

COUNTY OF NEVADA

PROBATION DEPARTMENT

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H. DOUGLAS LATIMER
Chief Probation Officer

HOME DETENTION ELECTRONIC MONITORING PROGRAM

GENERAL OVERVIEW

The Nevada County Probation Department is responsible for the proper administration and supervision of the Home Detention Electronic Monitoring Program. This program 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 device and have a field monitoring device placed in their home.

To be eligible for the program an applicant must:

1. Not be evaluated as a high risk offender.
2. Be free of misconduct in the jail, and not have holds or warrants from other Jurisdictions.
3. Desire and volunteer to be in the program and all family members and/or co-habitants be willing to cooperate with program guidelines.
4. Be physically and mentally capable of caring for him/her self, or the ability to have another person provide care.
5. Not be a transient and have a verifiable local residence.
6. Have a telephone and electricity.
7. Be on probation.
8. ~~Have no less than ten (10) days or no more than ninety (90) days to serve in jail.~~
9. Pay an administrative fee of \$10.00 per day in advance each week.

Candidates selected for participation in the program will undergo intensive supervision. They will be allowed to seek and maintain employment, and participate in approved therapeutic and/or rehabilitation programs.

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HOME DETENTION PROGRAM

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INTRODUCTION AND GOALS:

In August of 1988, the Board of Supervisors authorized the Probation Department to design, implement and administer the Home Detention Program with the use of electronic monitors. The goals of the program are as follows:

1. To provide Nevada County with an additional alternative to incarceration.
2. To reduce the inmate population and overcrowded conditions of the jail by removing low-risk offenders under specific conditions that provide for the safety of the community and the safety of the inmates.
3. To reduce the financial burden to the taxpayer for housing and medical care of an inmate in the jail or Detention Center.
4. To offset the financial burden to the taxpayer by requiring that he/she pay \$10.00 per day while on the program.
5. To provide a more effective transition of in-custody probationers to non-custody supervision status.
6. To enable an inmate to financially support or care for his/her family while incarcerated.

ADMINISTRATION AND STAFFING:

The duties of the proper administration and supervision of the Home Detention Program with the use of electronic monitors has been assigned to the Chief Probation Officer. The program provides for the following personnel and organizational structure.

- 1 - Supervising Deputy Probation Officer - Part-time with responsibility for other departmental programs.
- 1/2 - Deputy Probation Officer II

The administration and functioning of the program is the ~~responsibility of the Supervising Probation Officer assigned to~~ department programs. The Deputy Probation Officer II assigned to the program will designate one-half of his/her time to this program. The Home Detention Officer will work in a "team approach" with the Work Furlough Officer in the sharing of responsibilities related to the Work Furlough Program, Work Release Program and Supervised OR program. Under the direction

ADMINISTRATION AND STAFFING: (Continued)

of the Supervising Probation Officer, the assigned officer will assume responsibility for the practical operation of the program. The duties of the officer shall include but not be limited to the following:

1. The screening and evaluation of candidate applications.
2. The orientation of successful applicants to the program. The orientation shall include a full explanation of the program, the terms and conditions and obtaining the participant's signature on the terms and conditions.
3. The field supervision of inmates. This supervision shall include contact with the inmate in his/her residence or at any other permitted placement such as employment, school, community service or counseling. The officer will utilize the method of field (person to person) and telephone contacts.
4. The arrest of violations. The Probation Officer will arrest and place in custody any program participant when it is necessary.
5. The collection of administrative fees from inmates on the program. The Home Detention Officer will be responsible for collecting fees in advance from all new and active program participants, the issuing of receipts to inmates at the time of collection, and the depositing of fees collected in a timely manner.
6. The evaluation of the applicants risk/needs assessment. The assessment will include evaluation of such documents as the presentence report, probation classification and home detention eligibility worksheet.
7. The department liaison with law enforcement and related community agencies. The Home Detention Officer will be available to handle all routine matters concerning the program with community agencies.
8. Public information. The Home Detention Officer will make known to the appropriate governmental agencies and to the community the existence of the program. This may include eligibility requirements, the supervision process and the electronic capabilities of the program.

ADMINISTRATION AND STAFFING: (continued)

9. The department liaison with the providing company. The Home Detention Officer will maintain consistent communications and coordinate all necessary information and activities with the company providing the electronic monitors and service component.
10. The decision making regarding program/probation violations. The assigned officer under the direction of the Supervising Probation Officer will make all decisions and recommendations regarding program/probation violations.
11. The preparation of all court documents. The officer will make recommendations to the court in a timely manner and within the given time frames. All decisions and recommendations will be made under the direction of the Supervising Probation Officer.
12. The verification of local residence and home evaluation. This evaluation will include all elements that are necessary to provide for a secure home detention process as well as the availability of telephone lines and electricity.
13. The evaluation of the applicant's family. The interview conducted by the Home Detention Officer will focus mainly on the ability and willingness of the family members to cooperate in the applicant's home detention process.
14. The installation of equipment. The Home Detention Officer will attach the transmitter to the inmate and install the field monitoring device in accordance with the guidelines of the electronic provider.
15. The enforcement of Court Orders and program terms and conditions. The probation Officer will ensure that all conditions of the court and the program are enforced. This supervision process will include periodic testing and search and seizure. Additionally, all counseling conditions must be monitored.
16. The use of "stake out" surveillance. The Home Detention Officer will utilize this method of supervision to confirm or refute community complaints, law enforcement knowledge or personal knowledge. To initiate surveillances, the deputy must obtain permission from the Chief Probation

ADMINISTRATION AND STAFFING: (continued)

Officer and the Supervising Probation Officer. The surveillance activity must be coordinated with the law enforcement agency of the designated area.

17. The keeping of accurate records. The keeping of records will include the appropriate entries in the case folders and statistical data related to the program. The officer will submit a monthly program report to the Chief Probation Officer.

REFERRAL TO THE PROGRAM:

The department will consider candidates to the program from:

1. The courts.
2. Deputy Probation Officers assigned to investigation and/or the adult supervision unit.
3. A direct application of a defendant prior to his/her court appearance.
4. A direct application by an inmate.
5. A direct application by an inmate with a special medical problem.
6. The personnel of the main jail or the Detention Center.
7. Individuals who are not eligible for participation in other programs, such as the Alternative Sentencing Program, Work Release, Work Furlough or county parole.

All individuals that are referrals to the program must complete a written application and an interview with the probation officer.

INVESTIGATION AND SCREENING:

The Home Detention Officer will investigate applicants in accordance with the Probation Department program eligibility application form, the Home Detention Officer may request any materials or documentation from an applicant that appears to be necessary to complete a thorough investigation and screening process. In some cases it will be necessary for the courts and the jail to grant a two week period for the proper screening of applications. The Probation Officers investigation will include an evaluation of:

INVESTIGATION AND SCREENING: (continued)

1. The severity of the current offense and damage to victims.
2. Prior record - CII and DMV record checks.
3. The Probation Department's case folder and records.
4. The District Attorney's case folder and records.
5. The Sheriff's Department records and knowledge from investigations.
6. The Jail records, classification, and adjustments.
7. The Probation classification system.
8. The program eligibility worksheet.
9. The applicant's residence.
10. The applicant's family.
11. The applicant's stability.
12. The applicant's emotional stability and medical condition.
13. The applicant's drug/alcohol use, abuse, or addiction.
14. The applicant's employment.
15. The applicant's history of court appearances.
16. The applicant's previous success/failure on alternative programs.
17. References.
18. Any relevant materials or documents pertinent to the application.

In cases where the department is completing a ~~presentence report with a recommendation for incarceration, the~~ intake officer should make a brief evaluation of the defendant's suitability for the program. If the defendant appears to be an appropriate candidate for the program, the intake officer should refer the case to the Home Detention Officer to determine the defendant's eligibility and suitability.

INVESTIGATION AND SCREENING: (continued)

If an intake officer refers a defendant to the Home Detention Officer for screening, the investigating officer should stay advised of the referral. Upon completion of the screening process, the Home Detention Officer will inform the intake officer of the defendant's eligibility. The applicant's eligibility and suitability should be reported in the "Sentencing Considerations" section of the court report.

All applicants will be evaluated in the most expedient time and manner in accordance to the department's current workload.

ELIGIBILITY AND SUITABILITY:

The Home Detention Officer will interview and evaluate the applicant based upon the subsequent criteria. This evaluation process will be completed after the entire application is completed by the candidate. In addition to the following criteria, the applicant will be assessed on the basis of responsibility, ability to follow rules and directions, and sincerity toward fulfilling the purposes of the program. Although departmental guidelines are established to assist in determining an applicant's eligibility and suitability for the program, no single guideline will necessarily exclude him/her from consideration. Each case will be decided on its merits with emphasis based on the applicant's risk to the community and need for the program.

The Home Detention Officer will utilize the following general guidelines in the determination of a candidate's eligibility for the program. An applicant:

1. Must not be evaluated as a high risk offender.
2. Must be free of misconduct in Jail which would be indicative of behavior that is incompatible with the program.
3. Must be free of both "holds" from other jurisdictions and outstanding "warrants of arrest."
4. Must have a minimum of ten days confinement after time of entry.
5. ~~Must desire and volunteer to participate in the program and be willing to comply with the terms and conditions.~~
6. Must be mentally and physically capable of caring for himself/herself or the ability to have another individual provide needed care.

ELIGIBILITY AND SUITABILITY: (continued)

7. Must not be transient.
8. Must have a verifiable local residence.
9. Must have appropriate electrical and telephone equipment in the residence.
10. Must be on an order of supervised probation from the Superior or Justice Courts.

Additionally, the Home Detention Officer must determine whether the program is appropriate for the subject in accordance with the candidates present family, health, employment, and financial status. When evaluating a subject's present "life situation," there may be cases in which the Home Detention Program is not in the best interest of the candidate, the family, and the court. The evaluation of the candidate's "life situation" might indicate that he/she could not successfully complete the program and that regular incarceration or another alternative program might be more appropriate and conducive to success.

The determination of a subject's eligibility for the Home Detention Program should follow the department's general guidelines as previously outlined. The predominant factors that the probation officer must consider in the process of determining a subject's eligibility for the program is the candidates degree of risk to the community, to self, or to the family.

