



TODD JOHNS
SHERIFF/CORONER

Office of the Sheriff

1400 E. Main Street, Quincy, California 95971 • (530) 283-6375 • Fax 283-6344

APPLICATION FOR ALTERNATIVE CUSTODY SENTENCING

This outlines the basic requirements, terms and conditions of the individual ACS program. If you would like to apply for the program, complete all the attached pages following the directions on this sheet. Applying to the program does not change your turn in date. Failure to appear on your ordered date will result in an automatic denial to the program and a warrant being issued for your arrest. **Enrolling in any Electronic Monitoring Program, other than the Plumas County Correctional Facility, ACS will not be accepted unless authorized by the Jail Commander.**

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

FILLING OUT THE APPLICATION

1. The entire application must be completed.
2. Answer all the questions completely.
3. Print clearly and neatly, or use a typewriter to fill out the application.
4. Make copies of the following:
 - a. Your driver's license or the license of the person(s) who will be driving
 - b. Car registration and insurance for all vehicles used during the program.
 - c. All applicable Police Reports, Pre-Sentence Reports or Affidavit of Violation of Probation Report.
 - d. Your commitment paper(s).
 - e. Copy of last two paystubs/SSI/Disability/Unemployment.

RETURNING THE APPLICATION

Call the ACS Unit at **(530) 283-6267** for an appointment to return the application. Appointments should be made within 7 days of;

1. Entering a formal plea agreement
2. Conviction and/or.
3. Sentencing.

Before calling for an appointment make sure your application is complete and you have copies of all the required paperwork. Do not bring originals.

Each applicant's eligibility and suitability for an ACS program will be decided on individual merits with emphasis based on the applicant's potential contribution and/or risk to the community and the program. Participation in any program is solely at the discretion of the Sheriff's Office or when recommended through the courts. The decision for acceptance in the program and/or in which program an inmate is allowed to participate is made on a case by case basis.

****Applications take 2 weeks minimum to process.****

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

The Plumas County Sheriff's Department does not discriminate against any person based on age, race, sex or financial abilities.

MINIMUM QUALIFICATIONS FOR ALL ACS PROGRAMS:

1. Apply for participation in a program and abide by all terms and conditions.
2. Meet all minimum security classification and housing standards.
3. Be eligible for and/or housed in the minimum security section of the county jail.
4. Have no jail misconduct record.
5. No arrests or probation violations during the application/acceptance process.
6. No pending criminal or probation matters.
7. Have a verifiable, permanent local residence.
8. If employed your employer must carry worker's compensation insurance or equivalent and provide verification of coverage.
9. Have approved transportation and proof of insurance for vehicles (if necessary).
10. Pay fees as required.
11. Appear for the commitment as scheduled. Participants may be required to spend a minimum of 1 day in county jail at the beginning of their program.
12. Proposition 215 doctor's recommendation is not valid while on ACS program.

Participants are required to have a consistent schedule and it shall remain consistent for the duration of your sentence. Multiple schedule changes and last minute requests, not of an emergency nature, will not be approved. These are structured programs, consequently all schedule changes and activities must receive prior approval (minimum of 7-10 days) by ACS Unit personnel.

Failure to comply with all provisions of the program will result in your return to full custody in the Plumas County Jail.

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

If you do drugs or drink, it will be discovered! If you don't think you can stop using drugs or alcohol, you should not go on an ACS program. Before you are transferred to a program you are required to submit to a drug/alcohol test at the discretion of the PCJ staff and/or any law enforcement of the Plumas County Sheriff Office.

Instructions for filling out your application

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

Personal History

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

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

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

List all other occupants of the residence: Use a separate sheet if more than three

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

Emergency Contact - 2 Required

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

Employment, Residences and Education

Name of current employer	Address	Phone number
Occupation	How long at present job	Supervisors name

Please list your employment history for the past 5 years, including any trade school or colleges attended (Excluding your present employer) Use back of page if necessary			
Name of employer	Address	Phone	Dates employed

List your last 2 residences - excluding where you live now					
Home address	Apt. #	City	State	Zip	Dates

Highest year completed in school (Circle one): 7 8 9 10 11 12 13 14 15 16 17+

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

School name: _____ City: _____

Year graduated/earned certificate: _____

Did you go to college? Yes No *If yes;*

College: _____

City: _____ State: _____

Major: _____ Degree(s): _____

Dates attended: _____

Are you currently enrolled in school or job training? Yes No *If yes;*

School: _____ Date started: _____

Address: _____ City: _____

Transportation

Mark the appropriate box or boxes showing your method of transportation.

