

**SONOMA COUNTY SHERIFF'S OFFICE
DETENTION ALTERNATIVES ELECTRONIC MONITORING
PROGRAM (EMP)**

North County Detention Facility
2254 Ordinance Road
Santa Rosa, CA 95403

Main Adult Detention Facility
2777 Ventura Avenue
Santa Rosa, CA 95403

Office (707) 578-6042
Fax (707) 544-0155

**Report to the North County Detention Facility for
Booking/Enrollment**

You will begin Electronic Monitoring on _____ at 8:00 AM.

- You **MUST** provide 1 week of program fee's: \$_____.
- You **MUST** be prepared to provide a urine sample.
- You **MUST** have a working land line with NO features such as:
(An answering service; An answering machine; Call blocking;
Call forwarding; or *82 private numbers)
- You **MUST** be alcohol and drug free.
- You **MUST** have removed all/any: weapons; alcohol; controlled
substances from your entire property.
- You **MUST** have your property available for search.
(No locked rooms/sheds/safes/etc.)
- You **MUST** confine/contain any animals on your property.

Be prepared to spend 1 to 2 hours at NCDF for the booking/enrollment process.

Do not bring children to the booking/enrollment process.

Have transportation available to bring you directly home.

Once home, you must remain at the property for the remainder of the day.

**You can not begin Electronic Monitoring if the above conditions
are not met**

**Failure to abide by the rules and conditions of Electronic
Monitoring rules may result in your immediate return to custody.**

SONOMA COUNTY SHERIFF'S OFFICE
**Detention Alternatives
Electronic Monitoring Program**

Notice of Enrollment

Defendant: _____ DOB: _____

Case Number(s): _____

The Sonoma County Sheriff or designee has accepted the above named defendant for participation in the Detention Alternatives Electronic Monitoring Program to serve his/her jail sentence.

On: _____ at: 0800 hours:

- The defendant will report to North County Detention Facility for booking and commencement of their jail sentence on the program. *(This date may be up to 30 days prior to the original stay date in order to accommodate the enrollment process)*
- The defendant will be released from custody to begin the program.

Upon release, the defendant will be supervised by:

- The Sonoma County Sheriff's Office Detention Alternatives Electronic Monitoring Program
- The following Sonoma County Sheriff or designee's approved monitoring program: _____

*Conduct Credits will not apply while on the Electronic Monitoring Program.
Program Rules and Regulations are listed on reverse*

Correctional Deputy

Dated

Defendant

Dated

White: Court

Yellow: Jail

Goldenrod: File

Pink: Defendant

AGREEMENT TO COMPLY WITH THE RULES OF THE SONOMA COUNTY
DETENTION ALTERNATIVES ELECTRONIC MONITORING PROGRAM (EMP)

I _____ agree to comply with the following rules and conditions of the Sonoma County Detention Alternatives Electronic Monitoring Program (EMP), wherein, I will:

- Remain at: _____ within range of the monitoring device, at all times, unless with prior approval of the Sheriff's Office.
- Wear a non-removable monitoring bracelet at all times.
- Maintain phone, electricity, and water service at my residence.
- Submit my person, property, residence, and vehicle(s) to search and seizure without warrant or probable cause at any time of day or night by Detention Alternatives Deputies or any other Peace Officer.
- Allow free and unhindered access to my property (including the confinement of pets) to Detention Alternatives Deputies and any other Peace Officer.
- Not possess nor have on my property or in my vehicle: any dangerous weapon or ammunition; any alcohol or controlled substances (including medicinal marijuana), or associated paraphernalia.
- Not allow any visitors to my property unless approved by Detention Alternatives.
- Not allow any persons on the property or in the residence who are in possession of, or under the influence of, alcohol or controlled substances (including medicinal marijuana) or associated paraphernalia.
- Not use any alcohol or controlled substances (including medicinal marijuana).
- Submit to any breath or urine test designed to detect the presence of alcohol or controlled substances, at the direction of Detention Alternatives Deputies or any other Peace Officer.
- Participate in any counseling or treatment program as directed.
- Appear as directed for inspection of transmitter, payment of fee's, etc.
- Travel directly to and from any approved destinations without delay.
- Provide my own food, shelter, health care, and transportation.
- Immediately report any law enforcement contact to Detention Alternatives.
- Be of good conduct and obey all laws.
- Pay a daily program fee directly to designated EMP provider.

Additionally:

- I understand willful failure to return to my place of confinement within the prescribed time, or to leave my place of confinement without authorization is punishable as provided in Section 4532 P.C. (Escape).
- I understand I will be required to reimburse the designated EMP provider for any damage or loss of the monitoring equipment.
- I understand failure to comply with these rules and conditions may result in my immediate return to custody.

Signature: _____ Date: _____

White: Defendant Yellow: File