Potential candidates that come within the definition of "High Risk" offenders will be carefully screened and in most cases will be found ineligible for the program. For the purposes of determining eligibility, the Home Detention Officer will utilize the following positive and negative factors for evaluation:

Positive Factors:

1. Employment and current job for over six months.
2. Job has close supervision.
3. Has two or more dependents.
- ~~4. Is a first offender or will be serving first incarceration.~~
5. Must pay restitution or fine.
6. Has made efforts to improve self since commission of crime

ELIGIBILITY AND SUITABILITY: (continued)

7. Prior successful work/education furlough.
8. Prior successful probationer or parolee.

Negative Factors:

1. Pending charges.
 2. Holds placed by other jurisdictions.
 3. Violence resulting in injury in current offense.
 4. Extensive criminal history.
 5. Current offense involves escape, assault upon an officer, use of any weapon, sex offenses, drug sales or trafficking.
 6. History of mental problems, suicidal, or violent behavior.
 7. Poor prior work/education or work/furlough performance.
 8. Poor custody record.
 9. Poor performance on probation or parole.
 10. Pattern of failures to appear for court and failures to pay fine.
 11. Job provides opportunity to commit crime.
 12. Failure to comply with required training, counseling, or education as directed by a court or probation officer.
 13. Limited or no supervision on the job by employer.
 14. Poor/unstable employment history.
 15. Provides false information to staff.
 16. Fails to address responsibility for involvement in current offense.
-
17. Current incarceration is for violation of probation.

In the process of screening applicants for eligibility for the program, there may be certain "High Risk" offenders that

ELIGIBILITY AND SUITABILITY: (Continued)

appear to be an exception due to certain circumstances. In such cases, the Home Detention Officer after completion of the interview, will evaluate the case with his/her supervisor to determine eligibility and suitability.

RIGHT TO APPEAL:

If a candidate's application for the program is rejected, the Home Detention Officer will inform the candidate of the reasons for the rejection and of the right to appeal the decision. Within the time frame of five (5) working days, the applicant may appeal in writing directly to the Chief Probation Officer. The Chief Probation Officer shall review all materials available, including the applicant's basis for appeal. The applicant shall have the right to personally appear before the Chief Probation Officer to present any material in support of the appeal. A decision will be rendered in writing within five (5) working days from receipt of the written appeal by the Chief Probation Officer. The decision will be mailed to the applicant's last known address. The decision of the Chief Probation Officer is final and not subject to further administrative review.

Participants removed from the program due to disciplinary reasons have the right to utilize the above described appeal process.

PAYMENT OF PROGRAM FEES:

Upon acceptance in the Home Detention Program, the participant will deliver a money order to the Home Detention Officer for payment of at least the first week of the program. The Home Detention Officer will issue a receipt, credit the payment on the control system, and deposit the payment with the county in a timely manner.

Upon the participant's initial payment, the Home Detention Officer will advise the inmate when the next payment is due and that he/she is to be prepared to make that payment.

All program fees at the standard rate or at a reduced rate must be paid one week in advance and are due each Friday. A participant may make payment for more than one week in advance if it is beneficial to his/her financial situation.

Participants in the Home Detention Program will pay program fees in accordance to their financial ability. If an applicant states that he/she cannot afford to pay the full administrative fee, the Home Detention Officer will complete a financial investigation and determine the level of payment.

ACCEPTANCE INTO THE PROGRAM:

Upon acceptance into the program the Home Detention Officer will complete a thorough orientation with the inmate regarding the expectations of the program. The officer will again review the "Home Detention Terms and Conditions" to ensure that the participant understands and has a thorough knowledge of the rules and regulations. The Probation Officer will inform and discuss with the program participant the conduct and attitude that will be expected.

If the participant is employed, the Home Detention Officer will make contact with his/her employer to ensure that the employer has a thorough knowledge of the rules and regulations of the program. Additionally, if the candidate is participating in counseling, community service, or interacting with any other community agency, the probation officer will inform the agency of the participant's responsibilities if it appears necessary.

Upon completion of all necessary processes and paperwork, the probation officer will accompany the participant to the Detention Center for booking or make the necessary arrangements with the personnel of the Detention Center. In cases where an inmate has been serving his/her commitment in the Jail or Detention Center and has been found acceptable for the program, the Home Detention Officer will notify in advance the Jail or Detention Center personnel of the inmate's acceptance in the program. The Home Detention Officer will utilize the "Conversion of Time" form for notification of release and attach any other pertinent information. At the designated time of release, the Home Detention Officer will personally take custody of the inmate and escort him/her to the Probation Department to install the ankle transmitter.

CONTROL AND SUPERVISION:

The Home Detention Officer will provide a level of control and supervision which will ensure the safety of the community and the participant.

The level of supervision will be classified as High Control/High Service which will include but not be limited to the following supervision procedures:

1. Strict enforcement of all court orders and program conditions.
2. Frequent personal (in the residence), telephone and collateral contacts. Surveillance when necessary.
3. Frequent drug and/or alcohol testing.
4. Random search and seizure.
5. Enforcement of counseling and medical conditions.

CONTROL AND SUPERVISION: (Continued)

A case plan will be established for each program participant by the Probation Officer and approved by the Supervising Probation Officer. The case plan will be based on the orders of the court and the risk/needs assessment of the case. The case plan will establish the nature and frequency of controls, search and seizure, and testing by the Probation Officer as well as case objectives. Contacts by the Probation Officer shall be made at the times of the day and night and days of the week that are appropriate to the case. The nature and frequency of the supervision contacts and procedures shall be reasonable and flexible. Individual case plans will be consistently reviewed and modified when appropriate. The Probation Officer will inform the sentencing court of any pertinent information regarding the supervision of program participants and seek modification of court orders when appropriate.

All contacts with program participants and pertinent information are to be documented legibly in the individual's case folder or officer's field book in a timely manner.

When a participant completes his/her period of Home Detention, the Probation Officer will complete a "Termination Report" immediately and prepare the case to be transferred or closed.

If the participant is to continue under probation supervision with this department, the Home Detention Officer will complete all necessary paperwork, review the case with his/her supervisor, and start the case folder through the normal case transfer process. If the participant will not continue under probation supervision with this department, the Home Detention Officer will complete all necessary paperwork, review the case with his/her supervisor, and close out the case. All closed cases that are not continued under probation supervision will be retained for five years.

EQUIPMENT APPLICATION:

When a participant has been accepted into the program, it will be the responsibility of the Home Detention Officer or Work Furlough Officer to attach the transmitter to the ankle of the inmate. Additionally, it will be the responsibility of the designated Probation Officer to accompany the inmate to his/her residence and install the field monitoring device. After installation, ~~the Probation Officer will test the equipment to~~ ensure that it is in proper working order. All necessary information regarding the inmate and his/her permanent schedule must be given to the central computer at the time of installation of the monitoring equipment.

SECURITY:

Inmates in the program will be confined to their residence at all times except for activities approved in advance by the Home Detention Officer. Approved activities include employment, medical appointments, counseling, and limited shopping. The Home Detention Officer may approve other activities that appear necessary or appropriate on an individual basis. At the time of approval, the Probation Officer must notify the central computer of the date and time of the authorized leave. Inmates must provide proof of attendance of any approved activity when requested by the Probation Officer. It will be the responsibility of the Home Detention Officer to keep the central computer advised of all inmates permanent schedules and daily changes. The Home Detention Officer will evaluate all notifications and reports from the central computer and keep the Supervising Probation Officer of the unit advised of the adjustment of all inmates on the program. Inmates on the program will be supervised in accordance with the guidelines in the section entitled "Control and Supervision." In any case in which an inmate is placed on Home Detention without an electronic monitor, the Home Detention Officer will monitor the participant with a level of supervision commensurate to the classification and needs of the case. Contact with the inmate will be both in person and by telephone.

The security needs of all inmates on the program will be constantly reviewed by the Home Detention Officer and the Supervising Probation Officer of the unit and documented in the case plan.

VIOLATIONS AND RETURN TO CUSTODY:

A program participant shall be immediately arrested and returned to Jail for any violation of the law, probation conditions, or terms and conditions of the program which could endanger the public safety or enhance the possibility of the defendant failing to appear for scheduled court hearings.

Technical violations (i.e., curfew violations, unanswered telephone calls, equipment tampering, or other non-compliance) of the program conditions will be investigated and evaluated by the Home Detention Officer. The consequences of technical violations can range from an increased level of security to immediate removal from the program. A series of minor violations will result in the arrest and return of the inmate to custody.

The Home Detention Officer will evaluate all violations or situations to determine if immediate response is necessary. If it is decided that immediate response is appropriate, the officer will further determine if the situation might necessitate or lead to the arrest and return to custody of the participant. If the violation or situation has the potential

VIOLATIONS AND RETURN TO CUSTODY: (continued)

for an arrest, the Home Detention Officer should utilize "back up" personnel and decide whether it is appropriate to use program staff or law enforcement. If a program participant is arrested, he/she is to be handcuffed appropriately. The responding officer should take an installation kit and appropriate equipment in case the problem is determined to be equipment related or for the removal of equipment at the time of the arrest.

If an inmate is returned to Jail custody, the arresting officer will immediately notify the central computer, complete a special incident report, and evaluate the incident or violation with the unit supervisor to consider if further action should be taken.

In the case of an inmate escape from the Home Detention Program, the Probation Officer must:

1. Notify the central computer.
2. Notify the Jail and unit supervisor.
3. Notify all law enforcement agencies to arrest the defendant for violation of probation.
4. Complete a Special Incident Report.
5. File an Affidavit of Violation of Probation with the sentencing court and obtain a warrant for arrest.
6. Take inventory of all electronic equipment and check for damage. Return the equipment to the department.
7. Advise the inmate's family or residents of the household of the seriousness of the situation.

Whenever possible, the Home Detention Officer will meet in advance with the Supervising Probation Officer of the unit regarding any violation or potential inmate arrest to determine an appropriate course of action. In the absence of the unit supervisor, serious violations and situations of concern should be discussed with the Chief Probation Officer prior to taking action.

Any home detention inmate that is disciplined or returned to Jail custody as a result of a program violation may file an appeal and request a hearing on the issues involved in the violation. The appeal will follow the process outlined in the "Right to Appeal" section of the manual. If a program participant is involved in a serious violation and returned to

VIOLATIONS AND RETURN TO CUSTODY: (Continued)

Jail, the removal of good time and/or a violation of probation may be considered.

MEDICAL CARE AND INJURY:

When the program participant signs the terms and conditions of Home Detention, he/she agrees that the County does not have the responsibility to provide medical or dental care. Therefore, the inmate is responsible for his/her own medical/dental care as well as for the family. This responsibility includes the scheduling of appointments, transportation, payment of bills, and purchase of prescriptions. The participant must advise the Home Detention Officer of all medications prescribed by a physician and the use of any over-the-counter medications including the amount and when taken.

