



MARK J. BONINI
Chief Probation Officer

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Chief Deputy Probation Officer

ALTERNATIVE SENTENCING PROGRAM RULES

1. Your eligibility, assignment (whether work or electronic monitoring) and completion date will be determined by the Alternative Sentencing Program staff.
2. If approved and placed into the Electronic Monitoring Program, participants must also agree with and sign the *Electronic Monitoring Program terms and conditions*.
3. For work program participants: Paid employment, child care problems, lack of transportation, and incarceration are not acceptable excuses for not attending your work program. The only valid excuse for not reporting to a work site is a medical reason whereby you must provide written documentation from your physician.
4. For work program participants: NO EXTENSIONS will be given on completion dates. If you are not able to complete the program by your completion date, you will serve the remainder of your sentence in the Amador County Jail. For those working in lieu of fine, your case will be returned to Court.
5. For work program participants: Treat your assignment as you would a real job. Your site supervisor will return your timecard to Probation for reasons such as failure to report, tardiness, attitude problems, or non-compliance. If this occurs, you will serve the remainder of your sentence in the Amador County Jail.
6. For work program participants: You must wear appropriate clothing when reporting to the work site for work. Jeans or slacks, waist-length shirts and tennis shoes or boots are appropriate. Open-toed shoes, high heels, short skirts, shorts or revealing clothing is not permissible. Keep in mind you may be squatting, bending or lifting and may be getting dirty.
7. For work program participants: Being under the influence of illegal drugs, alcohol, and/or marijuana is not permitted prior to or during your work assignment. Being under the influence of *prescription* medication which impairs your ability to perform work is not permitted. Failure to comply will result in you serving the remainder of your sentence in the Amador County Jail.
8. A maximum sentence of 45 days may be completed on the work program. One day of jail equals eight hours of work. Work program is not entitled to conduct credits. You will be required to work a certain number of days per week based on how many days you are ordered to serve:

| <u># of days referred</u> | <u>Minimum # of days to work per week</u> |
|---------------------------|---|
| 1-12 | 1 |
| 13-30 | 2 |
| 31-45 | 3 |

"I AGREE TO ALL RULES LISTED ABOVE. I UNDERSTAND I AM SERVING A JAIL SENTENCE AND A VIOLATION OF THESE RULES WILL RESULT IN PROGRAM FAILURE AND MY INCARCERATION IN JAIL, EVEN IF PRIOR TO MY REMAND DATE. I UNDERSTAND I AM WORKING IN LIEU OF FINE AND A VIOLATION WILL RESULT IN MY CASE BEING RETURNED TO COURT."

Date

Signature

ALTERNATIVE SENTENCING PROGRAM (ASP) QUESTIONNAIRE

You must fill out completely and sign and date at the bottom of the page.

Last Name

First Name

M.I.

Physical Address: _____

Street # & Name

City

State

Zip Code

Have you lived at this address for more than one year? _____

If not, how many addresses have you lived at in the past year? _____

Phone Number: () _____ Date of Birth: ____/____/____

Alternate Number: () _____ SSN# _____ DL# _____

List ALL medications you are taking, or have taken within the past 30 days and for what condition.

| Name of Medication | For What Condition | By Prescription OR Over the Counter | | Currently Taking? | |
|--------------------|--------------------|-------------------------------------|--------------------------|------------------------------|-----------------------------|
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| | | <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

Family Physician: _____ List any and all medical or health conditions _____

List any and all allergies. Include any food or drug allergies: _____ OR I have no allergies.

List any physical limitations: _____

List any specialized skills or strengths? _____

List any other information you feel necessary to share that may impact the Alternative Sentencing Program: _____

You would describe your physical condition as: GOOD FAIR POOR
 You would describe your eyesight as: GOOD FAIR POOR
 You would describe your hearing as: GOOD FAIR POOR
 Do you wear glasses or contact lenses? YES NO
 Do you have trouble following directions? YES NO
 Are you employed? YES NO
 Employer Name: _____ Full-Time Part-Time
 Length of Employment? _____
 Are you a student? YES NO Full-Time Part-Time
 Are you on Probation or Parole? YES NO
 What County _____ Officer's Name: _____ Telephone: () _____

NOTICE: *At the time of your appointment you will be assessed for eligibility in the Alternative Sentencing Program. If found eligible, you may be allowed to complete your Alternative Sentence either on the Work Program or the Electronic Monitoring Program. "I fully understand making false statements concerning any of the above facts can be grounds for denial to the program. By signing up for the Alternative Sentencing Program, you agree to this form being distributed as needed by the Probation Department."*

APPLICANT'S SIGNATURE: _____ DATE: _____

**AMADOR COUNTY PROBATION DEPARTMENT
ALTERNATIVE SENTENCING PROGRAM (ASP)**
675 New York Ranch Road, Jackson, CA 95642 Phone: 209-223-6387

| | | |
|--|---------------------------|---|
| Last Name _____ | First Name _____ | M.I. _____ |
| Telephone: _____ / _____ / _____ | | |
| Home | Cellular | Alternate: <input type="checkbox"/> Work <input type="checkbox"/> Message |
| Mailing Address (if different from physical address) _____ | City _____ | State _____ Zip Code _____ |
| Physical Address _____ | City _____ | State _____ Zip Code _____ |
| Date of Birth: ___/___/___ | Social Security No. _____ | Driver's License # _____ |

Appointment Date: _____ **Time:** _____

Return to the Probation Department

Out of County Traffic Only: Call Officer Weart at 209-223-6388

YOU MUST PROVIDE PROOF OF EMPLOYMENT AT YOUR APPOINTMENT. YOU MAY ALSO BE DRUG TESTED AT THIS TIME; IF IN LIEU OF JAIL.

FAILURE TO call or return AS SCHEDULED *WILL* RESULT IN YOUR CASE BEING RETURNED to COURT FOR FURTHER DISPOSITION.

"I have read, understand, AND AGREE TO the above"

Case#: _____ Ct. Date: _____

Date: _____ Signature: _____

OFFICE USE ONLY:

Days Owed: _____ Risk: Low Mod High Eligible: Yes No

ASP Denied – Reason: _____ Awaiting Payment WP

GPS - Hook Up Date: _____ Removal Date: _____ GPS-Transfer-Out

No Show/No Call Supervision Officer: _____