Private Vehicle Taxi Walk Bicycle Bus Other

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

Vehicle Color	Year	Make	Model	License and State

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

Give an explanation of why you feel you should participate in an ACS program.

I would like to be considered for Home Detention Weekender Work Furlough because:

Criminal History

What is the crime(s) alleged for this conviction? (Code, Section Number and Description)

Which court ordered your pending/current commitment?

- Plumas County
- Other Court

What is the court docket or case number? _____

What is the date you are to report to jail? _____ Time? _____

How many days is your sentence? _____

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

If "Yes", How many days? _____

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

Are you currently on probation? Yes No

Type of probation Formal Informal Summary (Court)

Name of Probation Officer:

Name of Probation Officer: _____

Which law enforcement agency arrested you?
 CHP Plumas County

C.H.P. Plumas County
Other:

Other: _____

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

If yes, complete the following (Use the back of this sheet if necessary):

Charges	Year	Sentence

Have you ever served time in any correctional institution or jail?

Yes No *If yes, where and when;*

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

Yes No *If yes, where and when;*

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

Have you ever received any "write-ups" or disciplinary actions while serving a sentence in custody or while on an alternative to incarceration program, such as Work Furlough, Home Detention, Weekends or Work Release?

Yes No *If yes, describe the circumstances (use back of page if necessary):*

ACS Rules and Regulations

1. I understand that if placed on ankle monitoring I will be monitored by a computer. I will wear a leg band 24 hours a day for the entire duration of my sentence. I understand that the required equipment will be hooked up and operating through my phone line. (Electronic Monitoring)
2. I understand that if I am away from my house at any unauthorized time, I can be immediately removed from the program and returned to the Plumas County Jail.
3. I understand that the equipment used to monitor me is expensive and I will do my best to take care of it. In the event that this equipment is lost or damaged in any way, I agree to reimburse the monitoring company for all damage.(Electronic Monitoring)
4. I understand that any expense of electricity or phone bills that are incurred due to the operation of the monitoring device shall be at my expense. (Electronic Monitoring)
5. I agree that Plumas County and the State of California have no responsibility to provide food, shelter, clothing, medical or dental care to me during the duration of my sentence if accepted for a form of alternative custody that takes me out of the immediate custody of the corrections facility.
6. I and all other occupants of my residence will grant admittance to my residence to any Corrections or Peace Officer at any time. My residence, person, vehicles and all areas of property where I live will be subject to search and seizure 24 hours a day while I am on ACS.
7. I will not have any doors, rooms or outbuildings locked in anyway against search by any Corrections or Peace Officer.
8. I will not consume or possess any alcoholic beverages or illegal drugs/narcotics, "medical marijuana", nor will there be any of these substances in my residence or on the premises.
9. In the event that a resident of my household fails to adhere to or withdraws their agreement on any of the Rules & Regulations/ Terms & Conditions stated on the application, I may be removed from the ACS program.
10. I will submit to any blood, breath, or urine test designed to detect the presence of alcohol and/or narcotics at the request of any Corrections or Peace Officer.
11. I will not violate any laws. If I receive a traffic citation or have any contact with any Law Enforcement agency I will report such contact as soon as possible to the Corrections staff.
12. I will report any incidents with fire, police or medical personnel to the staff as soon as possible.
13. I will confine all pets to allow free access to my residence/property by any Corrections or Peace Officer.
14. I will call 283-6267 immediately to report any problems with the equipment.(EM)
15. I will immediately report any changes in hours that I may have regarding court ordered programs, AA/NA meetings, medical appointments, etc.
16. I will report as soon as possible any changes in employment, school, NA/AA meetings or other authorized programs to the ACS staff.
17. I will obey all laws, jail rules/regulations and any verbal instructions issued by an Corrections or Peace Officer.