Additionally, the inmate agrees to call the Home Detention Officer immediately for instructions in the case of an injury or illness. When contacted, the Probation Officer will help determine the extent of the injury or illness and if it is of a "life threatening" nature. At that time the inmate will be granted permission to obtain medical care at an appropriate time or instructed to call emergency medical personnel immediately. In certain situations, the injury or illness could be "life threatening" to the extent that the inmate or a member of the residence will need to call emergency medical personnel prior to contacting the Probation Officer.

In many cases, determining the seriousness and appropriate course of action for a medical problem or injury is difficult and dangerous without the expertise of a medical professional. Therefore, the Probation Officer must utilize extreme caution when making any decisions regarding an injury to an inmate or the need for medical care.

The Home Detention Officer must complete a Special Incident Report describing any serious injury or illness of a program participant. A Special Incident report must be completed and forwarded to the Chief Probation Officer and the Supervising Probation Officer of the program by the first working day following the incident.

SPECIAL INCIDENT REPORTS:

~~A special incident report is to be completed by the Home Detention Officer in the case of:~~

1. Accident.
2. Injury.
3. Illness.

SPECIAL INCIDENT REPORTS: (continued)

4. Escape.
5. A severe discipline problem.
6. The return of an inmate to Jail.
7. The arrest of an inmate on new charges.
8. A severe curfew or technical violation.
9. A severe equipment malfunction or problem.
10. Any extraordinary situation that should be documented and brought to the attention of administrative personnel.

A special incident report should be completed as soon as possible subsequent to the incident and completed with an original and two copies. The reports should be distributed as follows:

1. The original to the Supervising Probation Officer for review and placement in the Special Incident folder.
2. One copy forwarded to the Chief Probation Officer for review.
3. One copy placed in the inmate's Home Detention folder.

TERMINATION FROM THE PROGRAM:

An inmate may be terminated from the program due to the following reasons:

1. Completion of Sentence - a participant will be terminated from the program when he/she has completed the prescribed sentence in a satisfactory manner.
2. Modification of Sentence - A participant may be terminated from the program as a result of a modification of his/her sentence by the court. If ~~an inmate's sentence is modified, the Home Detention Officer must obtain a copy of the modification order prior to terminating the inmate.~~
3. Disciplinary Termination - A participant may be terminated from the program for failure to comply with the rules and regulations or involvement in new criminal charges. If an inmate is terminated

TERMINATION FROM THE PROGRAM: (Continued)

from the program for disciplinary reasons, he/she will be given written notification which will include information regarding the right to appeal.

When an inmate is removed from the program and returned to Jail for disciplinary reasons, the Home Detention Officer will follow the guidelines previously outlined in the "Violations and Return to Custody" section of this manual.

When an inmate successfully completes the program, the Home Detention Officer will follow the directions in the "Removal of Equipment" section of this manual, notify the central computer of the termination, and coordinate the participant's release from the Jail.

REMOVAL OF EQUIPMENT:

When an inmate has been terminated from the program, it will be the responsibility of the Home Detention Officer or the Work Furlough Officer to remove the transmitter from the ankle of the participant and remove the field monitoring device from the residence. The officer will take inventory of all electronic equipment, check for damage or malfunction, and return the equipment to the Probation Department.

EVALUATION:

When an inmate is terminated from the program, the Home Detention Officer will interview the participant to obtain information regarding his/her experience on the program. Appropriate information provided by the participant may be utilized by the Home Detention Officer to evaluate and improve the program.

NEVADA COUNTY PROBATION DEPARTMENT
HOME DETENTION PROGRAM

ELECTRONIC MONITORING CONNECTION PROCEDURE

1. Check FDM and XMT for same serial number.
2. Be sure there is at least 1 strap, 2 rails, 2 clamps, 4 screws, 1 battery pack, and 1 male and 1 female anti-tamper latch.
3. If not already done, attach 1 rail, 1 clamp to end of strap; screws go from rail to clamp.
4. Check battery pack with Multitester Voltage Meter:
 - a) Red plug lead to positive (+) jack and black plug lead into negative (-) jack.
 - b) Turn range switch to DC.V 15.
 - c) Touch plug leads to prongs. Read AC 15V scale. It must register 6 or more, otherwise replace battery with another or get another complete unit.
 - d) Turn range switch to off.
5. Fill out vender schedule and Fax-to Traxx. Classification change to our computer, etc.
6. Call Traxx and advise of time period when client will be hooked up.
7. Size strap and attach XMT.
 - a) Insert rail to XMT and place XMT on smallest part of clients ankle. XMT serial number always showing outside (away from ankle).
 - b) Wrap strap snugly around ankle.
 - c) Mark with pen where strap meets outside of XMT.
 - d) Attach rail & clamp and check fit. XMT should not be able to turn over skin bone, and you cannot insert two fingers all the way up between strap and leg.
 - e) Remove strap and tighten all screws firmly.
 - f) Attach XMT to clients ankle with strap.
 - g) Insert battery pack, prongs facing outside away from ankle. Press in firmly.
 - h) Snaps in male and female latches firmly-should hear two clicks.
 - i) Remove excess strap with scissors.
8. Use activator to set XMT.
 - a) Plug in activator.
 - b) Hold activator to XMT by placing activator bracket on top of XMT.
 - c) Push button. Red light will change to green. Do twice to be sure XMT is activated.

9. FMD placed approximately 2½ feet above floor or more.
10. Disconnect phone from wall jack and insert dual connector.
11. Insert phone line and FMD phone line into dual connector.
12. Plug in FMD into electrical socket.
13. Check FMD indicator lights: power on, phone busy, unit home.
14. Upon "beep" from FMD, have client go to various areas in home to check for "beep" signal ie bedroom, around appliances, etc. Beep is heard every 2 minutes.
15. If signal is lost for some reason, move FMD up and away and check perimeter etc. again.
16. Upon satisfactory installation, turn key in back of FMD and remove.

NEVADA COUNTY PROBATION DEPARTMENT
HOME DETENTION PROGRAM

ELECTRONIC MONITORING DISCONNECT PROCEDURE

1. Call Traxx and advise of time period when client will be disconnected.
2. Remove HDEM conditions from computer immediately on client.
3. Inspect FMD for damage. If phone busy light is on-let it finish call.
4. Insert key into FMD and turn clockwise.
5. Unplug electrical cord of FMD.
6. Unplug dual connector, retaining connector for future use.
7. Pack FMD.
8. Inspect XMT for damage.
9. Using dikes, break male latch clip where recessed with small holes.
10. Remove and retain female latch strap with rails and XMT.
11. Remove battery pack from XMT and place in separate plastic bags.
12. Repack all XMT componets.
13. Give client release form and direct him/her to Detention Center to be released on same day.
14. At office, clean strap and XMT case.

NEVADA COUNTY PROBATION DEPARTMENT

HOME DETENTION PROGRAM

APPLICATION AND SCREENING INTERVIEW

PSI Referral _____	Intake P.O. _____
On Formal Prob. _____	P.O. _____
Prior Prob. _____	On File _____
Destroyed _____	
CII & DMV requested by Intake _____	(Date) _____
CII & DMV requested _____	
Appointment set for _____	
No. of Days _____	
Dates: _____	

Attached you will find forms requesting personal information. It is necessary that you complete all of the information requested on this form.

The Home Detention Program is voluntary. To be accepted on the program, you must meet certain requirements and must agree to follow the terms and conditions of the program. Additionally, you will be required to pay an administrative fee of \$10.00 per day. This fee, to be paid by money order one week in advance, is due every Friday.

If you need further information or have questions regarding the program prior to your interview, please contact the Home Detention Officer at the Nevada County Probation Department.

PLEASE WRITE CLEARLY

LAST NAME: _____ FIRST: _____ MIDDLE: _____

ALIAS(ES): _____

ADDRESS: _____

MALE: _____ FEMALE: _____ DATE OF BIRTH: _____ AGE: _____ BIRTHPLACE: _____

RACE: _____ HEIGHT: _____ WEIGHT: _____ EYES: _____ HAIR: _____ MARKS: _____

SOCIAL SECURITY NO.: _____ DRIVER'S LICENCE NO.: _____

PERSON TO CONTACT
IN CASE OF EMERGENCY: _____ PHONE: _____

DATE OF OFFENSE: _____ ARRESTING AGENCY: _____

CURRENT CHARGES: _____ COURT: _____

ARE YOU CURRENTLY ON PROBATION OR PAROLE? YES ___ NO ___ WHEN GRANTED: _____

NUMBER OF YEARS: _____ EXPIRATION DATE: _____ PROBATION OFFICER: _____

HAVE YOU PREVIOUSLY BEEN GRANTED PROBATION OR PAROLE? YES ___ NO ___

WHEN GRANTED: _____ NUMBER OF YEARS: _____ EXPIRATION DATE: _____

WAS PROBATION/PAROLE REVOKED? YES ___ NO ___ IF YES DESCRIBE REVOCATION _____

DO YOU HAVE ANY PENDING CHARGES? _____

HAVE YOU EVER FAILED TO APPEAR IN COURT? _____

HAS A WARRANT EVER BEEN ISSUED FOR YOUR ARREST? _____

HAVE YOU EVER BEEN ARRESTED OR CONVICTED OF CRIMES IN THE PAST INCLUDING AS A JUVENILE? YES ___ NO ___ IF YES, COMPLETE THE FOLLOWING INFORMATION:

DATE	OFFENSE	DISPOSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

HAVE THERE BEEN ANY "WRITE UPS" OR ANY DISCIPLINARY ACTIONS TAKEN AGAINST YOU DURING YOUR CURRENT JAIL COMMITMENT OR PREVIOUS JAIL COMMITMENTS?

YES ___ NO ___ IF YES, DESCRIBE THE INCIDENTS. _____

HAVE YOU EVER BEEN TERMINATED FROM ANY OF THE FOLLOWING PROGRAMS?
 YES ___ NO ___ IF YES, STATE THE REASONS AND APPROXIMATE DATE.

