

COUNTY OF NEVADA

SHANNAN MOON
SHERIFF-CORONER
ALTERNATIVE SENTENCING PROGRAM
WAYNE BROWN CORRECTIONAL FACILITY
P.O. BOX 928
NEVADA CITY, CA. 95959
(530) 265-1291

APPLICATION FOR ALTERNATIVE SENTENCING PROGRAMS

The Nevada County Sheriff's Office offers the Weekender Program and the Home Detention Program. Applicants must complete the application and turn in all required documentation. Failure to submit a complete application or missing documents will be grounds for disqualification to the program. Applications must be turned in a minimum of 30 days prior to court ordered commitment date. If applying while in custody, all rules and regulations apply for submitting applications and required documents.

NOTE: If applying for a transfer to or from another county, check with the other county to verify that they have a similar program and are willing to let you go there or come here.

FILLING OUT THE APPLICATION

1. The **entire** application must be completed.
2. Answer all the questions completely.
3. Print clearly or use the fillable option to fill out the application. Illegible applications will not be accepted.
4. Have your employer read and keep the **Notice to Employer**. Complete and return the **Employer's Agreement/Verification**. You must have worker's compensation insurance or the equivalent if you are employed. Make sure the `entire employer's agreement is filled out completely. Contact will be made with your employer to confirm all information.
5. The following items must be attached to your application:
 - a. Copy of California Driver's License or California Identification Card. If you are a legal resident of California, out of state licenses or identifications will not be accepted. If you do not have a valid license, you must provide a copy of the license of the person(s) who will be driving.
 - b. Car registration and insurance for all vehicles used during the program.
 - c. All applicable Police Reports, Pre-Sentence Reports or Affidavit of Violation of Probation Report.
 - d. Your commitment paper(s).
 - e. If you take prescription medication, you must provide documentation describing the medication and dosage amount. Note: Medical marijuana is not allowed on the program.
 - f. Provide signed statements from all adult members of your household agreeing to abide by the terms and conditions of the program.

RETURNING THE APPLICATION

When your application is complete and you have all the required documents, call the Wayne Brown Jail (530-265-1291) to schedule an appointment with the Alternative Sentencing Officer. **Applications must be submitted at least 30 days prior to your court ordered jail commitment date.**

Once your application has been processed you will be contacted by the Alternative Sentencing Officer and advised if you have been accepted or denied an Alternative Sentencing program.

Each applicant's eligibility and suitability for a community custody program will be decided on individual merits with emphasis based on the applicant's potential contribution and/or risk to the community and the program. Participation in any program is solely up to the Nevada County Sheriff's Office. The decision for acceptance in a program and/or for which program an inmate is allowed to participate in is made on a case-by-case basis.

Beginning from the date of application, failure to meet all minimum standards and qualifications, and/or removal from a program will disqualify the individual from participating in any of the community custody program for the length of the sentence. This shall also include any other sentence that results from such violation and/or criminal charges.

The Nevada County Sheriff's Office does not discriminate against any person based on a person's national origin, race, color, religion, disability, gender, gender expression marital status.

MINIMUM QUALIFICATIONS FOR ALL COMMUNITY CUSTODY PROGRAM ARE:

1. Volunteer for participation in a program and abide by all terms and conditions.
2. Meet all minimum-security classification and housing standards.
3. Be eligible for and/or housed in the minimum-security section of the county jail.
4. Have no jail misconduct record.
5. No arrests or probation violations during the application/acceptance process.
6. No pending criminal or probation matters.
7. No outstanding fines or collection fees.
8. Have a verifiable, permanent local residence.
9. If employed, you must:
 - a. Provide worker's compensation insurance or equivalent.
 - b. Earn minimum wage.
10. Have approved transportation and proof of insurance for vehicles (if necessary).
11. Appear for the commitment as scheduled.

THE PROGRAMS

The ***Weekender Program*** permits individuals eligible for and/or housed in the minimum-security unit and sentenced to no more than 120 days to complete their sentence in increments of 2 or 3 consecutive days per week. Eligibility is based on medical, physical, or extra ordinary circumstances that prohibit the individual from participating in a home detention program.