18. I will not leave the house for any unauthorized hours other than medical emergencies (life or death situations) without clearance through the Corrections staff first.
19. I will go to and return directly from my place of employment, school, NA/AA meetings and any other authorized places. If for some reason I am delayed and cannot return directly to my home, I will notify the Corrections staff at once.
20. I will ride to and from work, school, NA/AA meetings and any other such places authorized, with insured transportation. I shall not change my transportation without approval.
21. If I am released from work or any other program/appointment earlier than usual, or if work or other program/appointment is canceled for the day, I will immediately return to my residence and notify Corrections staff.
22. NO firearms, swords, large knives, martial weapons, explosives, ect, will be allowed in/on the residence, person, vehicle and all areas of the property where you reside while you are on the program.
23. I agree to the use of electronic monitoring for the purpose of helping verify my compliance with the Rules & Regulations of the ACS program. I understand that these devices will eavesdrop or record any conversations. (Electronic Monitoring)
24. Fees will be assessed depending on the program you will be enrolled in. These fees will be based on your ability to pay and may be reassessed if your financial situation changes. Failure to pay fees without cause will result in legal action taken against you pursuant to 1208.2 (H) of the California Penal Code.

*****I do not have illnesses or injuries that would prevent me from participating in the Alternative Custody Supervision Program.

Signature of applicant: _____ *Date:* _____



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AGREEMENT AND WAIVER

I, [redacted], understand that my placement in an ACS program is voluntary. Participation in this program does not change my conviction or sentence in any way. I agree to abide by all Plumas County Correctional Facility rules, regulations, standards, terms and conditions of my ACS program.

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

Signature of Applicant	Date

I/We agree to the forgoing rules pertaining to my/our actions and/or right for the benefit provided by allowing the aforementioned Alternative Custody Supervision candidate to participate in Alternative Custody Supervision. I/We understand that violation of these rules and regulations may result in consequences to the ACS participant, including but not limited to removal from the program, returning to jail, filing of a probation violation and/or new criminal charges. I/We also understand and accept that any law violation noted may result in my/our arrest and/or filing criminal charges against me/us.

*I/We the undersigned, agree to cooperate with the terms and conditions of the ACS program of the above named inmate during the period of their commitment in the Plumas County Jail
(All members of the household over the age of 18 must read and sign.)*

Signature of Household Members	Date



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ACS Program Employment Agreement/Verification Verification of Worker's Compensation Insurance Coverage

This to verify that _____ is employed by:
Business Name:

Business Address (No P.O. Boxes): _____

Business Telephone Number: _____

Date Hired: _____ Length of Time with the company _____

Job Title/Description: _____

The salary is \$ _____ per hour. Salary is paid: weekly bi-weekly monthly

Worker's Compensation Insurance Information:

Insurance Carrier	Address	Telephone	Policy Number

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

Work Schedule

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

As employer, I agree to inform the Plumas County Sheriff's Department immediately if this employee is fired or quits. I will call: (530) 283-6267 to make such notification. I verify that the above information is true and correct and that the company will abide by the conditions set forth.

Signature of Employer: _____ *Date:* _____

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

Signature of Employee: _____ *Date:* _____



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ACS Programs Notice to Employer

Dear Employer:

Your employee has been sentenced to the county jail at the Plumas County Correctional Facility and released on home detention. Your employee will be permitted to serve their incarceration period under strict terms and conditions. The employee will be allowed to maintain regular employment, provide family support and meet other essential obligations.

The authority for the Sheriff to operate a home detention program is found in California Penal Code, Section 3081 and California Code of Regulations, Title 15, Section 1070. Persons that have been carefully screened, evaluated, and determined to be a minimum security inmate and low risk offender may be released to home detention.

You are requested to notify the Sheriff's Department ***immediately*** if your employee **does not show up for work, leaves work, quits or is terminated or if you suspect your employee has violated any laws or program rules.** All **changes in the employee's work schedule must be verified by you as the employer.** Reporting any other significant changes in behavior, attitude, work performance or signs of drug/alcohol use is also requested as it may assist in the person's adjustment and rehabilitation process.

The program staff must have the ability to perform random, unannounced job site checks.