- COMMUNITY SERVICE: _____
- WORK RELEASE: _____
- WORK FURLOUGH: _____
- COUNTY PAROLE: _____
- HOME DETENTION: _____
- JAIL TRUSTEE: _____

HAVE YOU EVER BEEN TREATED OR ARE YOU CURRENTLY RECEIVING TREATMENT FOR A MENTAL DISORDER? YES ___ NO ___ IF YES, PLEASE DESCRIBE: _____

HAVE YOU ATTENDED OR ARE YOU CURRENTLY ATTENDING ANY COUNSELING PROGRAM? YES ___ NO ___ IF YES, PLEASE DESCRIBE (AA, NA, ETC.) _____

HAVE YOU BEEN INVOLVED IN THE USE/ABUSE OF ALCOHOL OR DRUGS? YES ___ NO ___ IF YES, PLEASE DESCRIBE:

ALCOHOL _____	MARIJUANA _____	AMPHETAMINE _____	BARBITUATES _____
HEROIN _____	COCAINE _____	HALLUCINAGENS _____	OTHER _____
<u>SUBSTANCE USED</u>	<u>FROM</u>	<u>TO</u>	<u>HOW MUCH/HOW OFTEN</u>

_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

HOW LONG HAVE YOU LIVED IN NEVADA COUNTY? _____

HOW LONG HAVE YOU LIVED IN CALIFORNIA? _____

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____

DO YOU OWN YOUR HOME? RENT? LIVE WITH OTHERS? _____
 DOES YOUR RESIDENCE HAVE ELECTRICITY AND A TELEPHONE? _____
 YOUR TELEPHONE ON A PARTY LINE? DOES IT HAVE CALL FORWARDING? _____
 CALL WAITING CAPABILITIES? DESCRIPTION OF HOUSE OR APARTMENT _____

DIRECTIONS TO RESIDENCE _____

MARITAL STATUS _____ SPOUSE'S NAME _____
 NUMBER OF PEOPLE IN RESIDENCE _____

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

ARE YOUR FAMILY MEMBERS OR OTHER INDIVIDUALS IN THE RESIDENCE WILLING TO FOLLOW THE TERMS AND CONDITIONS OF THE HOME DETENTION PROGRAM? YES NO

ARE YOU THE MAIN FINANCIAL SUPPORT OF YOUR FAMILY OR OTHER INDIVIDUALS IN YOUR RESIDENCE? YES NO IF NO, EXPLAIN: _____

TYPE AND NUMBER OF ANIMALS IN OR AROUND YOUR RESIDENCE: _____

DO YOU HAVE ALCOHOL IN YOUR RESIDENCE? YES NO IF YES, THE AMOUNT: _____

TYPE AND NUMBER OF FIREARMS AND AMMUNITION IN OR AROUND YOUR RESIDENCE: _____

DO YOU HAVE RELATIVES LIVING IN NEVADA COUNTY? YES NO IF YES, PLEASE PROVIDE THE FOLLOWING:

<u>NAME</u>	<u>ADDRESS</u>	<u>RELATIONSHIP</u>	<u>PHONE</u>
_____	_____	_____	_____
_____	_____	_____	_____

PRESENT EMPLOYER: _____ PHONE: _____

WHEN STARTED: _____ SALARY: _____ SUPERVISOR: _____

DOES YOUR EMPLOYER KNOW OF YOUR INCARCERATION? YES NO

PREVIOUS EMPLOYER: _____ PHONE: _____

OCCUPATION: _____ DO YOU HAVE ANY SPECIAL JOB SKILLS, TRAINING, OR LICENSE? _____

DO YOU RELY ON FRIENDS OR BUS SERVICE FOR TRANSPORTATION? YES ___ NO ___

DO YOU HAVE YOUR OWN VEHICLE FOR TRANSPORTATION? YES ___ NO ___

VEHICLE MAKE _____ MODEL _____ YEAR _____ COLOR _____

LICENSE PLATE NO. _____ CURRENT TAGS? YES ___ NO ___

INSURANCE COMPANY _____

DRIVER'S LICENSE NO. _____ VALID? YES ___ NO ___

LICENSE SUSPENDED OR REVOKED UNTIL _____

DO YOU HAVE COVERAGE FOR THE FOLLOWING?

MEDICAL _____ DISABILITY _____ DENTAL _____

NAME OF INSURANCE COMPANY: _____

DO YOU HAVE ANY PROSTHESIS (GLASSES, DENTURES, CONTACTS, ETC.)? _____

ARE YOU CURRENTLY UNDER TREATMENT BY A PHYSICIAN? YES ___ NO ___

DOCTOR'S NAME: _____ PHONE: _____

REASON FOR TREATMENT: _____

HAVE YOU WITHIN THE LAST THREE YEARS REQUIRED A PHYSICIAN'S TREATMENT FOR ANY SICKNESS, INJURY, PHYSICAL, EMOTIONAL CONDITION, OR SURGICAL OPERATION? YES ___ NO ___ IF YES, EXPLAIN. _____

HAVE YOU EVER BEEN ADVISED TO HAVE A SURGICAL OPERATION WHICH HAS NOT BEEN PERFORMED, OR ARE YOU CONSIDERING ANY SURGERY? YES ___ NO ___ IF YES, EXPLAIN. _____

DO YOU HAVE ANY MAJOR DENTAL PROBLEMS? YES ___ NO ___ IF YES, EXPLAIN. _____

DO YOU HAVE ANY CURRENT INJURIES? YES ___ NO ___ IF YES, EXPLAIN. _____

DO YOU HAVE ANY REASON TO BELIEVE THAT YOU MAY HAVE ANY PHYSICAL OR MENTAL ILLNESS AT THIS TIME? YES ___ NO ___ IF YES, EXPLAIN. _____

HAVE YOU SUFFERED A SIGNIFICANT HEAD INJURY IN THE PAST 72 HOURS? YES ___ NO ___ IF YES, EXPLAIN. _____

ARE YOU CURRENTLY UNDER ANY MEDICATIONS? YES ___ NO ___ IF YES, EXPLAIN. _____

DO YOU TAKE ANY OVER-THE-COUNTER MEDICATIONS? YES ___ NO ___ IF YES, EXPLAIN. _____

DO YOU HAVE ANY DRUG OR ALCOHOL USE WHICH WILL CAUSE WITHDRAWAL PROBLEMS OR IMPAIR YOUR ABILITY TO WORK? YES ___ NO ___ IF YES, EXPLAIN. _____

HAVE YOU GAINED OR LOST WEIGHT RECENTLY? YES _____ NO _____ IF YES, EXPLAIN.

) YOU HAVE TROUBLE EATING OR SLEEPING? YES _____ NO _____ IF YES, EXPLAIN.

DO YOU SMOKE HEAVILY? YES _____ NO _____

DO YOU HAVE TROUBLE BREATHING? YES _____ NO _____ IF YES, EXPLAIN. _____

FEMALES ONLY: ARE YOU PREGNANT? YES _____ NO _____ TAKING BIRTH CONTROL

PILLS? YES _____ NO _____ HAVE YOU RECENTLY DELIVERED? YES _____ NO _____

HAVE YOU RECENTLY HAD A MISCARRIAGE OR ABORTION? YES _____ NO _____

IF YES TO ANY OF THE ABOVE, EXPLAIN. _____

DO YOU HAVE ANY SIGNIFICANT HEALTH PROBLEMS, MENTAL PROBLEMS OR LIMITATIONS

THAT SHOULD BE CONSIDERED REGARDING YOUR ACCEPTANCE IN THE PROGRAM OR TYPE

OR WORK ASSIGNMENT? YES _____ NO _____ IF YES, EXPLAIN. _____

HAVE YOU EVER HAD OR NOW HAVE ANY OF THE FOLLOWING ILLNESSES OR CONDITIONS?

TUBERCULOSIS	YES	NO	ANEMIA OR PALENESS	YES	NO
DIABETES	YES	NO	HEPATITIS	YES	NO
VENERAL DISEASE	YES	NO	HIGH BLOOD PRESSURE	YES	NO
STOMACH ULCERS	YES	NO	KIDNEY TROUBLE	YES	NO
ARTHRITIS	YES	NO	SKIN PROBLEMS	YES	NO
ASTHMA/EMPHYSEMA	YES	NO	BLEEDING	YES	NO
CANCER	YES	NO	PNEUMONIA	YES	NO
JOINT INJURY	YES	NO	BACK TROUBLE	YES	NO
HEADACHES	YES	NO	HERPES	YES	NO
SLOW HEALING	YES	NO	MENSTRUAL PROBLEMS	YES	NO
BROKEN BONES	YES	NO	MENTAL/EMOTIONAL UPSET	YES	NO
EPISODES OF UNCONSCIOUSNESS	YES	NO	ATTEMPTED SUICIDE	YES	NO
FITS OR CONVULSIONS	YES	NO	DRUG OR ALCOHOL HABIT	YES	NO
HEART TROUBLE	YES	NO	ALLERGIES	YES	NO
PREGNANCY	YES	NO	REACTION TO MEDICATIONS OR SERUMS	YES	NO

IF YES TO ANY OF THE ABOVE, EXPLAIN. _____

) AT WAS THE DATE OF YOUR LAST PHYSICAL EXAMINATION? _____

DID YOU HAVE ANY SIGNIFICANT PROBLEMS? YES _____ NO _____ IF YES, EXPLAIN.

WHY ARE YOU APPLYING FOR THE HOME DETENTION PROGRAM? _____

I hereby certify that all the information I have given on this application is true to the best of my knowledge. I understand that if I am found to be unacceptable for the program I will be informed of the reasons. Additionally, I understand that I have the right to appeal that decision in writing to the Chief Probation Officer within five (5) working days and may appear personally at the date and time set for the appeal.

Signature of Applicant

_____ Date _____

~~Signature of Home Detention Officer~~

_____ Date _____

NEVADA COUNTY PROBATION DEPARTMENT
HOME DETENTION PROGRAM

ELIGIBILITY WORKSHEET

Name: _____

DOB: _____

General Guidelines:

- ___ Not evaluated as a "high risk" offender.
- ___ Free of misconduct in the jail which would be indicative of behavior that is incompatible with the program.
- ___ Free of both "holds" from other jurisdictions and outstanding "warrants of arrest."
- ___ Minimum of ten (10) days confinement after time of entry.
- ___ Desire and volunteer to participate in the program and willing to comply with the conditions of his/her release.
- ___ Mentally and physically capable of caring for himself/herself or the ability to have another individual provide needed care.
- ___ Not transient.
- ___ Verifiable local residence.
- ___ Appropriate electrical and telephone equipment in the residence.
- ___ On an order of supervised probation from the court.