Applicants shall be eligible for housing in the minimum-security section of the Wayne Brown Correctional Facility and must abide by all pertinent standards, rules, and regulations for minimum security inmates

Applicants accepted into the weekender programs that fail to report **at any time** during the length of the commitment or fail a drug test shall finish the remainder of their sentence in continuous custody ("straight time"). They will be subject to jail discipline, violation of probation and additional criminal prosecution.

The following list is the maximum number of personal effects you may possess each time you report:

1. The clothing you are wearing.
2. California Driver's License or Identification Card (permanent only).
3. Current valid prescription medications in properly marked prescription vials.

The ***Home Detention Program*** permits individuals eligible for and/or housed in the minimum-security unit and sentenced to more than 20 days the privilege of completing their sentence in their own home. Eligibility is based on medical, physical, or extra ordinary circumstances that prohibit the individual from participating in the weekender program.

Participants are confined to their home at all times unless employed or registered in school. This program is strictly voluntary and offers an opportunity for a person sentenced to the Nevada County Jail to undergo a strictly monitored regime of home detention. The participant must wear an electronic ankle monitor.

In addition to the minimum qualifications, Home Detention participants must:

1. Be physically and mentally capable of caring for themselves or have the ability to have another person provide such care.
2. Have a verifiable and permanent local residence.
3. Have no less than *20 days* to serve in jail. "Fine Time" or "Community Service Time" may not be served on the program.

Candidates selected for participation in the Home Detention program will undergo intensive supervision. They will be allowed to seek and maintain employment and participate in approved therapeutic and/or rehabilitation programs as required. All participants must be classified for housing in the minimum-security section of the Nevada County Jail. Whether housed in the county jail or at home the participants are in ***fact*** inmates of the minimum-security section and must meet and maintain all rules, regulations and standards thereof.

You are required to have a consistent schedule for the duration of your sentence. **Multiple schedule changes and last-minute requests, not of an emergency nature, will NOT be approved.** These are structured programs, consequently all schedule changes and activities must receive prior approval (minimum of 7-10 days) by the Alternative Sentencing Officer.

Failure to comply with all provisions of the program in which you participate will result in your return to full custody in the Nevada County Jail.

The Alternative Sentencing Programs have a "**ZERO TOLERANCE**" policy for drug and/or alcohol use. You may not use, possess, or control any controlled substance that is not prescribed by a physician. You may not use, possess, or control any controlled substance that is not recommended by a physician. This means that when you report for your commitment or anytime during the length of your sentence, you are found with drugs, alcohol, medications in your system, possession, or control you will be removed from the program. You will be taken to jail for the rest of your sentence and your probation may be violated. This may result in additional jail time and even a sentence to state prison if you are on felony probation.

You must be able to provide a clean urine test at your schedule appointment with the Alternative Sentencing Officer. **Marijuana use is not permitted on the program.** Failure to provide a clean test will result in disqualification from the program.

If you do drugs or drink, it will be discovered! If you don't think you can stop using drugs or alcohol, you should not go on an Alternative Sentencing program. Before you are transferred to a program you are required to submit to a drug/alcohol test.

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Instructions for filling out your application

Be complete in all your answers. Your acceptance in the program may be denied if you are dishonest. Make sure you answer **all** the requested information to the best of your ability. If the question is not applicable, or the answer is unknown, say so. Do not leave any questions blank. If you fail to complete all information requested on this application, it may result in a delay or denial to the program. Please refer to the cover sheet that accompanies this application for complete instructions.

Personal History

Name (Last, First, Middle)			Race	Birth Date	Age
Home Address	Apt. #	City	Zip	Home Phone	
Mailing Address (If Different)				Other Phone (Message)	

Nearest cross street to your home	Type of residence (Apartment, House, Duplex, etc.)	Color of residence
Directions to residence		
Please list any animal (i.e., dogs, etc.) or other cautions near or at your home	How long have you owned/rented your residence	
Name of person in control of the residence (Owner, Landlord, etc.)	Address (If different from above)	

Driver's License / ID Number	Driver's License Status <input type="checkbox"/> Valid <input type="checkbox"/> Restricted <input type="checkbox"/> Suspended <input type="checkbox"/> Revoked	Height	Weight	Hair Color	Eye Color
Social Security Number	Place of Birth	Citizen of what country	Alien Registration Number	<i>If you are not a citizen of the United States, you will be required to bring your immigration registration.</i>	
Marital Status <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed		Number of children	Age(s) of children	Live with you?	
Do you pay spousal and/or child support? <input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	Name of person to whom paid		Their phone number	

List all other occupants of the residence:

Name (Last,First,Middle)	Birthdate	Relationship to you

Emergency Contact - 2 Required

Person to contact in case of emergency	Address	Phone number
Person to contact in case of emergency	Address	Phone number

Employment, Residences and Education

Name of current employer	Address	Phone number
Occupation	How long at present job	Supervisor's name
		Hourly Wage \$

Please list your employment history for the past 5 years, including any trade school or colleges attended (Excluding your present employer). Use the additional notes page if necessary.

