

# San Luis Obispo County Sheriff's Office

## ALTERNATIVE SENTENCING APPLICATION

Home Detention and Alternative Work Program are voluntary programs open only to MINIMUM SECURITY/LOW RISK INMATES, as determined by the ASU staff. THESE PROGRAMS ARE A PRIVILEGE, NOT A RIGHT. There is a daily fee for both programs. Participation in Alternative Sentencing in another County requires authorization. **Not all counties are approved for transfers. Call the ASU (805) 781-4635 for approved counties.** You must understand basic English to participate in the Work Program. All answers on this application must be written in English. If you are approved for the program, you must bring an interpreter (18 years or older) to your interview. Additionally, at the interview, you must demonstrate the ability to understand verbal instructions which are given in English. Your interpreter, (18 years or older), will need to assist you in completing additional forms which are in English.

### ELIGIBILITY REQUIREMENTS

#### **Home Detention Program (HDP)**

HDP allows a person to serve their sentence in their home and continue to work at their regular job. Inmates may not leave San Luis Obispo County while on HDP.

Eligibility:

- Must be sentenced to ten (10) days or more at the San Luis Obispo County Jail.
- Home must be accessible to program staff 24 hours a day and you must remain at your job site throughout the work day.
- Must have a home phone (land line), AT&T / CHARTER, in your home. There can be no special call features, i.e. call waiting, call forwarding, call blocks.

#### **Alternative Work Program (AWP)**

AWP allows a person to perform eight (8) hours of general labor for every one (1) day of jail time. Eligibility:

- Sentenced to twenty (20) days or less in the County Jail.
- No physical or medical limitations that would prevent you from heavy lifting or general labor.

### HOW TO SUBMIT AN APPLICATION

To participate in Home Detention or Alternative Work Program, you must submit the following:

1. Alternative Sentencing application (see below), and a **legible copy of your court sentencing paperwork (Remand/Reservation Order).**
2. A **non-refundable application fee of seventy-five dollars (\$75.00).** Payment **MUST** be a money order, or a Cashier's Check issued from any bank. **All other forms of payment are prohibited.** Make the Money Order or Bank Cashier's Check payable to "San Luis Obispo Sheriff's Alternative Sentencing Unit" **(Make sure Money Order is signed or your application will be returned).**
3. Your application and fee must **arrive** at the Sheriff's Alternative Sentencing Unit a **minimum** of **FOUR (4) weeks prior to your stay-of-execution date on your court sentencing paperwork (Remand/Reservation Order).**

Mail your Application and fee to:

San Luis Obispo County Sheriff's Office  
Attention: Alternative Sentencing Unit

## ALTERNATIVE SENTENCING APPLICATION

**INSTRUCTIONS:** TYPE or PRINT LEGIBLY in ink. Complete all questions. If ANY answers require more space, write them on the extra page provided. Be certain to TYPE or PRINT NEATLY IN INK. Failure to provide accurate information will be grounds for denial. You must include a legible copy of your court sentencing paperwork (Remand/Reservation Order).

If you qualify, you will be placed on **Home Detention** or the **Alternative Work Program** depending on departmental needs.

Name \_\_\_\_\_  
(Last Name) (First Name) (Middle Name)

Address (Street, City, Zip) \_\_\_\_\_

Mailing Address (if different) \_\_\_\_\_

Home Phone: (Required) \_\_\_\_\_ Sex (M/F) \_\_\_\_\_ Social Security # \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Alien Registration # \_\_\_\_\_

Date of Birth: \_\_\_\_\_ City and State of Birth: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Major Hand: \_\_\_\_\_

Driver License #: \_\_\_\_\_ License Status: Valid Suspended Expired Restricted

Your Car: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Your Car: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

Your Car: Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ License # \_\_\_\_\_

1. Have you ever been diagnosed as having a mental disorder? Y/N \_\_\_\_\_
2. Have you ever been advised to have a surgical operation which has not been performed, or are you considering any elective surgery? Y/N \_\_\_\_\_
3. Do you have any injuries now? Y/N \_\_\_\_\_
4. Do you have any physical limitations that would prevent you from doing manual labor? Y/N \_\_\_\_\_
5. Do you have any reason to believe that you suffer from any undiagnosed physical or mental ailment or problem at this time? Y/N \_\_\_\_\_
6. Do you take any prescription medication at this time? Y/N \_\_\_\_\_
7. Do you have a medical marijuana card? Y/N \_\_\_\_\_

**(You must be clean 30 days prior to starting the program)**

**EXPLAIN ALL YES ANSWERS:**

\_\_\_\_\_  
\_\_\_\_\_

Are you currently under treatment by a doctor? Y/N \_\_\_\_\_

If YES, Doctor's name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Reason for treatment: \_\_\_\_\_