Positive Factors:

- ___ Employment and current job for over six months _____
- ___ Job has close supervision _____
- ___ Has two or more dependents _____
- ___ Is a first offender or will be serving first incarceration _____
- ___ Must pay restitution or fine _____
- ___ Has made efforts to improve self since commission of crime _____
- ___ Prior successful work/education furlough _____

Negative Factors:

___ Pending charges _____

___ Holds placed by other jurisdictions _____

___ Violence resulting in injury in current offense _____

___ Extensive criminal history _____

___ Current offense involves escape, assault upon an officer,
use of any weapon, sex offenses, drug sales or trafficking _____

___ History of mental problems, suicidal, or violent behavior _____

___ Poor prior work/education furlough performance _____

___ Poor custody record _____

___ Poor performance on probation or parole _____

___ Pattern of failures to appear for court and failures to pay
fine _____

___ Job provides opportunity to commit crime _____

___ Failure to comply with required training, counseling, or
education _____ court or probation officer _____

___ Limited or no supervision on the job by the employer _____

___ Poor/unstable employment history _____

___ Provides false information to staff _____

___ Fails to address responsibility for involvement in current
offense _____

____ Current incarceration is for violation of probation _____

Evaluation:

Recommendation:

The applicant has been evaluated as _____ acceptable
_____ unacceptable for the Home Detention Program.

Date: _____

Home Detention Officer

Date: _____

Supervising Probation Officer

Applicant advised of his/her right to appeal on _____.

NEVADA COUNTY PROBATION DEPARTMENT
HOME DETENTION PROGRAM

ELIGIBILITY WORKSHEET

Name: _____

DOB: _____

AGE

- a. 18 to 20 years.(2) _____
- b. 21 to 29 years.(0) _____
- c. 30+ years.(-1) _____

DEPENDENTS

- a. No dependents(1) _____
- b. Dependents outside home only(0) _____
- c. Dependents in home(-1) _____

TYPE OF EMPLOYMENT

- a. Chronically unemployed or unknown(10) _____
- b. Situationally unemployed(6) _____
- c. Student(0) _____
- *d. Loosely structured job(4 or 2) _____
- e. Some structure(-1) _____
- f. Highly structured job(-2) _____

TIME PRESENT JOB OR SCHOOL

- months or less(2) _____
- months to 1 year(1) _____
- c. 1 year to 2 years(-1) _____
- d. 2-3 years(-2) _____
- e. More than 3 years(-3) _____

PAST PROGRAM PARTICIPATION (7 Years)

- a. Past removal.(12) _____
- b. Multiple repeater (3X or more)(6) _____
- c. No past participation or repeater (1X or 2X)(0) _____

PRIOR CRIMINAL RECORD

- | | 3 Yrs. | 3+-7 Yrs. |
|---|------------|------------|
| a. Each high risk Felony.(6) _____ | (3) _____ | (3) _____ |
| b. Each high risk Misdemeanor(4) _____ | (2) _____ | (2) _____ |
| c. Each other Fel. or VOP of any Fel.(4) _____ | (2) _____ | (2) _____ |
| d. Each other Misd. or VOP of any Misd.(2) _____ | (1) _____ | (1) _____ |
| e. Ea. Misd. traffic or VOP of Misd. traffic.(1) _____ | (.5) _____ | (.5) _____ |

7. HIGH RISK CRIMES (Instant Offense)

7.1 Drug Offenses

- a. Sale, poss. f/sale & drugs while in jail.(15, 14, 13) _____
- b. Felony possession & cultivation(13, 12, 11) _____
- c. Hard drug Misdemeanor(10) _____
- d. Other drug Misdemeanor.(8) _____

7.2 Violent Crimes

- a. Manslaughter, kidnap, robbery, arson, child abuse & assault w/GBI(15, 14, 13) _____
- b. Other Fel. assault & weapon offense.(13, 12, 11) _____
- c. Misdemeanor assault, battery, arson & child abuse(10) _____
- d. Resisting arrest & weapon offense.(8) _____

7.3 Sex Offenses

- a. Forcible sex crime & felony sex child.(15, 14, 13) _____
- b. Other Felony sex crime(13, 12, 11) _____
- c. Misdemeanor sex child(10) _____
- d. Other Misdemeanor sex crime(8) _____

7.4 Escape & FTA

- a. Escape Felony or Misdemeanor(15, 14, 13) _____
- b. FTA Felony(13, 12, 11) _____
- c. FTA Misdemeanor.(10) _____
- d. FTA Vehicle Code.(8) _____

8. OTHER CRIMES

- a. Felony property, forgery & NSF checks.(11, 10, 9) _____
- b. Other Felony or VOP of any Felony(9, 8, 7) _____
- c. Misdemeanor property, forgery & NSF checks(4) _____
- d. Other Misdemeanor or VOP of any Misdemeanor.(2) _____
- e. Misdemeanor traffic or VOP of Misd. traffic.(1) _____

9. PROGRAM SUITABILITY RATING

- a. Strongly negative.(4) _____
- b. Negative(2) _____
- c. Neutral(0) _____
- d. Positive(-2) _____
- e. Strongly positive(-4) _____

Reason: _____

10.

- a. Incomplete, inaccurate or falsified application(19)
- b. The location of the applicant's place of work/study prohibits adequate supervision(19)
- c. The applicant is felt to pose a threat to the well-being and safety of the community, and individual(s), and/or the Program itself(19)
- d. The applicant is judged to be an adjustment, security, or escape risk(19)
- e. The applicant has pending serious case(s)(19)
- f. The applicant committed other crime(s) or violation(s) while pending Work Furlough(19)
- g. Not applicable(0)

*3d - Loosely structured job with some supervision, rates (2) unless supervised by family member.

ELIGIBILITY CRITERIA

The accompanying instrument presents the Ventura County, California, Work Furlough Program Eligibility Criteria being adopted October 1, 1980, which supersedes the past narrative form criteria (also included for the purpose of comparison).

The present Eligibility Criteria was developed by Program staff in an effort to objectify and further legitimize the former criteria through a scoring instrument, which numerically assesses not only risk, but all other items traditionally considered important in the screening of local Program applicants. The Eligibility criteria therefore is not purely a risk-assessing instrument in the strictest sense; but, rather it is an administrative tool for use in making Work Furlough Program eligibility screening decisions. The adoption and use of this instrument not only should result in generally more clear, consistent, and objective screening decisions, but, secondarily, may become an eventual source for the making of other types of Program decisions and also the collection of Program data.

Examination of the past and present Eligibility Criteria will show that they very closely resemble each other, in that the same types of crimes are considered most serious or risk involving and that certain other aspects also are included in both such as the emphasis placed upon employment and dependents. The similarity is intended, as over the years, the Ventura County Work Furlough Program has experienced considerable success with these standards. The present numerically-scored Eligibility Criteria was developed to duplicate as faithfully as possible the past narrative form criteria. All areas of the former criteria have been incorporated conscientiously into the present scoring instrument. Other items included in the present instrument are verifiable information given by the Program's application materials (also attached) and the final two items (Items 8 and 9), which are identified and decided by the Program itself.

The development and logic contained in the present Eligibility criteria can best be seen by analyzing the instrument item-by-item. The analysis is most meaningful when ordered in the following manner:

8. Other Crimes:

a. Fel.Pop.,forg.&NSF chks.	(11,10,9)	_____
b. Other Fel. or VOP of any Fel.	(9,8,7)	_____
c. Misd.prop.forg.&NSF chks	(4)	_____
d. Other Misd. or VOP of any Misd	(2)	_____
e. Misd.traff.or VOP of Misd.traff	(1)	_____

Item 8, "Other Crimes," represents data of a legal nature (Items 6 and 7 also concern legal data). In this particular item, there is a logical progression with an equal and sufficiently-broad differential, two points, between each progressively more serious instant offense other crime. Violations of probation are included necessarily in order that the instrument has the capability of scoring all possible types of criminal matters. The lined division between levels 6. b and 6. c, separates those

convictions which are felonies from those which are misdemeanors. The mid scores in the felony levels, 6. a and 6. b, are base scores with the higher and lower scores on either side of these base scores to be applied when aggravation or mitigation exists. Misdemeanor crimes, which by definition are less serious or already mitigated crimes, are not subject to this determination.

7. High Risk Crimes:

7.1 Drug Offenses

- | | | | |
|----|--|------------|-------|
| a. | Sale, poss. f/sale & drugs while in jail | (15,14,13) | _____ |
| b. | Fel. poss. & cult. | (13,12,11) | _____ |
| c. | Hard drug Misd. | (10) | _____ |
| d. | Other drug Misd. | (8) | _____ |

7.2 Violent Crimes:

- | | | | |
|----|--|------------|-------|
| a. | Msltr., kdnf., rob., arson, child abs. & asslt w/GBI | (15,14,13) | _____ |
| b. | Other Fel. asslt. & weapon offense | (13,12,11) | _____ |
| c. | Misd. asslt., batt., arson & child abuse | (10) | _____ |
| d. | Resist. arrest & weapon offense | (8) | _____ |

7.3 Sex Offenses

- | | | | |
|----|-------------------------------------|------------|-------|
| a. | Forcible sex crime & Fel. sex child | (15,14,13) | _____ |
| b. | Other Fel. sex crime | (13,12,11) | _____ |
| c. | Misd. sex child | (10) | _____ |
| d. | Other Misd. sex crime | (8) | _____ |

7.4 Escape & FTA:

- | | | | |
|----|----------------------|------------|-------|
| a. | Escape Fel. or Misd. | (15,14,13) | _____ |
| b. | FTA Fel. | (13,12,11) | _____ |
| c. | FTA Misd. | (10) | _____ |
| d. | FTA Vehicle Code | (8) | _____ |

Referring to legal item 7, instant offense "High Risk Crimes," observe that the higher level c, of the two misd. high risk crime levels, level c and d are weighted equally to Fel. prop., forg. & NSF checks (Other Crimes 8. a), i.e., 10 points. This equal assignment of points was derived from both experience and logic. For example, a felony burglary or auto theft conviction certainly is more serious (although not necessarily more predictive of risk in a statistical or recidivistic sense) than possession of marijuana, resisting arrest, or indecent exposure, the latter crimes all being scored 8 points. However, these felony property crimes (8. a) must not be scored higher than the higher, level c, of the two Misd. high risk crime levels, i.e., 10 points, because if these crimes were scored higher,

then Fel. prop., forg. & NSF checks would have to be considered in the felony high risk crime scoring range and, thus, fel. high risk crimes themselves. The staff experience and logic utilized in the development of this instrument dictate that the higher of the two Misd. high risk crime levels and Fel. prop., forg. & NSF checks be scored equally. It follows, then, that the lower, level d, for the two Misd. high risk crime levels also is weighted appropriately at 8 points equal to Other Fel. or VOP of any Fel. (Other Crimes 8. b).

As one can see, it is an integral aspect of this scoring instrument that certain misdemeanor crimes are recognized as being high risk in nature, while at the same time the instrument adheres to the accepted Penal Code distinction that felonies, by definition, are serious crimes. Accordingly, the instrument's utilization simultaneously of both risk and Penal Code distinction results in items 7. c and 7. d being weighted equally with items 8. a and 8. b.