Name of employer	Address	Phone	Dates employed

List your last 2 residences - excluding where you live now

Home address	Apt. #	City	State	Zip	Dates

Highest year completed in school: _____

Have you graduated from high school, completed a high school equivalency test, or earned a G.E.D. certificate? Yes No

If yes: School Name: _____ City: _____

Year graduated/earned certificate: _____

Did you go to college? Yes No

If yes: College: _____

City: _____ State: _____

Major: _____ Degree(s): _____

Dates attended: _____

Are you currently enrolled in school or job training? Yes No

If yes: School: _____ Date started: _____

Address: _____ City: _____

Transportation

You must describe the method by which you intend to commute to and from work each day. Mark the appropriate box(es) showing your method of transportation.

Private Vehicle Taxi Walk Bicycle Bus Other

If you or your spouse will be driving you own vehicle(s) you must have a valid California driver's license and provide a complete description of your vehicle, and proof of insurance and a valid registration. Attach copies of registration and insurance.

Vehicle Color	Year	Make	Model	License and State

Name of Insurance Company			
Address	City	State	Zip
Policy Number	Expiration date	Phone	

If you will be transported in a private vehicle by someone other than your spouse, you must complete the section below. **You are limited to 3 authorized drivers.**

Drivers Name	Vehicle /color	Year	Make	Model	License and State

I understand that my eligibility is based on medical, physical, or extra ordinary circumstances. I would like to be considered for Home Detention Weekender because:

Criminal History

What crime have you been convicted of? (Code, Section Number and Description)

Which court is your commitment from?

- Nevada County - Nevada City Nevada County – Truckee
 Other Court _____

What is the court docket or case number? _____

What is the day and date that you report to jail? _____ Time? _____

How many days is your sentence? _____

Do you have any credit for time served on this sentence? Yes No

If yes: How many days? _____

Were you on probation or parole at the time this offense was committed? Yes No

Are you currently on probation? Yes No

Type of probation: Formal Informal Summary (Court)

Name of Probation Officer: _____

Which law enforcement agency arrested you?

- Grass Valley PD Nevada City PD Nevada County Sheriff C.H.P.

Other: _____

Have you ever been **convicted** of any crime since age 18? Yes No

If yes, complete the following (Use the Additional Notes page if necessary):

Charges	Year	Sentence

Have you ever served time in any penal/correctional institution or jail? Yes No

If yes, where and when:

Have you ever participated in Work Furlough, Home Detention, Weekends or Work Release?

- Yes No

If yes, where and when: _____

If yes, did you successfully complete the program? Yes No

Have you ever received any "write-ups" or disciplinary actions while serving a sentence in custody or while on an alternative to incarceration program, such as Work Furlough, Home Detention, Weekends or Work Release? Yes No

If yes, describe the circumstances (use the Additional Notes page if necessary):

