

FRESNO COUNTY PROBATION DEPARTMENT  
ELECTRONIC MONITORING PROGRAM  
890 South Tenth Street  
Fresno, CA. 93702 - (559) 455-5127

As a part of your sentence the Court has ordered you to serve time in custody in the Fresno County Jail. However, the Court has **referred** you to the Work Furlough/Electronic Monitoring Program for possible acceptance.

To be eligible for the program **YOU MUST:**

1. Be employed at least 40 hours per week with a consistent work schedule, or in a Vocational / Educational program.
2. Have a valid driver's license and proof of insurance or:
  - a. The name of the person who will be providing transportation for you. That person **MUST** have a valid driver's license and provide proof of insurance.
3. Have a working telephone in your residence.
4. Be able to pay all program fees including a non-refundable interview FEE of **\$60.00**

**YOU ARE NOT REQUIRED TO PARTICIPATE IN THE WORK FURLOUGH/ELECTRONIC MONITORING PROGRAM AND YOU MAY SERVE TIME IN CUSTODY BY REPORTING TO THE FRESNO COUNTY JAIL ON THE DATE AND TIME INDICATED ON YOUR COURT ORDER.**

If you choose to be considered for **Acceptance** to the program. YOU MUST do the following:

1. Schedule an appointment for an interview and obtain an Intake Packet at the Work Furlough/Electronic Monitoring Office **within 5 days** of the Court date.
2. On that appointment, client is required to pay a **\$60.00** Screening Fee.
3. Have all **Required Forms Completed** and all **Required Proofs** (i.e. car insurance, etc) at the time of interview.

**APPOINTMENT DATE:** \_\_\_\_\_ **TIME:** \_\_\_\_\_  
(Report to Work Furlough/Electronic Monitoring Office.)

**FAILURE TO APPEAR** for the interview will result in the client being INELIGIBLE for the program.

**FAILURE TO PROVIDE** required documentation will result in an additional fee of **\$25.00** should the client be required to return prior to Stay Date.

CURRENT DATE: 10/7/2010 Client's Signature: \_\_\_\_\_

Witness Initials: \_\_\_\_\_

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Name: _____	Date of Birth: _____
Address: _____	Telephone #: _____
City: _____ State: _____	Zip: _____ Social Security #: _____

WORK FURLOUGH / ELECTRONIC MONITORING MINUTE ORDER  
COURT NUMBER:



## County of Fresno

**LINDA PENNER**  
CHIEF PROBATION OFFICER

### **ATTENTION!**

#### **YOU MUST PRESENT THE FOLLOWING ITEMS TO YOUR WORK FURLOUGH/ELECTRONIC MONITOR OFFICER AT THE TIME OF YOUR APPOINTMENT**

1. PICTURE ID
2. TWO RECENT PAY STUBS TO VERIFY EMPLOYMENT. IF PAY STUBS ARE NOT AVAILABLE, A LETTER ON COMPANY LETTERHEAD MUST BE PRESENTED INCLUDING THE FOLLOWING.
  - A. DATE OF HIRE
  - B. DAYS/HOURS WORKED PER WEEK
  - C. SALARY/HOURLY WAGE
  - D. JOB TITLE/DUTIES
  - E. SUPERVISOR'S NAME AND TELEPHONE NUMBER
  - F. STATE THAT SUPERVISOR IS AWARE THAT APPLICANT MAY BE PLACED ON WORK FURLOUGH/ELECTRONIC MONITOR.
3. RECENT TELEPHONE BILL TO VERIFY TELEPHONE SERVICE.
4. CAR INSURANCE AND VALID CALIFORNIA DRIVERS LICENSE OF APPLICANT AND/OR PERSON(S) WHO MAY BE DRIVING APPLICANT.
5. PRE – SCREENING FORMS COMPLETED AND PROBATION MONITORING TERMS AND CONDITIONS READ AND INITIALED.