Examination of the program's past Eligibility Criteria shows that certain felony crimes, e.g., sales and/or possession for sale of drugs, were exclusionary in absence of a court waiver for entry into the Work Furlough Program. The retainment of this aspect of the Eligibility Criteria has been approached by weighing these types of felony high risk crimes still higher, i.e., a 12-point base score of 7. b items and a 14-point base score of 5. a items. With these being the base scores in absence of aggravation or mitigation for Fel. high risk crimes and with the maximum Program Suitability Rating (see item 9) being 4 points, absolute control (to deny) over the eligibility of applicant who have committed these crimes is approached (although by scoring only not assured; this problem is addressed by the ability of the Program to apply certain published "exclusionary reason(s)" explained in the concluding sections of this material). Thus, 7. a and 7. b offenders will have to score extremely low in all other items of the instrument (and, not have exclusionary reason(s) applied) in order to be approved for Program participation.

Observe also that all instant offense felony crimes and the crime of Escape whether felony or misdemeanor can be aggravated or mitigated to higher or lower point scores in recognition of determinant sentencing aspects of the law and also, the necessity for the instrument to include the possibility for applicants convicted of felony crimes, especially when mitigated, to be approved for Program participation.

6. Prior Criminal Record (3 yrs., 3+ to 7 yrs):

a.	Ea. high risk Fel.	(6,3)	_____	_____
b.	Ea. high risk Misd.	(4,2)	_____	_____
c.	Ea. other Fel. or VOP of any Fel.	(4,2)	_____	_____
d.	Ea. other Misd. or VOP of any Misd.	(2,1)	_____	_____
e.	Ea. Misd. traff. or VOP of any Misd. traffic	(1,3)	_____	_____

The assignment of point scores for the levels contained in the "Prior Criminal Record" item was largely a result of experimentation and a

systematic approach. As with the instrument as a whole, this item has been tested and proved to function effectively.

To demonstrate, the "average" applicant will score five or six total points in items 1, 2 3 and 4 (see these items). If, for example, this applicant is a drunk driver (one point in item 8, Other Crimes), with a moderate to recently-heavy prior criminal record for three past misdemeanor traffic convictions, two violations of these where there was a high risk crime, then this hypothetical applicant already may have accumulated a total of eighteen to nineteen points, depending upon the contemporaneousness of these prior offenses. Past Program Participation (item 8) and Program Suitability Rating (item 9) then would determine this relatively "average" to "borderline" applicant's eligibility. Furthermore, one can see that the more serious an applicant's instant offense, the less adverse scores in all other items, including Prior Criminal Record the applicant must obtain in order to be approved for Program participation. An applicant convicted of an instant offense felony high risk crime would have to receive extremely low scores, including having a very minimal or possibly "clean" Prior Criminal Record in order to be approved.

Observe the following, systematic development of the Prior Criminal Record item:

<u>Instant Offenses</u>	<u>Prior Criminal Record (3 yrs., 3+ to 7 yrs.)</u>	
	Halved	Halved
7. b	(12)/ 6. a	/ / (6,3) /
7. d	(8)/ 6. b	/ / (4,2) /
8. b	(8)/ 6. c	/ / (4,2) /
8. d	(2)/ 6. d	/ / (2,1) /
i. e	(1)/ 6. e	/ / (1,.5) /

Notice the "halving" aspect of the development of the Prior Criminal Record item between certain types of instant offense crimes and prior offenses of the same type, and within the Prior Criminal Record item itself according to time elapsed. Although it has not been demonstrated statistically and possibly cannot be that a prior offense occurring as an instant offense, the above approach to the Prior Criminal Record item does involve considerable analytical development and has been shown to produce ~~screening results consistent with those being made without use of the instrument.~~

1. Age

- a. 18 to 20 yrs. (2) _____
- b. 21 to 29 yrs. (0) _____
- c. 30 + yrs. (-1) _____

2. Dependents

- a. No dependents (1) _____
- b. Deps outside home only (0) _____
- c. Dependents in home (-1) _____

These are personal data items which over the years have been observed to bear a relationship to an individual's apparent ability to succeed in the Work Furlough Program. However, these items are not weighted heavily.

3. Type of Employment

- a. Chronically unempl. or unk. (10) _____
- b. Situationally unemp. (6) _____
- c. Student (0) _____
- d. Loosely structured job (4 or 2) _____
- e. Some structure (-1) _____
- f. Highly structured job (-2) _____

4. Time Present Job or School

- a. Under 6 mos. unemp. or unk. (2) _____
- b. 6 mos. to 1 year (1) _____
- c. 1 year to 2 years (-1) _____
- d. 2 - 3 years (-2) _____
- e. More than 3 years (-3) _____

These are employment data items. Item 3 is weighted heavier because of the emphasis by the local Program placed upon being employed and accountability or superviseability of that employment. Individuals in the Work Furlough Program who have less-structured work or school environments have more chance to violate Program rules and regulations while in the community. A related argument can be applied with shorter periods of time presently employed or attending school.

5. Past Program Participation (7 years)

- a. Past removal (12) _____
- b. Multiple repeater (3X or more) (6) _____
- c. No past participation or repeater (1X or 2X) (0) _____

9. Program Suitability Rating

- a. Strongly negative (4) _____
 - b. Negative (2) _____
 - c. Neutral (0) _____
 - d. Positive (-2) _____
 - e. Strongly positive (-4) _____
- Re _____

These are Program data items. Item 8 is intended to penalize from a scoring standpoint the applicant who has been a "multiple repeater" of the Program and to prohibit entry into the Program of the applicant who has been removed from it for disciplinary reasons in the past.

Item 9, "Program Suitability Rating," is the overall judgement of Program probation officer (screening) staff concerning the applicant's suitability or appropriateness for Program participation. The PSR is not weighted heavily in order to preserve the basic objectivity of the instrument. This judgement and the resultant score for this item may be based upon any and all considerations concerning the applicant and his or her background. Items already scored by the instrument (item 1 through 8, inclusive) will be considered and other more subjective items not addressed in a direct way by the instrument, such as substance abuse, violence potential, and attitude, also will be considered. The PSR (Program Suitability Rating) is final and ordinarily not subject to review.

Finally, in any instrument or classification system, such as the present Eligibility Criteria, there will be a relatively small portion of cases that do not fit or lend themselves to acceptable scoring. Some applicants who possibly should be approved for Program participation will be denied by the instrument (Program Eligibility Score of 19+ points). And, some applicants who possibly should be denied Program participation will be approved by the instrument (Program Eligibility Score of 18.5 points). This phenomenon or "subjective override" is dealt with by the present Eligibility Criteria in two separate ways so as to negate each of the types of override indicated.

The first type of override, i.e., applicants who possibly should be approved, but are denied when scored by the Eligibility Criteria, is remedied by the sentencing Court having the authority to waive the Eligibility Criteria. The Court, as its discretion, may waive the Eligibility Criteria when it appears that the defendant applicant may be or has been denied Program participation, but who in Court's judgement should have the possibility of entering the Program notwithstanding such Eligibility criteria. The Program then has the option, where in absence of the Court waiver there may have appeared to be or was none, of accepting or continuing to reject the applicant for Work Furlough Program participation.

The latter type of override, i.e., applicants who possibly should be denied, but are approved if scored by the Eligibility Criteria, is addressed by the exclusionary reasons published at the bottom of the present eligibility Criteria. The Work Furlough Program thereby is reserving the right to refuse admission to any applicant who may pose an extreme risk or problem from a Program standpoint. The application of these exclusionary reason(s) is the absolute right and authority of the Work Furlough Program administrator. It is recognized also that the sentencing Court, by law, may deny any defendant Work Furlough participation.

JH:dl/CSA1

NEVADA COUNTY PROBATION DEPARTMENT
HOME DETENTION PROGRAM

TERMS and CONDITIONS

I understand that my placement in the Home Detention and Electronic Monitoring Program is voluntary and I agree:

1. To reside at the residence located at _____
_____ California,
County of Nevada, which has an operating telephone at the
number (916) _____.
2. To remain in the above residence at all times except as
approved by the Probation Officer; a life threatening
emergency; or when directed to do so by police, fire, or
medical personnel, and to report all emergencies or
incidents immediately.
3. That I and all other residents agree to grant admittance to
my residence to the Probation Officer or law enforcement
officers at any hour of the day or night.
4. To confine all animals to allow free access to my residence
by the Probation Officer or law enforcement officers.
5. That no individuals may join the household unless
specifically approved in advance by the Probation Officer.
6. That no social gatherings will be held in my residence.
7. That if I become ill, I will call the Probation Officer as
soon as possible for instructions.
8. That my residence and all persons who reside therein must
meet the approval of the Probation Officer, prior to
admission to the program.
9. That I and all residents of the household agree to the
following:
 - a. No alcohol in the residence.
 - b. No illegal drugs or narcotics in the residence.
 - c. No firearms or dangerous weapons in the residence.
10. To refrain from the consumption and possession of alcoholic
~~beverages and not enter any establishment where the sale of~~
alcoholic beverages is the primary source of income.
11. Not to possess or have in my vehicle any firearm or
dangerous weapon.
12. Not to operate any motor vehicle unless properly licensed
and covered by liability insurance.
13. Not to associate with persons deemed undesirable by the
Probation Officer upon written notice from said officer.
14. Not to use or possess controlled substances not prescribed
by a physician.
15. To notify the Probation Officer immediately of any
controlled substance prescribed by a physician.

16. To submit to chemical testing in the form of blood, breath, or urine tests for the detection of alcohol/drug use upon the request of the Probation Officer or any law enforcement officer, with the type of test at the discretion of said officer.
17. To submit my person, vehicle, or place of residence to search and seizure at any time of the day or night, with or without a search warrant, and with or without reasonable or probable cause by any Probation Officer or other peace officer.
18. To participate in a counseling program as directed by the Probation Officer and not terminate said program without permission of the therapists and the Probation Officer.
19. That at all times hereunder, I will uphold and obey the laws of the State of California and of the United States, and the statutes and ordinances of all cities and localities wherein I reside.
20. That the County of Nevada does not have responsibility to provide food, shelter, clothing, or medical and dental care to me during the period of my home detention.
21. To maintain an operating telephone line into my residence and to pay all expenses related to the telephone service and the electronic monitor.
22. That my telephone is not on a party line and does not have call-forwarding or call-waiting capabilities.
23. That electronic monitoring equipment can be hooked up to my home telephone.
24. That the Probation Officer and related personnel may enter my home to install, maintain, and inspect all electronic monitoring equipment.
25. That I will not tamper with, remove, disconnect, attempt to repair or allow anyone else to tamper with or attempt to repair any electronic monitoring equipment.
26. That I will be held responsible for any damage to the equipment. If damage occurs, I may be removed from the program, charges filed, and restitution required.
27. To abide by all instructions of the court, Probation Officer, and representatives of the company providing the electronic monitoring equipment for the proper maintenance, care, and utilization of the equipment.
28. To wear a tamperproof, non-removable ankle bracelet 24 hours a day during the entire commitment to home detention.
29. To be within hearing range of my telephone at all times and that I will have 60 seconds to answer all phone calls to verify my presence.
30. To not utilize my telephone for extended periods of time. All other residents of my household willingly agree to abide by this condition.
31. That I will not have telephonic or any other form of contact with any other participants on this program or with current jail inmates.