Medical History

Describe your current physical health: Excellent Good Fair Poor

Are you currently under a doctor's care? Yes No

EXPLAIN ALL "YES" ANSWERS ON THE ON THE ADDITIONAL NOTES PAGE	Yes	No
Are you mentally or emotionally upset?		
Are you taking any prescription medication?		
Do you have any current injuries or illnesses?		
Do you have any problems that should be considered regarding your acceptance into a jail program?		
Do you have dental insurance? <i>Company & Policy Number:</i>		
Do you have disability insurance? <i>Company & Policy Number:</i>		
Do you have medical insurance? <i>Company & Policy Number:</i>		
Do you have trouble breathing?		
Do you have trouble eating or sleeping?		
Do you smoke heavily? (More than 1 pack per day)		
Do you take any over-the-counter medications?		
Do you wear glasses, contact lenses or dentures?		
Are you addicted to or have problems with drugs?		
Are you addicted to or have problems with alcohol?		
Have you ever been, or are you currently enrolled in any substance abuse counseling/treatment program?		
Have you ever been told to have surgery which has not been performed, or do you need any now?		
Have you ever attempted suicide?		
Have you ever had mental health counseling?		
Have you gained or lost weight recently?		
In the last 3 year have you required a doctor's treatment for any physical or mental condition?		
Have you given birth?		
Have you had a miscarriage in the last year?		
Have you had an abortion in the last year?		
Are you pregnant?		
Do you have allergies?		
Diabetes?		
Anemia or paleness?		
Arthritis?		
Asthma/Emphysema?		
Back trouble?		
Broken bones?		
Cancer?		
Fits or convulsions?		
Headaches?		
Heart trouble?		
Hepatitis?		
Herpes?		
High blood pressure?		
Joint Injury?		
Kidney trouble?		
Menstrual problems?		
Pneumonia?		
Stomach ulcers?		
Unconsciousness?		
Venereal disease?		

Additional Notes

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Alternative Sentencing Programs Employment Agreement/Verification of Worker's Compensation Insurance Coverage

This to verify that _____ is employed by
 (Business Name) _____
 Business Address (No P.O. Boxes): _____
 Business Telephone Number: _____
 Date Hired: _____ Length of Time with the company _____
 Job Title/Description: _____
 The salary is \$ _____ per hour. Salary is paid: Weekly Bi-weekly Monthly

Worker's Compensation Insurance Information:

Insurance Carrier	Address	Telephone	Policy Number

Individuals shall not be allowed to work if adequate worker's compensation insurance is not provided

Work Schedule

Mon.	Tu.	Wed	Th.	Fri.	Sat	Sun	Status
							Start Work
							End Work
							Day(s) Off

As employer, I agree to inform the Nevada County Sheriff's Office immediately if this employee does not show up for work, leaves work, is fired, or quits. I will call: **(530) 265-1291**. I verify that the above information is true and correct and that the company will abide by the conditions set forth.

Signature of Employer: _____ Date: _____

As employee, in consideration for being granted a Community Custody program in Nevada County, I hereby waive and release the County of Nevada, its officers and employees from any and all liability occasioned/caused from whatever source attendant to the Community Custody program. I do also hereby agree to indemnify and hold harmless said county, its officers and employees for any claims, losses, attorney fees or costs which may be associated with any loss, injury, or other liability that I may experience directly or indirectly for the operation of said program.

Signature of Employee: _____ Date: _____

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Alternative Sentencing Programs Notice to Employer

Dear Employer;

Your employee has been sentenced to the county jail at the Wayne Brown Correctional Facility. They have applied for placement in the Alternative Sentencing Programs administered by the Nevada County Sheriff's Office. If accepted, they will be permitted to serve their incarceration period under strict terms and conditions. The employee will be allowed to maintain regular employment, provide family support, and meet other essential obligations.

The authority for the Sheriff to operate programs such as these is explained in Section 1203.016 and 1208 of the California Penal Code. In short, persons that have been carefully screened, evaluated, and determined to be a minimum-security inmate and low risk offender may be allowed to serve out their jail sentence in a Community Custody program. The participant shall adhere to a strict curfew and will be closely monitored by sheriff's personnel. Supervision may also include unannounced visits to their place of employment.

If your employee is selected to participate in the program you will be notified. In turn, you as the employer are asked to notify the Sheriff's Office ***immediately*** if the employee **does not show up for work, leaves work, quits or is terminated. All changes in the employee's work schedule must be verified by you as the employer.** Reporting any other significant changes in behavior, attitude, work performance or signs of drug/alcohol use is also requested as it may assist in the person's adjustment and rehabilitation process.

Due to the nature of the program and the equipment involved, the applicant must have a fixed schedule. "On-call" provisions are not allowed. The employee must work at least 32 hours per week. The employee cannot work more than 6 days or 60 hours in combination. Unless special arrangements are made directly with the Alternative Sentencing Detective, home electronic monitoring participants are confined to their homes on the following holidays:

- 1. New Year's Day***
- 2. Lincoln's Birthday***
- 3. President's Day***
- 4. Memorial Day***

5. *Independence Day*
6. *Labor Day*
7. *Columbus Day*
8. *Veterans Day*
9. *Thanksgiving Day*
10. *Christmas Day*
11. *New Year's Eve*
12. *New Year's Day*

Work through a temporary agency, unless for the length of the sentence term, does not qualify. The type of employment and job site supervision must be appropriate considering the nature of the current conviction and criminal history, if any. The program staff must have the ability to perform random, unannounced job site checks.

