



# San Diego County SHERIFF'S OFFICE

## CPAC ELECTRONIC MONITORING APPLICATION

|   |                  |   |              |
|---|------------------|---|--------------|
| <b>CHECK ALL APPLYING FOR:</b> <input type="checkbox"/> Home Detention (HD) <input type="checkbox"/> Residential Reentry Center/Work Furlough<br><input type="checkbox"/> Court Ordered Prescreen for CPAC programs |                  |   |              |
| <b>CHECK WHICH APPLIES:</b> <input type="checkbox"/> In-Custody Applicant Booking #:  |                  | <input type="checkbox"/> Out of Custody Applicant Case #: |              |
| Last Name:  |                  | First Name:   | Middle Name: |
| Personal Email Address:   |                  |   |              |
| <b>Enter the address and phone number of where you plan to live while on home detention:</b>  |                  |   |              |
| Street Address:   |                  |   | Apt #:       |
| City:   |                  | State:  | Zip Code:    |
| Home Phone: (        )  |                  | Cell Phone:(        )                                     |              |
| Birthdate (mm/dd/yyyy):   | Birth City:      | State:  | Country:     |
| Gender:   | Marital Status:  |   |              |
| Height:   | Weight:          | Hair Color:   | Eye Color:   |
| Driver's License #:   | State:           | Exp. Date (mm/dd/yyyy):                                   |              |
| Driver's License Status: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended/Restricted <input type="checkbox"/> Expired <input type="checkbox"/> None  |                  |   |              |
| Vehicle Make:   | Model:           | Year:   |              |
| Vehicle Color:  | License Plate #: | State:  |              |
| Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No  | Employer:        | Job Title/Duties:   |              |
| Work Address:   |                  | City, State, Zip Code:                                    |              |
| Work Phone:(        )   |                  | Fax: (        )   |              |
| Primary Physician's Last Name:  | First Name:      | Office Phone Number:                                      |              |
| <b>List all prescribed medications (attach additional sheets if more space is needed):</b>  |                  |   |              |
| 1. Prescription Name:   |                  | Dosage:   |              |
| 2. Prescription Name:   |                  | Dosage:   |              |
| 3. Prescription Name:   |                  | Dosage:   |              |

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**List all of the cohabitants that you plan to live with while on home detention (attach additional sheets if more space is needed):**

|                                 |                  |               |                               |
|---------------------------------|------------------|---------------|-------------------------------|
| 1. Full Name (Last, First, MI): |                  | Relationship: | Contact Number:<br>(        ) |
| Birthdate (mm/dd/yyyy)          | Driver License # |               | State                         |
| 2. Full Name (Last, First, MI): |                  | Relationship: | Contact Number:<br>(        ) |
| Birthdate (mm/dd/yyyy)          | Driver License # |               | State                         |
| 3. Full Name (Last, First, MI): |                  | Relationship: | Contact Number:<br>(        ) |
| Birthdate (mm/dd/yyyy)          | Driver License # |               | State                         |

**List all immediate family members (i.e. mother, father, brother, sister, husband, wife, son, daughter, etc.) that DO NOT live with you (attach additional sheets if more space is needed):**

|                        |             |                        |               |
|------------------------|-------------|------------------------|---------------|
| 1. Last Name:          | First Name: | Middle Initial:        | Relationship: |
| Street Address:        |             |                        | Apt #:        |
| City:                  |             | State:                 | Zip Code:     |
| Home Phone: (        ) |             | Cell Phone:(        )  |               |
| 2. Last Name:          | First Name: | Middle Initial:        | Relationship: |
| Street Address:        |             |                        | Apt #:        |
| City:                  |             | State:                 | Zip Code:     |
| Home Phone: (        ) |             | Cell Phone: (        ) |               |
| 3. Last Name:          | First Name: | Middle Initial:        | Relationship: |
| Street Address:        |             |                        | Apt #:        |
| City:                  |             | State:                 | Zip Code:     |
| Home Phone: (        ) |             | Cell Phone: (        ) |               |

\* **Prescreen Applications** Fax to (858)505-6886 or Email to cpacstar@sdsheriff.org

\* **All other Applications** Fax to (858)505-9757 or Email to cpac@sdsheriff.org

Note: If the prescreen application is approved, the candidate must still be referred by the sentencing judge to CPAC. Once the actual court referral is received by CPAC, a residence check must be completed and the participant's residence must meet CPAC requirements before being officially accepted into CPAC.

**An applicant who tests positive for alcohol or drugs on their "to report" date can cause them to be denied for CPAC programs and be remanded to custody.**

I hereby declare that the statements on this application are true. Any false answers may result in the denial of my prescreen application.

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date (mm/dd/yyyy)