

KERN COUNTY PROBATION DEPARTMENT



ELECTRONIC MONITORING PROGRAM

17824 QUALITY ROAD, BAKERSFIELD, CA 93308

HOURS: 7:30 - 4:30 MON – FRI

CLOSED: 12:00 – 1:00 PM

PHONE: (661) 391-2294

FAX: (661) 391-2201

KERN COUNTY PROBATION DEPARTMENT
ELECTRONIC MONITORING PROGRAM

The Kern County Probation Department offers an Electronic Monitoring Program that may allow you to live at home and work at your place of employment, while receiving credit for Court ordered incarceration as part of your sentence.

Following is a list of some of the conditions you must meet and agree to:

1. Have a history of non-violent offenses.
2. Be a resident of Kern County.
3. Have a telephone service in your residence and agree to attachment of a monitoring device to the telephone.
4. Wear a non-removable ankle bracelet at all times while in the program.
5. Pay a participation fee which will be based on your gross income.
6. Abide by the rules and regulations of the program.

The total set-up fee, which includes a one-time installation fee of \$25.00, will be paid by the applicant or the applicant's representative upon acceptance to the program. These fees must be paid prior to program participation. Please see the Fee Schedule for more information.

If you are interested in this program, you may complete the attached application form and return it to the Electronic Monitoring Office at 17824 Quality Road, Bakersfield, CA 93308. If incarcerated, you may submit your application to jail staff.

KERN COUNTY PROBATION DEPARTMENT
ELECTRONIC MONITORING PROGRAM
FEE SCHEDULE

<u>GROSS PAY PER WEEK</u>	<u>FEE PER DAY</u>	<u>FEE PER WEEK</u>
\$225.00	\$6.00	\$42.00
\$250.00	\$7.00	\$49.00
\$275.00	\$8.00	\$56.00
\$300.00	\$9.00	\$63.00
\$325.00	\$10.00	\$70.00
\$350.00	\$11.00	\$77.00
\$375.00	\$12.00	\$84.00
\$400.00	\$13.00	\$91.00
\$425.00	\$14.00	\$98.00
\$450.00	\$15.00	\$105.00
\$475.00	\$16.00	\$112.00
\$500.00	\$17.00	\$119.00
\$525.00	\$18.00	\$126.00
\$550.00	\$19.00	\$133.00
\$575.00	\$20.00	\$140.00
\$600.00	\$21.00	\$147.00
OVER \$600.00	\$22.00	\$154.00

A one-time background fee of \$25.00, plus the initial program fee, which will be based on your income, must be paid by the applicant before his/her turn in date. You will not be able to start the program until your payment has been received.

**KERN COUNTY PROBATION DEPARTMENT
ELECTRONIC MONITORING PROGRAM APPLICATION
17824 QUALITY ROAD, BAKERSFIELD, CA, 93308
MESSAGE PHONE: (661) 391-2294
FAX: (661) 391-2201**

FULL NAME: _____ DOB: _____

HOME ADDRESS: _____ CITY _____ ZIP _____

CROSS STREETS _____ PHONE# _____

MAILING ADDRESS (if different): _____

SOCIAL SECURITY # _____ DRIVER'S LICENSE # _____

IS YOUR DRIVER'S LICENSE SUSPENDED? Yes _____ No _____

ARE YOU PRESENTLY IN CUSTODY? Yes ___ No ___ LOCATION _____

BOOKING# _____ COURT CASE # _____

JAIL REPORT DATE: _____ LENGTH OF SENTENCE: _____

ARE YOU PRESENTLY ON FELONY PROBATION OR PAROLE? Yes _____ No _____

DO YOU OR YOUR SPOUSE RECEIVE AFDC? Yes ___ No ___ MONTHLY AMOUNT: _____

DO YOU OR YOUR SPOUSE RECEIVE SOCIAL SECURITY? Yes ___ No ___ MONTHLY AMOUNT: _____

ARE YOU EMPLOYED? Yes _____ No _____ SELF-EMPLOYED? Yes _____ No _____

EMPLOYER: _____ PHONE # _____

EMPLOYER'S ADDRESS: _____

HOURLY WAGES: _____ PAID: Weekly _____ Bi-weekly _____ Monthly _____

WORK DAYS: _____ WORK HOURS: _____ DAYS OFF: _____

DISTANCE FROM HOME TO WORK: _____ MILES DRIVING TIME: _____

MAKE AND MODEL OF VEHICLES DRIVEN: _____

LIST NAMES, RELATIONSHIP AND AGES OF ALL PERSONS RESIDING IN HOME:

1. _____ RELATIONSHIP _____ AGE _____

2. _____ RELATIONSHIP _____ AGE _____

3. _____ RELATIONSHIP _____ AGE _____

4. _____ RELATIONSHIP _____ AGE _____

DO YOU HAVE A DOG(S)? Yes ___ No ___ BREED(S)/SIZE(S): _____

LIST PERTINENT MEDICAL INFORMATION: _____

THE FOLLOWING MUST BE SUBMITTED WITH YOUR APPLICATION:

1. **Letter from employer indicating work days, hours, and salary.**
2. **Current verification of income or copy of last years Federal Income Tax Form.**
3. **Copy of your most recent telephone bill.**

I FULLY UNDERSTAND THAT PROVIDING FALSE ANSWERS TO ANY OF THE ABOVE QUESTIONS CAN BE GROUNDS FOR DENIAL TO THE PROGRAM.

SIGNATURE: _____ DATE: _____