**FEMALES ONLY:** Are you pregnant? Y/N \_\_\_\_\_ Have you recently delivered? Y/N \_\_\_\_\_

Number of people living in your residence (besides yourself)? \_\_\_\_\_ (List them)

<u>NAME</u>	<u>RELATIONSHIP TO YOU</u>	<u>BIRTH DATE</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the people living in your residence have a felony conviction? Y/N \_\_\_\_\_

Type and number of animals in and around your home: \_\_\_\_\_

Type and number of weapons and firearms in and around your home: \_\_\_\_\_

Type and amount of alcoholic beverages in your home: \_\_\_\_\_

Does your home have uninterrupted electricity (electricity 24 hours a day)? Y/N \_\_\_\_\_

Do you have **call forwarding, call waiting, or a block on the phone line**? Y/N \_\_\_\_\_

Are you currently working outside your home? Y/N \_\_\_\_\_ Do you have more than one job? Y/N \_\_\_\_\_

EMPLOYER: Name \_\_\_\_\_

Street Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone \_\_\_\_\_ Date of hire \_\_\_\_\_

Your days off \_\_\_\_\_ Your work hour's \_\_\_\_\_

Your job duties \_\_\_\_\_

Gross hourly wage \_\_\_\_\_ Supervisor's Name \_\_\_\_\_

What is your combined household income, per month \_\_\_\_\_

What is your monthly rental or mortgage payment \_\_\_\_\_

Do you go to school/college? Y/N \_\_\_\_\_ If yes, name of school/college \_\_\_\_\_

For each class you are enrolled in, attach to this application: Room Number, Scheduled Days and Hours, Name of Course, Instructor's Name.

Have you previously applied for the HDP/AWP? Y/N \_\_\_\_\_ Date \_\_\_\_\_

Are you now on formal/supervised probation? Y/N \_\_\_\_\_ Probation Officer \_\_\_\_\_

Are you now on State Parole? Y/N \_\_\_\_\_ Parole Officer \_\_\_\_\_

1. Do you have any charges or cases still pending in any court? Y/N \_\_\_\_\_

2. Do you have any cases in which you have not been sentenced? Y/N \_\_\_\_\_

3. Have you ever failed to make a court appearance? Y/N \_\_\_\_\_

4. Have you ever failed to appear at jail for a jail sentence? Y/N \_\_\_\_\_

EXPLAIN ALL YES ANSWERS TO THE ABOVE QUESTIONS:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Which cases are you asking to serve through the Alternative Sentencing Unit?**

<u>CURRENT</u> <u>CASE #Mor F</u>	<u>CRIME (I.E. DULTHEFT,</u> <u>ETC)</u>	<u>DAYS SENTENCED</u>	<u>STAY-OF-EXECUTION DATE</u> <u>(TURN-IN DATE TO THE JAIL)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you going to be requesting your Alternative Sentencing to be transferred to the county that you live in? Y/N \_\_\_\_\_

If yes what county: \_\_\_\_\_ (A \$50.00 relocation fee for transferring out of San Luis

Obispo County will charged at time of booking).

Not all counties are approved for transfers. Call the ASU (805) 781-4635 for approved counties.

Please review your application for completeness. If any questions require more space than the application allows, you must write your answers on the following page that is provided. **ANSWER ALL OF THE QUESTIONS.** Upon approval of your application and assignment to a program the ASU Staff will contact you to schedule an in-person interview if you pass the background eligibility criteria. Failures to follow the Alternative Sentencing Program rules are grounds for removal from the program and incarceration in the jail without prior or advance notice.

All application fees are **NON-REFUNDABLE**, whether or not you are accepted into a program. You may call 781-4635 for information, including the daily fee cost.

Mail your application and fee to:  
San Luis Obispo County Sheriff's Office  
Attention: Alternative Sentencing Unit  
1585 Kansas Ave.

**You MUST include a legible copy of your court sentencing paperwork (Remand/Reservation Order).**

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Have you:

- Completed the application.
- Included the application fee of seventy-five dollars (\$75.00), in the form of a money order purchased at U.S. Post Office or a Cashier's Check issued from any bank. **(Make sure Money Order is signed or your application will be returned).**
- Included a legible copy of your court sentencing paperwork **(Remand/Reservation order).**
- Confirmed your stay-of-execution date: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_. **Your application and fee must arrive a minimum of FOUR (4) weeks prior to your *stay-of-execution* date on your court sentencing paperwork. (Remand/Reservation Order).**

To the best of my knowledge the answers on this application are true and correct. I understand that any incomplete, inaccurate, or falsified information can be cause for denial into the Home Detention Program.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**NOTES**