



HUMBOLDT COUNTY SHERIFF'S OFFICE
ELECTRONIC MONITORING PROGRAM
APPLICATION



NAME (LAST, FIRST, MIDDLE)	DATE
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HOME ADDRESS	JAIL LOCATION	HOME PHONE
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MAILING ADDRESS (IF DIFFERENT FROM ABOVE) _____

RACE	SEX	AGE	BIRTHDAY	HEIGHT	WEIGHT	HAIR	EYES
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HAVE YOU EVER, OR ARE YOU NOW, PARTICIPATING IN:	SWAP	<input type="checkbox"/> YES <input type="checkbox"/> NO	ELECTRONIC MONITORING	<input type="checkbox"/> YES <input type="checkbox"/> NO	WORK CREW	<input type="checkbox"/> YES <input type="checkbox"/> NO
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OCCUPATION AND/OR WORK SKILLS _____

COMMITMENT OFFENSE (CONVICTED CRIME NOW SERVING)	BALANCE OF SENTENCE (NUMBER OF DAYS)
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MINIMUM RELEASE DATE	HOLD/CHARGES PENDING
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DO YOU HAVE ELECTRICITY AT YOUR ADDRESS: <input type="checkbox"/> YES <input type="checkbox"/> NO	ADDRESS: _____
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REVIEW BY CLASSIFICATION OFFICER:
 DISCIPLINARY ACTION/SPECIAL HOUSING/INMATE WORKER (DESCRIBE) _____

RECOMMENDATION: APPROVE DENY

 CLASSIFICATION OFFICER

APPROVED FOR: ELECTRONIC MONITORING YES NO

REASON NOT APPROVED _____

 ALTERNATIVE PROGRAM SUPERVISOR