32. To hang up the telephone immediately when I hear a clicking sound caused by the receiver/dialer. All other residents of my household willingly agree to abide by this condition.
33. That I cannot go beyond the confines of my residence or the perimeters set by the Probation Officer or a violation will be detected that is physical evidence constituting a violation of my home detention program. I further agree that a computer printout may be used as evidence in a court of law to prove a violation of my home detention program.
34. That the loss of a receiving signal, the receipt of a tamper signal, or the receipt of a signal indicating absence from my residence is physical evidence constituting a violation of my home detention program.
35. To report any problems with the electronic monitoring equipment to the Probation Officer immediately.
36. To pay an administrative fee of \$_____ per week. Payment must be in advance and in the form of a money order. Checks or cash will not be accepted.
37. That the County of Nevada, its agents, and the company providing the electronic monitoring equipment are not liable for any damages incurred as a result of my wearing or tampering with the monitoring device and that any damages associated with my wearing or tampering with the monitoring device are a result of my own negligence.
38. To abide by all the rules and regulations of the Inmate Agreement for the Work Furlough Program.
39. Other: _____

I have reviewed, understand, and agree to abide by the above terms and conditions of the Home Detention and Electronic Monitoring Program. I also understand that failure to comply with any of the above conditions may result in my immediate return to jail custody, further court action, and loss of good time previously earned.

Signature of Applicant: _____

Date: _____

Signature of Home Detention Officer: _____

Date: _____

COUNTY OF NEVADA

PROBATION DEPARTMENT

Second Floor, Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

NEVADA COUNTY PROBATION DEPARTMENT

HOME DETENTION PROGRAM

I/We, the family/cohabitant(s) that reside with _____, have received, read, and understand the terms and conditions of Home Detention and Electronic Monitoring.

I/We, the undersigned, am/are willing to cooperate with the terms and conditions of the Home Detention Program of _____, Home Detention Commitment.

Dated: _____

Dated: _____

Witnessed by Home Detention Officer: _____

COUNTY OF NEVADA



PROBATION DEPARTMENT

Second Floor, Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

HOME DETENTION PROGRAM

Notice of Action

You are hereby notified that you have been:

_____ found unacceptable for the program.

_____ disciplined in the following manner _____

_____ terminated from the program.

The reason for this action is: _____

If you disagree with the decision, you have the right to appeal. A written appeal must be submitted within five (5) working days to the Chief Probation Officer through the Home Detention Officer. Additionally, you have the right to personally appear before the Chief Probation Officer to present any material in support of the appeal.

The decision of the Chief Probation Officer is final and not subject to further administrative review.

Sincerely,

H. DOUGLAS LATIMER
Chief Probation Officer

Deputy Probation Officer

NEVADA COUNTY PROBATION DEPARTMENT

HOME DETENTION PROGRAM

APPEAL

H. Douglas Latimer
Chief Probation Officer
Nevada County Probation Department
Second Floor, Courthouse
Nevada City, California 95959

I, _____, hereby appeal my _____ denial
_____ removal _____ disciplinary action from the Home Detention
Program and request an administrative hearing on this matter. I
understand the hearing will be held within five (5) working
days of the receipt of this appeal and that I may present witnesses
or evidence on my behalf.

The basis of my appeal is: _____

I understand that I will receive a written disposition of this
appeal within five (5) working days of the conclusion of the
administrative hearing.

Signature: _____ Date: _____

COUNTY OF NEVADA

PROBATION DEPARTMENT

Second Floor, Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

HOME DETENTION PROGRAM

Notice of Hearing

This is to inform you that an Administrative Hearing regarding your

denial removal disciplinary action from the Home Detention Program has been scheduled at _____

You are hereby notified to be present at this hearing to explain your views in this matter.

Sincerely,

H. DOUGLAS LATIMER
Chief Probation Officer

Deputy Probation Officer

COUNTY OF NEVADA



PROBATION DEPARTMENT

Second Floor, Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

HOME DETENTION PROGRAM

Disposition of Hearing

On _____ an administrative hearing was held regarding your _____ denial _____ removal _____ disciplinary action from the Home Detention Program. The disposition of that hearing is as follows: _____

The reason for the disposition is: _____

The decision of the Chief Probation Officer in this matter is final and not subject to further administrative review.

Sincerely,

H. DOUGLAS LATIMER
Chief Probation Officer

NEVADA COUNTY PROBATION DEPARTMENT

HOME DETENTION PROGRAM

REQUEST FOR BOOKING

DATE: _____

TO: Booking Officer

FROM: Home Detention Officer

RE: _____

DOB: _____

The above-named subject has been interviewed and accepted for inclusion in the Home Detention Program. You are requested to book him/her, and release him/her to the custody of the Probation Department where he/she will serve his/her jail sentence on the Home Detention Program. Please credit him/her with good time only and determine his/her release date. Do not credit for jail overcrowding.

Should he/she fail to report or to abide by the rules and regulations of the program, the normal procedure will be followed in returning him/her to your custody.

Thank you for your cooperation in this matter. If further information is needed, please contact the undersigned.

Sincerely,

H. Douglas Latimer
Chief Probation Officer

Bruce D. Tepper
Home Detention Officer

NEVADA COUNTY PROBATION DEPARTMENT

HOME DETENTION PROGRAM

JAIL NOTIFICATION OF ACCEPTANCE

TO: Booking Officer
FROM: Home Detention Officer
RE: _____
DOB: _____
DATE: _____

The above-named subject will not be reporting for his/her jail commitment at the Nevada County Jail on _____, as previously ordered by the court. Instead he/she will report to the Probation Department for inclusion on the Home Detention Program on the above date to serve his/her jail commitment.

Should he/she fail to report or abide by the rules and regulations of the program, the normal procedure will be followed in returning him/her to your custody.

Thank you for your cooperation in this matter. If further information is needed, please contact the undersigned.

Sincerely,

Home Detention Officer

NEVADA COUNTY PROBATION DEPARTMENT
HOME DETENTION PROGRAM

CONVERSION OF TIME

TO: Booking Officer
FROM: Home Detention Officer
RE: _____
DOB: _____
DATE: _____
BOOKING NO: _____

The above named subject has been interviewed and accepted for inclusion on the Home Detention Program. You are requested to release him/her on _____ to the custody of the Probation Department. His/her remaining sentence will be served on the Home Detention Program. Please add on all unearned work time only, and recompute his/her out date.

Should he/she fail to report or abide by the rules and regulations of the program, the normal procedure will be followed in returning him/her to your custody.

Thank you for your cooperation in this matter. If further information is needed, please contact the undersigned.

Sincerely,

HOME DETENTION OFFICER

NEVADA COUNTY PROBATION DEPARTMENT
HOME DETENTION PROGRAM
INMATE INFORMATION

You have been placed on Home Detention "Electronic Monitoring." This will help you to understand what YOU must do.

HOW DOES IT WORK? - You will wear a small black box on your ankle. It sends a signal to the grey box so it will know you are home. The grey box is plugged into the wall for power. It is also plugged into the phone line so it can call a computer downtown. As long as you are home, the grey box tells the computer that everything is OK.

WHAT IF I LEAVE FOR AWHILE? - The grey box will call the host computer and your Probation Officer will get a report that says what time you left and what time you came back.

WHAT IF I TRY TO TAKE THE LITTLE BLACK BOX OFF MY LEG? - The small black box will signal the grey box. Then the grey box will call downtown and your Parole Officer will know that you tried to take it off.

WHY CAN'T I JUST UNPLUG IT FOR AWHILE? - If the grey box is unplugged from the phone line and then plugged in again, it calls downtown and reports everything that has happened while it was unplugged, including the time the phone line was disconnected and then plugged in again. It also has a battery so it still knows if you are home even when it has been unplugged from the wall.

WHAT ARE THE RED LIGHTS FOR? - The first one should always be on. It shows that it is plugged into the wall. The second light should always be off. If it ever comes on, call your Parole Officer. The third one comes on when the grey box is using the phone line. The last light stays on when you are home and goes off after you leave.

CAN I STILL USE MY PHONE? - You can use your phone only when the grey box is not using the phone. Before you make a call, look at the grey box. If the PHONE BUSY light is on, you must wait awhile. Sometimes the grey box will try to call out while you are talking to a friend. You will hear loud clicking sounds in your phone. Tell your friend that you will call back later. Hang up and wait about 10 minutes. Be sure to look at the grey box again before you try to call. If the PHONE BUSY light is off, you can then call your friend again. Also remember, since the computer occasionally calls the grey box, answer your phone only when it rings more than once.

CAN I TAKE A SHOWER OR BATH? - Yes, the black box is completely waterproof and safe. It will not shock you or hurt you.

DO I HAVE TO WEAR THIS THING ALL THE TIME? - Yes, ALL the time.