**YOU WILL NOT BE CONSIDERED ELIGIBLE FOR THE WORK FURLOUGH/ELECTRONIC MONITOR PROGRAM UNTIL ALL NECESSARY DOCUMENTS HAVE BEEN SUPPLIED. FAILURE TO PROVIDE REQUIRED DOCUMENTATION WILL RESULT IN AN ADDITIONAL FEE OF \$25 AT EACH RETURN VISIT.**

**NON – ENGLISH SPEAKING APPLICANTS MUST BRING INTERPRETER ON DAY OF APPOINTMENT.**



# County of Fresno

**LINDA PENNER**  
CHIEF PROBATION OFFICER

## WORK FURLOUGH / ELECTRONIC MONITOR PRE – SCREENING INFORMATION SHEET

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
BIRTHDATE: \_\_\_\_\_ SOCIAL SECURITY #: \_\_\_\_\_  
ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ HOW LONG AT THIS RESIDENCE: \_\_\_\_\_  
MARITAL STATUS: \_\_\_\_\_ NAME OF SPOUSE: \_\_\_\_\_

### LIST ALL OTHER INDIVIDUALS LIVING AT THIS ADDRESS

<u>NAME</u>	<u>RELATIONSHIP</u>
_____	_____
_____	_____
_____	_____
_____	_____

DEFENDANT'S SIGNATURE: \_\_\_\_\_

### TRANSPORTING PERSON'S INFORMATION

IF YOUR LICENSE HAS BEEN SUSPENDED. YOU MUST HAVE A DESIGNATED DRIVER

LAST NAME: \_\_\_\_\_ FIRST NAME: \_\_\_\_\_  
RELATIONSHIP: \_\_\_\_\_ LICENSE #: \_\_\_\_\_  
INSURANCE CO. \_\_\_\_\_ TELEPHONE: \_\_\_\_\_

TRANSPORTING PERSON'S SIGNATURE: \_\_\_\_\_

**ALL INFORMATION MAY BE SUBJECT TO VERIFICATION  
BY FRESNO COUNTY PROBATION**



# County of Fresno

**LINDA PENNER**  
CHIEF PROBATION OFFICER

## WORK FURLOUGH / ELECTRONIC MONITOR PRE-SCREENING EMPLOYER INFORMATION SHEET

### EMPLOYMENT INFORMATION TO BE COMPLETED BY EMPLOYER\*

NAME OF BUSINESS: \_\_\_\_\_

BUSINESS ADDRESS: \_\_\_\_\_

BUSINESS TELEPHONE #: \_\_\_\_\_ MESSAGE #: \_\_\_\_\_

DAYS WORKED PER WEEK: \_\_\_\_\_ SCHEDULED DAYS: \_\_\_\_\_

HOURS WORKED PER DAY: \_\_\_\_\_ SCHEDULED HOURS: \_\_\_\_\_

DATE OF HIRE: \_\_\_\_\_ HOURLY WAGE: \_\_\_\_\_

PAY SCHEDULE: ☐ Monthly ☐ Biweekly ☐ Weekly

JOB DUTIES: \_\_\_\_\_

SUPERVISOR'S NAME: \_\_\_\_\_

**I am aware that \_\_\_\_\_ is a candidate for the Work Furlough Program through  
Fresno County Probation.**

Employer's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

FRESNO COUNTY PROBATION DEPARTMENT  
ADULT ELECTRONIC HOME DETENTION – WORK FURLOUGH PROGRAM

TERMS AND CONDITIONS

In addition to your standard terms and conditions of probation, the following terms will also apply:

1. I am a voluntary participant in the Fresno County Probation Department Adult Electronic Monitoring Program.
2. I will remain within the interior premises of my residence during the hours designated by the probation officer or caseworker.
3. I will allow any person or agency designated by the probation officer into my residence at any time for the purpose of verifying any compliance within the conditions of my monitoring.
4. I agree to the use of the electronic monitoring device for the purpose of helping to verify my compliance with rules and regulations of the Work Furlough Program.
5. I agree that the probation office may, without further order of the court, immediately take me into custody and serve the balance of my sentence if the electronic monitoring device is unable for any reason to properly perform its function at my residence if I fail to remain within my residence as stipulated in this agreement or for any reason I no longer meet the established criteria for work furlough.
6. I agree to pay all monitoring fees as scheduled by the monitoring program. Failure to pay will result in removal from electronic monitoring and return to custody.
7. I will maintain a working telephone in my residence. I am not to use a call forwarding device or an answering machine.
8. I will wear the tamper-proof non-removable ankle bracelet 24 hours a day during the entire period of electronic monitoring.
9. I know it will be necessary for a monitoring device to be hooked up to my home telephone by an employee of the Electronic Monitoring Program. I agree to allow monitoring staff to enter my home 24 hours a day without prior notice to install, maintain and inspect this unit.
10. I agree to remain at my residence at all times except for the hours as specified on the worksheet.
11. I understand that my curfew restrictions may also be monitored by phone calls and personal visits to my residence or employment.

