



GREGORY J. HAGWOOD  
SHERIFF/CORONER

# Office of the Sheriff

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

## APPLICATION FOR ALTERNATIVE CUSTODY SENTENCING

### Overview:

Alternative Custody Sentencing, (ACS), is a program developed for lower risk inmates. Inmates can serve their custody time through alternative means in lieu of incarceration at the Plumas County Correctional Facility. Applicants that qualify may have the ability to serve their time on house arrest through GPS Monitoring, Work Furlough, Work Release, or Weekend Commitments. There are several factors your ACS officer will consider when determining which program best fits the applicant's needs. The attached application needs to be filled out completely and accurately. **An incomplete application will not be processed.** The application must be turned into the Plumas County Correctional Facility at least three weeks prior to your remand date set by the courts. It is best to submit your application as soon as you are sentenced by the courts. If you fail to surrender on your remand date, your application will be automatically denied and a warrant may be issued for your arrest. If you have questions regarding the ACS program, you may speak with an ASC officer by calling (530) 283-6267.

### Application:

You are required to fill out every portion completely and accurately. If a section of the application does not pertain to your circumstances, you will write "N/A" in that section. The application will need to be typed or written in print and legible. Attach copies of the following to your completed application before you submit it to the correctional facility:

- Your Driver's license or I.D. card.
- The license of the person(s) who will be driving you.
- Current vehicle registration and proof of insurance of all vehicles.
- Commitment papers from court.
- All applicable crime reports, probation orders, pre-sentence reports.
- Last two paystubs or SSI/Disability/Unemployment checks.

Submit your completed application at the Plumas County Correctional Facility, 50 Abernathy Lane, Quincy. Your application fee of \$40.00 must be paid when your application is turned in.

**All Applications take three weeks to process**

Applicant's Name: \_\_\_\_\_

## General Rules:

- You must be sentenced prior to submitting an application.
- Private monitoring services are not authorized by Plumas County, PC 1203.017(E)(1).
- Out of county monitoring is not authorized by Plumas County without approval from the Jail Commander.
- If transferring to Plumas County, the arresting county must provide written approval and it will require approval by the Plumas County Jail Commander.
- Application must be complete and approved along with home inspection completed prior to applicant being released on house arrest.
- If you are on parole, felony probation or are a PRCS client, you will be automatically denied.
- You may be required to complete part of your sentence in custody prior to being placed on ACS.
- If accepted into the ACS program, you will be subject to search and random testing. Any refusal or violation will result in being removed from the ACS program.
- You will not be allowed a Prop 215 medical prescription while participating in the ACS program.
- Recreational marijuana, alcohol, prescription or illicit drugs are not permitted at any time.
- Specified crimes determined by the courts may automatically deny your participation.
- If on house arrest, you will not leave your set boundaries, or deviate from your schedule without prior approval from you ACS officer.
- If on work furlough, you will not go to any place other than your job without authorization from your ACS officer.
- If on weekend commitments, you will surrender to the facility on your scheduled dates.
- Applicants will not associate, live with, have visit or contact with convicted felons, parolees, probationers, or PRCS clients without authorization from their ACS officer.
- If given specific lawful rules or stipulations by the ACS officer, the applicant shall follow those orders. The applicant may request the orders to be reviewed by the ACS Coordinator and if orders are still in question, by the Jail Commander.
- If placed on monitoring equipment, you are responsible for its care. If the equipment is intentionally neglected, intentionally damaged, destroyed or lost, you may be responsible to provide replacement cost for the equipment.
- Violation of the rules and regulations will result in you being returned to the Plumas County Correctional Facility.

