WORK FURLOUGH
SEC
Application Procedure

If you wish to be considered for SEC and/or Work Furlough, your application must be completed or it will be returned to you. If you are working, or want to work, you must turn it in to the Probation Department in the Courthouse with a 463 **~~$60.00~~ non-refundable application fee.**

Your application should be turned in at least four weeks prior to your surrender date.

The Probation Officer will review your probation file, if you have one, check for pending cases, holds, warrants, other charges, and your previous/present custody behavior. Your employer will be contacted and your transportation arrangements must be acceptable and legal. Your employment must comply with Federal and State Law.

If you apply for SEC, other members of your household may be contacted and questioned.

You may submit any and all materials you wish to be considered.

If you are, or will be housed at **MADF,** you are ineligible for Work Furlough.

Anyone providing false information on their application will be denied.

GENERAL INFORMATION ABOUT SUPERVISED ELECTRONIC CONFINEMENT

1. *You must be sentenced, and have a place to stay within 30 miles of the Sonoma County border.*
   If your sentencing Judge denies your participation in SEC, we will not consider you. If the Judge refers you to SEC, it does not mean you will be granted the program.

2. *You need an active telephone line.*
   You cannot use a cordless phone or have an answering machine on the line. You cannot have extra features on your phone line like call waiting.

3. *You must wear an ankle-bracelet device.*
   The ankle-bracelet cannot be put under water. Showers are fine. The ankle-bracelet can only be removed by the Probation Officer.

4. *You may work or go to school while on SEC.*
   Most people on SEC do work. However, you will have a set schedule approved **in advance** by the Probation Officer. Last minute requests for changes will be denied.

5. *Program fees will be charged.*
   The fees are based on your income. The fees vary from case-to-case (around $11 a day for most working clients).

6. *You may be allowed to shop, go to doctors appointments, counseling, or leave for other **necessary reasons**.*
   However, you must clear schedule changes with the Probation Officer **in advance**. Requests for last minute schedule changes will be denied.

7. *Restrictions*
   Participation in SEC is both voluntary on your part and a privilege. We cannot impose SEC on anyone. All adults living in the residence must understand, agree and adhere to program rules.
   You cannot have any alcohol or alcohol containers at anytime on your property. You cannot use or possess illegal drugs or drug paraphernalia. You cannot use cough medicine with alcohol.
   You may not possess firearms or other weapons in your home. Your home is subject to search at anytime.

8. *The bottom line is; **you are in jail**.*
   You are simply serving that jail sentence at home. Anything you cannot do in jail, you cannot do on SEC. A violation of SEC rules could mean you will serve a longer sentence, or serve the remainder of your sentence in jail.

IT IS EXPECTED AND REQUIRED THAT YOU ABIDE BY THE FOLLOWING RULES WHILE AT NCDF

Wear proper clothing. No hats, shorts, tank tops, anything with a team sport logo, cropped tops or see-through clothing. You must wear a shirt and shoes.

Don't bring children here unless you have no other child care elsewhere. They don't belong in a jail.

Do not interrupt any of the jail staff with questions or comments. You will be here as long as it takes for us to take care of your business. This can be a long time especially if there are people ahead of you. You may bring something to read .

If you are here for an enrollment (getting hooked up) expect to be here 3 hours. An office visit can take 1 hour. A release can take 1 hour.

Mind your own business. If there are problems, you may be removed from the program, removed from the lobby or arrested.

SEC IS A PRIVILEGE, DON'T ABUSE IT!

SONOMA COUNTY PROBATION DEPARTMENT
~~3470~~ 600 Administration Dr., ~~Room 104J~~
Santa Rosa, CA 95403
(707) 565-2149

CIRCLE THE PROGRAM (S) YOU ARE APPLYING FOR)

WORK FURLOUGH **SUPERVISED ELECTRONIC CONFINEMENT** **EDUCATIONAL FURLOUGH**

(707) 578-6042 $43

SUBMIT THIS COMPLETED APPLICATION AND ~~$60.00~~ NON-REFUNDABLE PROCESSING FEE TO THE ABOVE ADDRESS. CASH OR MONEY ORDER ONLY.

Last Name:_____ First:_____ Middle:_____

Other Names:_____

Social Security Number:_____ Date of Birth:_____ Age:_____

Driver's License Number:_____ Sex:_____ Race:_____

Height:_____ Weight:_____ Eyes:_____ Hair:_____ Primary Language:_____

Home Street Address:_____

City:_____ State:_____ ZIP Code:_____

Mailing Address (If different):_____

City:_____ State:_____ ZIP Code:_____

Home Phone:_____ Cell Phone:_____

Employer:_____ Occupation:_____

Number of hours worked a week:_____ Hourly Wage:_____

Work Street Address:_____

City:_____ State:_____ ZIP Code:_____

Work Phone:_____ Supervisor's Name:_____

I declare that I am the above named subject's employer/supervisor and as such understand I have an obligation to the Probation Department to report all absences not previously scheduled. If the employee leaves work early or arrives late, uses controlled substances or appears under the influence of a controlled substance, I will immediately notify the program office.

_____ _____ _____

Employer's Signature Print Name Date

WEEKLY WORK SCHEDULE

	Arrive Work Time	Depart Work Time
Monday		
Tuesday		
Wednesday		
Thursday		
Friday		
Saturday		
Sunday		

Are you covered by Worker's Compensation insurance?:_____

If not, do you have other insurance coverage?:_____

Do you have medical/personal problems that might interfere with the program(s) you are applying for?
If yes, explain:_____

Transportation (Circle): Walk Bus Ride from Friend or Relative Personal Car
Make/Model of Car:_____/_____ Year:_____ Color:_____
License Plate Number:_____
Insurance Company:_____ Policy Number:_____

If you are applying for Supervised Electronic Confinement, you must list all persons residing in your home, including their age, their relationship to you, and if they are currently on probation or parole.

Name:	Age:	Relationship to you:	Probation/Parole?

(List any additional persons on a separate sheet of paper of necessary)

Court Case Number(s):_____
Offense(s):_____
Amount of time to serve?_____
When is your turn-in date?_____

Have you previously been supervised by a Probation Officer? Yes No
If Yes, Where?_____ When?_____
Why?_____
Do you have any pending matters in any courts? Yes No If yes, explain:
_____
Are you on probation in any other counties? Yes No If yes, explain:
_____

I hereby authorize the Probation Department to make whatever contacts and investigation deemed necessary to confirm the accuracy of the Information contained in this application. Work Furlough/SEC investigators are requested and authorized to release and disclose criminal offender record information. I certify that disclosure of this information is for the purpose of furthering my own rehabilitation. I absolve all parties from and liability as a result of releasing said information. I also authorize Jail Medical Staff to release any and all medical information/history to the Probation Department. I declare that all of the information on this form is true and correct.

_____ _____ _____
Applicant Signature Print Name Date