Rules continued:

- 4) The participant, once on the program, will be required to wear a transmitter on their ankle and may have a monitoring unit connected in their residence. Destruction, removal of the device, or rendering the device inoperable (including allowing the battery to expire) without prior authorization will be considered a felony escape and is subject to prosecution in accordance with §4532 of the California Penal Code. _____Initials
- 5) All program equipment, once issued, is the responsibility of the participant. If any equipment is damaged, stolen or lost, the participant will be required to pay the actual cost of replacing the equipment. _____Initials
- 6) The ankle strap and transmitter are water resistant, shockproof and lightweight. The transmitter **will not** be immersed in any liquid such as pools, baths, Jacuzzis, lakes or the ocean. The monitoring unit will be installed and used as directed by the Sheriff's ASB staff on the participant's booking day. _____Initials
- 7) Upon completion of their jail sentence, the participant will return all electronic monitoring equipment to the ASB office. _____Initials

I have read, or had read to me, and have received a copy of the above program and equipment requirements and conditions. I fully understand what is expected of me and the possible consequences of any failure to comply with any of the above rules. I agree to release the Santa Barbara Sheriff's Office; its personnel; the device vendor; monitoring center; SWAP work site, and its personnel from any liability associated with my participation in the program. I further understand that failure to follow program guidelines may result in additional monitoring and restrictions or my immediate return to custody without warrant or court order to serve the balance of my sentence. I also understand that if for any reason I am removed from the program I am responsible for the fees that I have incurred. I further understand that if I am removed from the program I am not entitled to a refund of any fees paid.

Print Name

Participant Signature

Date

Custody Deputy

Date

Interview

CII# _____

COUNTY ID# _____

NAME _____

1. Were you using drugs or under the influence when arrested for you current offense?
☐ No ☐ Yes
2. Have you ever been in formal treatment for drugs such as counseling, outpatient, inpatient, residential?
☐ No ☐ Yes
3. Do you think you would benefit from getting treatment for drugs?
☐ No ☐ Yes

Think of your school experiences when you were growing up.

4. Did you complete your high school diploma or GED?
☐ No ☐ Yes
5. What was your final grade completed in school? _____
6. What was your usual grades in high school?
☐ A ☐ B ☐ C ☐ D ☐ E/F ☐ Did Not Attend
7. Were you ever suspended or expelled from school?
☐ No ☐ Yes
8. Did you fail or repeat a grade level?
☐ No ☐ Yes

Please think if your past experiences, job experiences, and financial situation.

9. Do you have a job?
☐ No ☐ Yes
10. Do you currently have a skill, trade or profession at which you usually find work?
☐ No ☐ Yes
11. Can you verify your employment or school (if attending)?
☐ No ☐ Yes
12. How much have you worked or been enrolled in school in the last 12 months?
☐ 12 Months Full-time ☐ 12 Months Part-time ☐ 6+ Months Full-time ☐ 0 to 6 Months Pt/Ft
13. Right now, do you feel you need more training in a new job or career skill?
☐ No ☐ Yes
14. Right now, if you were to get (or have) a good job how much would you rate your chance of being successful?
☐ Good ☐ Fair ☐ Poor
15. How hard is it to find a job ABOVE minimum wage compared to others?
☐ Easier ☐ Same ☐ Harder ☐ Much Harder

Santa Barbara County Sheriff's Office

Truth Act Form 1



Consent Form for Immigration and Customs Enforcement (ICE) Interview

Date:

Inmate:

CID Number:

Facility/Housing Area:

To: Inmate

An Immigration and Customs Enforcement (ICE) agent would like to interview you regarding possible civil immigration violations. This is a voluntary interview. You may elect to be interviewed by ICE agents. You may also choose not to be interviewed by ICE, or choose to be interviewed with your attorney present (although the government will not pay for your attorney).

Please pick ONE of the following options by marking the option you choose, and sign your name to that option. If you decline to complete the form, you will not be interviewed.

- ☐ I do not agree to be interviewed by an agent of ICE.
- ☐ I agree to be interviewed by an agent of ICE, but only if my lawyer is present.
- ☐ I agree to be interviewed by an agent of ICE without my lawyer.

Inmate's Signature

☐ Inmate chose not to sign

BELOW FOR RECORDS/LAW ENFORCEMENT PERSONNEL ONLY:

Custody Staff Name/Body # (printed)

Date/Time

Return completed form to the Inmate Records.

Received by:

Records Staff Name/Body # (printed)

Date/Time

Distribution: Original to Inmate Custody Record
Copy to ICE Agent
Copy to inmate named above