You may be contacted either in person, or by phone to verify the information you have supplied. Should you have any questions or concerns, please call the Plumas County Sheriff's Department ACS Unit at (530)283-6267.

Please keep this letter for future reference.

Thank you for your cooperation,

Plumas County Sheriff's ACS Unit

Pretrial Assessment Tool (PAT)

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1. Age at First Arrest *

33 or older
 Under 33
 Verified

2. Number of Failure-to-Appear Warrants Past 24 Months *

None
 One Warrant for FTA
 Two or More FTA Warrants
 Verified

3. Three or more Prior Jail Incarcerations *

No
 Yes
 Verified

4. Employed at the Time of Arrest *

Yes, Full-time
 Yes, Part-time
 Not Employed
 Verified

5. Residential Stability *

Lived at Current Residence Past Six Months
 Not Lived at Same Residence
 Verified

6. Illegal Drug Use During Past Six Months *

No
 Yes
 Verified

7. Severe Drug Use Problem *

No
 Yes
 Verified

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Jump To: 1.0 Criminal History ▾

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1.0 Criminal History

Age at Time of Assessment *

24+
 18-23

1.1. Most Serious Arrest Under Age 18 *

None
 Yes, Misdemeanor
 Yes, Felony

1.2. Prior Commitment as a Juvenile to Department of Youth Services *

No
 Yes

1.3. Number of Prior Adult Felony Convictions *

None
 One or Two
 Three or More

1.4. Arrests for Violent Offense as an Adult *

No
 Yes

1.5. Number of Prior Commitments to Prison *

None
 One
 Two or More

1.6. Ever Received Official Misconduct while Incarcerated as an Adult *

No
 Yes

1.7. Ever Had Escape Attempts as an Adult *

No
 Yes

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Jump To: 2.0 School Behavior and Employment ▾

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2.0 School Behavior and Employment

2.1. Ever Expelled or Suspended from School *

No
 Yes

2.2. Employed at the Time of Arrest *

Yes
 No

2.3. Employed Full-time Just Prior to Incarceration *

Yes, Full-time or Disabled
 Not Employed or Employed Part-time

2.4. Attitudes toward Boss/Employer *

Good Relationship
 Poor Relationship

2.5. Longest Length of Employment Past Two Years *

18 Months or More
 1-17 Months
 None

2.6. Better Use of Time *

No, Most Time Structure
 Yes, Lots of Free Time

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Jump To: 3.0 Family and Social Support ▾

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3.0 Family and Social Support

3.1. Current Marital Status *

Married or Cohabiting
 Single (Married but Separated), Divorced, Widowed

3.2. Living Situation Prior to Incarceration *

Significant Other
 Parents, Friends, or Other
 Alone or Shelter

3.3. Stability of Residence Prior to Incarceration *

Stable
 Not Stable

3.4. Emotional and Personal Support Available from Family or Others *

Strong Support
 None or Weak Support

3.5. Level of Satisfaction with Current Level of Support from Family or Others *

Very Satisfied
 Not Satisfied

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Jump To: 4.0 Substance Abuse and Mental Health ▾

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4.0 Substance Abuse and Mental Health

4.1. Longest Period of Abstinence from Alcohol *

6 Months or Longer
 Less than 6 Months

4.2. Age at First Illegal Drug Use *

16 or Older
 Under 16

4.3. Problems with Employment due to Drug Use *

No
 Yes

4.4. Problems with Health due to Drug Use *

No
 Yes

4.5. Ever Diagnosed with Mental Illness/Disorder *

No
 Yes

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Jump To: 5.0 Criminal Lifestyle 

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 **5.0 Criminal Lifestyle**

 **5.1. Criminal Activities ***

Prosocial
 Mixture
 Criminal Activities

 **5.2. Gang Membership ***

No, Never
 Yes, but Not Current
 Yes, Current

 **5.3. Ability to Control Anger ***

Good Control
 Poor Control

 **5.4. Uses Anger to Intimidate Others ***

No
 Yes

 **5.5. Acts Impulsively ***

No
 Yes

 **5.6. Feels Lack of Control Over Events ***

Controls Events
 Sometimes Lacks Control
 Generally Lacks Control

 **5.7. Walks Away from a Fight ***

Yes
 Sometimes
 Rarely

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