You may be contacted either in person, or by phone to verify the information you have supplied. Should you have any questions or concerns, please call the Nevada County Sheriff's Office at (530)265-1291.

Please keep this letter for future reference.

Thank you for your cooperation,
Nevada County Sheriff's Office

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AGREEMENT AND WAIVER

I _____ understand that my placement in the Alternative Sentencing program is voluntary. I am still an inmate of the Wayne Brown Correctional Facility. I agree to abide by all Wayne Brown Correctional Facility rules, regulations, standards, terms, and conditions of my Alternative Sentencing Program.

I have reviewed, understand, and agree to abide by the terms and conditions of my Alternative Sentencing program. I understand that failure to comply with any of the terms, conditions or jail rules and regulations may result in my immediate return to full jail custody, prosecution, further court action, and/or loss of good time.

Signature of Applicant	Date

I/We the undersigned, agree to cooperate with the terms and conditions of the Nevada County Sheriff's Office Alternative Sentencing Program of the above-named inmate during the period of their commitment in the Wayne Brown Correctional Facility. (All members of the household over the age of 18 must read and sign.)

Signature of Household Members	Date

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Statement of Income and Expenses

Name (Last, First, Middle)	Social Security Number
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Are you currently employed? Yes No

If no, when did you last work? _____

Employer and Address – No Post Office Box Numbers	Telephone

Your current gross income (if employed) \$ _____

Do you have a spouse/partner? Yes No

Are they currently employed? Yes No

If no, when did they last work? _____

Spouse/Partner Name (Last, First, Middle)	Social Security Number
---	------------------------

Employer and Address – No Post Office Box Numbers	Telephone

Spouse/Partner gross monthly income \$ _____

I support the following people:

Name (Last, First, Middle)	Age	Birthdate	Relationship to you

Income and Expenses

Total gross income per month	Amount
Income from my job (Same amount as page 1)	\$
Income from my spouse/partner (Same amount as page 1)	\$
Pension/Retirement	\$
Social Security	\$
Unemployment benefits	\$
Any other income	\$
Dividends, rentals, trusts, or others	\$
Total gross income before taxes	\$

Income deductions per month	Amount
Federal/State income tax	\$
Social Security	\$
Insurance	\$
Union dues	\$
Retirement Plan	\$
Credit Union	\$
Savings Plan	\$
Other	\$
Total income deductions	\$

Total Net Income (Total gross income minus deductions)	\$
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Monthly expenses not deducted from paycheck	Amount
Rent/House payment	\$
Light/gas/water/phone	\$
Food	\$
Child/spousal support	\$
Automobile maintenance (gas, oil, repairs, etc)	\$
Car payments	\$
Other (explain)	\$
Total gross expenses	\$

Debts incurred/Name or Business	For	Amount Owed	Monthly Payment
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____
		\$ _____	\$ _____

Assets	Value	Amount Owed	Monthly Payment
Automobile	\$ _____	\$ _____	\$ _____
Land	\$ _____	\$ _____	\$ _____
Rental Property	\$ _____	\$ _____	\$ _____
Other	\$ _____	\$ _____	\$ _____

Total amount of expenses	\$ _____
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Bank Accounts – Checking and Savings	Account Number	Balance

All amounts entered must be verified with documentation. Please do not bring in originals. Documents submitted will not be returned.

I hereby acknowledge by signing below that all information provided is accurate and true to the best of my knowledge.

Applicant Name (Print)

Date

Signature

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Checklist for Required Documents:

- Employer's Agreement/Verification
- Proof of workers compensation insurance
- Copy of valid California DL or ID
- Copy of alternative driver's DL (if applicable)
- Vehicle Registration(s)
- Proof of vehicle(s) insurance
- Police Report
- Pre-sentence/VOP report or letter from probation
- Orders of Probation, if applicable
- Jail Commitment Order
- Transfer paperwork if coming from Out of County
- List of medications (if applicable)
- Agreement and Waiver form
- Application – Completed and legible