12. I understand that if I should willfully fail to return to my residence within the prescribed time, or leave this address at any invalid time, such shall be deemed an escape from custody and I will be immediately removed from the program and returned to jail.
13. I understand that the consumption or possession of alcohol and/or unlawful drugs is prohibited.
14. I agree to submit to urine and breathalyzer testing when asked to do so by the Probation Department.
15. I further understand that violation of any of these conditions or agreement may cause my removal from the program and return to jail without notice or avenue of appeal.
16. I understand that any damage or tampering which results in the damage of the electronic monitoring device will result in my return to the Fresno County Jail. It may result in the filing of new criminal charges.
17. I understand that I am responsible for all electronic monitoring equipment and agree to reimburse for any loss or damage of this equipment.
18. I agree/understand not to possess on my person or place of residence any stolen property or contraband.
19. I agree/understand that the phone line to be utilized by the Field Monitoring Device must not have a Long Distance Phone Call Block that prevents long distance calls by the Field Monitoring Device. Further, that the "ringer" on the telephone must be on at all times while on the Adult Electronic Monitoring Program.

**I AGREE TO APPEAR FOR ANY AND ALL COURT APPEARANCES THAT ARE SCHEDULED.**

**THE ABOVE INSTRUCTIONS AND CONDITIONS HAVE BEEN EXPLAINED OR READ TO ME AND I DO HEREBY AGREE TO ABIDE BY THOSE CONDITIONS.**

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**Probationer's Signature**

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**Officer's Signature**

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**Address**

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**Date**

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**Telephone**



## Fresno County Probation Department

Linda Penner, Chief Probation Officer



TO: (Vendor Name)  
(Vendor Address)  
Fax (Vendor Fax number)

Defendant:  
Probation #:  
Offense:

Case#:  
Phone:

### Referral Request Notice

The above-named defendant is being referred by the Fresno County Work Furlough Program intake Officer. If you accept this case, please refer all case supervision problems to the Work Furlough Officer assigned: .

Number of days (Net) sentenced to Electronic Monitoring: .

#### Permitted Activities

- |                                                                               |                                 |                                            |
|-------------------------------------------------------------------------------|---------------------------------|--------------------------------------------|
| <input type="checkbox"/> Employment                                           | <input type="checkbox"/> School | <input type="checkbox"/> Medical/Dental    |
| <input type="checkbox"/> Documented Over-Time at Work                         |                                 | <input type="checkbox"/> Community Service |
| <input type="checkbox"/> AA\NA meetings/Anger Management/Batterer's Treatment |                                 | <input type="checkbox"/> AFDC-4 Hr. Pass   |
| <input type="checkbox"/> 3 Hour Pass-1 per week/return before 1700 hours.     |                                 |                                            |
| <input type="checkbox"/> Other:                                               |                                 |                                            |

**Restriction/Conditions of Probation in addition to Obey All Laws:**

Defendant has been notified to Contact (Vendor Name) by  
Fee set at \$ bi-weekly

#### ADULT PROBATION

890 South Tenth Street Fresno, California 93702 (559) 455-5127  
Equal Employment Opportunity • Affirmative Action • Disabled Employer



## Fresno County Probation Department

Linda Penner, Chief Probation Officer



### Further Work Furlough Instructions

Defendant:

Probation #:

Case #:

You are to contact the **(Vendor Name) MONITORING COMPANY**. The (Vendor Name) Monitoring Company is an agency that the Work Furlough Program uses for electronic monitoring. They will install the electronic monitoring equipment and assign you a case manager. You will be required to pay an initial fee of \$250.00 at the time of your appointment, and all Program Fee's Thereafter.

You are to contact the **(Vendor Name) MONITORING COMPANY AT (phone #)** by: .  
You are to obey all instructions given by the (Vendor Name) Monitoring Company staff.

If you have questions regarding probation, call \_\_\_\_\_ at \_\_\_\_\_.

\_\_\_\_\_  
Deputy Probation Officer

\_\_\_\_\_  
Date

\_\_\_\_\_  
Probationer

\_\_\_\_\_  
Date

**(Vendor Name) MONITORING COMPANY**

(Vendor Address)

Fresno, CA \_\_\_\_\_

**(559) (Vendor Phone)**

#### ADULT PROBATION

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