Any problems or questions call:

Home Detention Officer: _____

Weekdays, 8am to 5pm: 265-1200
Nights or Weekends: 265-5050

CRIMINOLOGICAL HISTORY SHEET

NAME _____ BIRTHDATE _____

SURNAME _____ CASE NO. _____

CITY _____ TELEPHONE _____

LENGTH OF SUPERVISION _____

DATE	INTERVIEWER	CONTACT
------	-------------	---------

--	--	--

--	--	--

NEVADA COUNTY PROBATION DEPARTMENT
HOME DETENTION PROGRAM
STANDARD ALARM NOTIFICATION PROCEDURES

CLIENT NAME: _____ Equip*: _____ Client*: _____

<u>Alarm Type:</u>	<u>Standard:</u>	<u>Special Procedures:</u>
1. Curfew begins client not home	Immediate	Wait 30 minutes, if no return, phone _____
2. Return during curfew	Immediate	Phone if #1 does not apply _____
3. Leave during curfew	Immediate	Wait 15 minutes - if no return, phone _____
4. Pwr Loss/Gain	Immediate	No action _____
5. Loc Veri Fail	Immediate	No action _____
6. Xmt/Tamper	Immediate	Phone _____
7. Rcvr/Tamper	Immediate	Phone _____
8. Missed Callback	Immediate	Phone if longer than one (1) hour _____
9. FMD Disc/Connect	Immediate	Wait 15 minutes - if no connect, disconnect; phone _____

Who to notify and how:

Mon-Fri, 8am-5pm (except holidays): Home Detention Center, 265-1200;
5pm-8am Mon-Fri; Sat & Sun; holidays: Juvenile Hall, 265-5050

Officer Name: _____ Signature: _____

Date: _____

ALARM NOTIFICATION PROCEDURES
NEVADA COUNTY

ALARM TYPE:STANDARD PROCEDURES:

- | | |
|--|--|
| 1. Curfew Violation - Curfew begins, client not home | <u>NOTIFY the supervisor if client is more than 30 min. late.</u> |
| 2. Curfew Violation - Enter | <u>NOTIFY the supervisor if the ENTER occurs after a curfew violation 1 or 3 has been called.</u> |
| 3. Curfew Violation - Leave | <u>*ALWAYS CHECK RESTRICTION TIMES*</u>
<u>NOTIFY the supervisor if the client is gone more than 15 min. or leaves more than 15 min. early.</u> |
| 4. XMTR/Tamper | <u>NOTIFY the supervisor immediately.</u> |
| 5. RCVR/Tamper | <u>NOTIFY the supervisor immediately.</u> |
| 6. Loc Veri Fail | <u>REQUEST a 2nd check with the computer then notify Rex or Nyle if a second Loc Veri Fail occurs. (08:00-17:00)</u> |
| 7. Missed Callback | <u>NOTIFY the supervisor immediately.</u> |
| 8. Power Loss/Gain | <u>NO ACTION</u> |
| 9. FMD Disc/Connect | <u>NO ACTION</u> |

HOW TO NOTIFY THE SUPERVISOR:

~~DURING OFFICE HOURS (Mon. - Fri. 08:00 - 17:00) (Except Holidays) - Call the Home Detention Center, at 265-1200 and leave a message with Bruce Tepper.~~

OUTSIDE OFFICE HOURS, ALL WEEKEND AND ON HOLIDAYS - Call the Juvenile Hall, at 265-5050 and leave a message.

ALL TIMES PACIFIC STANDARD TIME (P.S.T.)

NEVADA COUNTY PROBATION DEPARTMENT
HOME DETENTION PROGRAM
ALARM NOTIFICATION PROCEDURES

CLIENT NAME: _____ Equip*: _____ Client#: _____

<u>Alarm Type:</u>	<u>Standard:</u>	<u>Special Procedures:</u>
1. Curfew begins client not home	Immediate	_____
2. Return during curfew	Immediate	_____
3. Leave during curfew	Immediate	_____
4. Pwr Loss/Gain	Immediate	_____
5. Loc Veri Fail	Immediate	_____
6. Xmt/Tamper	Immediate	_____
7. Rcvr/Tamper	Immediate	_____
8. Missed Callback	Immediate	_____
9. FMD Disc/Connect	Immediate	_____

Who to notify and how:
 Mon-Fri, 8am-5pm (except holidays): Home Detention Center, 265-1200;
~~5pm-8am Mon-Fri; Sat & Sun; holidays: Juvenile Hall, 265-5050~~

Officer Name: _____ Signature: _____
 Date: _____

CONFIDENTIAL CLIENT INFORMATION

NEVADA COUNTY PROBATION

NCP#: _____ Client Name: _____ XMT# _____

- | | | |
|--|--|---|
| <input type="checkbox"/> New Client | <input type="checkbox"/> Schedule Change | <input type="checkbox"/> Notification Procedures Change |
| <input type="checkbox"/> Client Deletion | <input type="checkbox"/> Officer Change | <input type="checkbox"/> FMD Change |
| <input type="checkbox"/> Pending Status | <input type="checkbox"/> Phone # Change | <input type="checkbox"/> Other Change |

Phone #: _____ Address: _____

City: _____ Start Date: _____ Stop Date: _____

Comments: _____

PRIMARY OFFICER

ALTERNATE OFFICER

OFFICER: _____
 OFFICE #: _____
 PAGER #: _____
 DIVISION: _____
 DAYSON DUTY: S M T W TH F S

OFFICER: _____
 OFFICE #: _____
 PAGER #: _____
 DIVISION: _____
 DAYSON DUTY: S M T W TH F S

SCHEDULE CHANGE

- | | | | |
|--|--|---|------------------------------------|
| <input type="checkbox"/> Temporary
(Change to permanent
schedule after dates shown.) | <input type="checkbox"/> Temporary
(Continually Changing
schedule) | <input type="checkbox"/> 24 Hour Curfew
All Days | <input type="checkbox"/> Permanent |
|--|--|---|------------------------------------|

DATE: _____

AUTH OUT: Sunday Monday Tuesday Wednesday Thursday Friday Saturday

Leave: _____

Return: _____

Leave: _____

Return:							
Leave:							
Return:							
Leave:							
Return:							
Early LV:							
Late RT:							
24 HR Curfew:							

Signature: _____

Date: _____ Time: _____

NEVADA COUNTY PROBATION DEPARTMENT

HOME DETENTION PROGRAM

REQUEST FOR RELEASE

TO: Booking Officer

FROM: Home Detention Officer

RE: _____ DOB: _____

DATE: _____

The above named subject has successfully completed his/her sentence on the Home Detention Program. You are requested to release him/her.

Thank you for your cooperation in the matter. If further information is needed, please contact the undersigned.

Sincerely,

Home Detention Officer

COUNTY OF NEVADA

PROBATION DEPARTMENT

Second Floor Courthouse
Nevada City, California 95959
(916) 265-1200

H. DOUGLAS LATIMER
Chief Probation Officer

HOME DETENTION PROGRAM

Termination Report

Re: _____ DOB: _____

Date started Program: _____ Date terminated from Program: _____

Reason for termination from Program: _____

_____ Completed sentence _____ Modification _____ Violation

All electronic equipment returned _____ Yes _____ No

Condition of equipment _____

Adjustment: _____

General response and attitude toward Program:

_____ Excellent _____ Good _____ Fair _____ Poor

FINANCIAL OBLIGATIONS:

Total fine _____ Balance _____ Date of last payment _____

Total restitution _____ Balance _____ Date last payment _____

Restitution Fund fine _____ Balance _____ Date of last
payment _____

On _____ the defendant agreed to pay _____
per month on financial obligations.

Home Detention Officer: _____ Date: _____

NEVADA COUNTY
PROBATION DEPARTMENT

HOME DETENTION VENDOR TERMINATION REPORT

=====

NCP#: _____ Client Name: _____ XMT: _____
Phone #: _____ City: _____
Date Started Program: _____ Date Terminated From Program: _____
Reason for termination from program: _____
_____ Completed Sentence _____ Modification _____ Violation

All electronic equipment returned: _____ Yes _____ No

Condition of equipment and comments: _____

Officer: _____
Phone #: _____ Date: _____

Nevada County Probation Department
2nd Floor, Courthouse
Nevada City, California 95959
(916) 265-1200

NEVADA COUNTY PROBATION DEPARTMENT

HOME DETENTION PROGRAM

Special Incident Report

This form is to be completed in triplicate immediately following any special or unusual incident on the Home Detention Program. Attach an additional sheet if necessary.

Date: _____ Time: _____

Staff Member: _____ Re: _____

Description of Incident:

Action Taken:

~~Recommendations:~~

Distribution:

CPO _____

SPO _____

S.I. Folder _____

NEVADA COUNTY PROBATION DEPARTMENT

HOME DETENTION PROGRAM

MONTHLY MEDICAL EXPENSE SHEET

FOR ----- 19

Prepared By	Initials	Date
Approved By		

	1	2	3	4
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4804 (84804) — Bull
8804 (88804) — Green

NEVADA COUNTY PROBATION DEPARTMENT

HOME DETENTION PROGRAM

PROGRAM STATISTICS

Month of _____ 19____

TOTAL APPLICANTS INTERVIEWED..... _____
TOTAL APPLICANTS ACCEPTED..... _____
TOTAL APPLICANTS REJECTED..... _____
TOTAL APPLICATIONS NON-RETURNED..... _____
TOTAL MALES ON PROGRAM THIS MONTH..... _____
TOTAL FEMALES ON PROGRAM THIS MONTH..... _____
TOTAL INMATES ON PROGRAM THIS MONTH..... _____
TOTAL MALES ON PROGRAM TO DATE THIS YEAR..... _____
TOTAL FEMALES ON PROGRAM TO DATE THIS YEAR..... _____
TOTAL INMATES ON PROGRAM TO DATE THIS YEAR..... _____
TOTAL INMATES SUCCESSFULLY COMPLETED PROGRAM THIS MONTH..... _____
TOTAL INMATES REMOVED FROM THE PROGRAM THIS MONTH..... _____
TOTAL INMATES SUCCESSFULLY COMPLETED PROGRAM TO DATE
THIS YEAR..... _____
TOTAL INMATES REMOVED FROM PROGRAM TO DATE THIS YEAR..... _____
TOTAL SUPERIOR COURT CASES TO DATE THIS YEAR..... _____
TOTAL JUSTICE COURT CASES TO DATE THIS YEAR..... _____
TOTAL INMATE DOCTORS VISITS THIS MONTH..... _____
TOTAL INMATE MEDICAL AND PRESCRIPTION BILLS TO DATE
THIS YEAR..... _____
TOTAL ADMINISTRATIVE HEARINGS THIS MONTH..... _____
TOTAL ADMINISTRATIVE FEES COLLECTED THIS MONTH..... _____
TOTAL ADMINISTRATIVE FEES COLLECTED TO DATE THIS YEAR.... _____

JAIL INMATE DAY, BED SPACE, AND COST FACTORING

WORKSHEET FOR THE MONTH OF _____ 19____

INMATE DAYS FOR THE MONTH..... _____

INMATE DAYS FOR THE YEAR..... _____

AVERAGE JAIL BEDS SAVED PER DAY FOR THE MONTH..... _____

AVERAGE JAIL BEDS SAVED PER DAY FOR THE YEAR..... _____

JAIL COSTS SAVED FOR MONTH..... _____

JAIL COSTS SAVED FOR YEAR..... _____