ACS Rules and Regulations: *(Initial by each number when read and understood)*

House Arrest, GPS Monitoring

1. \_\_\_\_\_ I understand that if placed on GPS monitoring, I will be monitored by computer. I will be required to wear a monitor on my leg 24-hours per day for the entire duration of my sentence.
2. \_\_\_\_\_ I understand that if I am away from my home at any unauthorized time, I can be immediately removed from the program and returned to the Plumas County Correctional Facility.
3. \_\_\_\_\_ If placed on a program where I am allowed to work, attend school or be away from my home; I understand that I will not violate the time or location schedule. If I do, I will be immediately removed from the program and returned to the Plumas County Correctional Facility.
4. \_\_\_\_\_ I understand that any expenses acquired due to electrical services are my responsibility.
5. \_\_\_\_\_ I understand that the equipment used to monitor my activity is expensive and it is my responsibility to care for the items provided to me. If the equipment is intentionally neglected, intentionally damaged, destroyed, or lost; it is my responsibility to provide replacement cost for the equipment.
6. \_\_\_\_\_ I understand that Plumas County and the state of California have no responsibility to provide food, shelter, medical, or dental care for me while completing my ACS program.
7. \_\_\_\_\_ 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, vehicle, person and property where I live will be subject to search and seizure 24-hours a day while I am participating in the ACS program.
8. \_\_\_\_\_ I will not have any doors, rooms, buildings or containers locked in any way as to prevent access by a Corrections or Peace Officer.
9. \_\_\_\_\_ I will not possess or consume any alcoholic beverages, illicit drugs/narcotics, medical marijuana or other non-prescribed medication in my residence or on the premises.
10. \_\_\_\_\_ In the event that a resident of my household fails to comply with the ACS rules or withdraws their agreement to the rules and regulations/terms and conditions stated on the application, I may be removed from the ACS program.
11. \_\_\_\_\_ I will not have any firearms, knives, explosives or weapons of any type in my possession, residence, vehicle, property or within access while on GPS Monitoring.
12. \_\_\_\_\_ I will submit to any blood, breath or urine test designed to detect the presence of alcohol or narcotics at the request of any Corrections or Peace Officer.
13. \_\_\_\_\_ I will not violate any laws including traffic laws. If I receive a citation, I will notify the ACS officer at the Plumas County Corrections Facility as soon as possible.
14. \_\_\_\_\_ I will report any interactions or incidents with fire, law enforcement or medical personnel as soon as possible.

15. \_\_\_\_\_ I will confine all pets to allow free access to my property by any Corrections or Peace Officer.
16. \_\_\_\_\_ I will immediately report any **unauthorized changes** in my schedule regarding court ordered programs, work, court or medical appointments to an ACS officer.
17. \_\_\_\_\_ I will obey all lawfully given instructions by the assigned ACS officer, Corrections or Peace Officer.
18. \_\_\_\_\_ A \$100.00 connection fee will be charged for GPS monitoring, it will be due before monitor is connected.
19. \_\_\_\_\_ All ACS fees will be based on your ability to pay and may be reassessed if your financial situations change. Failure to pay fees may result in fees and payments being resolved through the courts.
20. \_\_\_\_\_ I will not leave my house for any unauthorized hours other than a medical emergency, (life and death situations) without authorization through an ACS officer or Corrections Staff.
21. \_\_\_\_\_ If allowed to go to school, work, meetings, or appointments; I will go directly to and from my residence with no unauthorized stops. If unable to return immediately, delayed or an emergent stop is needed, I will notify the Corrections staff immediately.
22. \_\_\_\_\_ I will not ride to any school, work, court or meetings in a vehicle or with people who have not been authorized to provide rides by an ACS officer or Corrections staff.
23. \_\_\_\_\_ If I am released from school, work, meetings or appointments earlier than normal, I will return to my residence immediately and notify the ACS officer or Corrections staff.
24. \_\_\_\_\_ I understand and agree that the electronic monitoring, which may include global positioning system devices or other supervising devices for the purposes of helping to verify his or her compliance with the rules and regulations of the home detention program. The device shall not be used to eavesdrop or record any conversation, except a conversation between the participant and the person supervising the participant which is to be used solely for the purposes of voice identification, (1203.016(a)(4) P.C.)

I have reviewed and understand the rules that are listed above. My program officer has answered all questions I have asked and I hereby agree to follow these rules as I am in inmate participating in the Plumas County Correctional Facility Alternative Custody Sentencing Program.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Officer: \_\_\_\_\_ Date: \_\_\_\_\_



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## 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<br><input 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<br><input type="checkbox"/> Married <input 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?<br><input type="checkbox"/> Yes <input type="checkbox"/> No   | Amount   | Name of person to whom paid |                           | Their phone number  |           |



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*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 | Hourly Wage<br>\$ |

| 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 |
|  |        |      |       |     |       |
|  |        |      |       |     |       |
|  |        |      |       |     |       |



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Highest year completed in school (Circle one): 7 8 9 10 11 12 College

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



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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: \_\_\_\_\_

Which law enforcement agency arrested you?

C.H.P.  Plumas County

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 |
|---------|------|----------|
|         |      |          |
|         |      |          |
|         |      |          |
|         |      |          |
|         |      |          |





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## AGREEMENT AND WAIVER

I, \_\_\_\_\_, 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, it's 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