

TULARE COUNTY PROBATION DEPARTMENT



ADULT ELECTRONIC

MONITORING PROGRAM

THE FOLLOWING MUST BE SUBMITTED WITH YOUR APPLICATION:

1. A COPY OF YOUR VALID DRIVER'S LICENSE OR STATE IDENTIFICATION CARD, BRING SOME FORM OF PICTURE IDENTIFICATION.

2. COPY(S) OF YOUR COURT ORDER (S) WITH YOUR REMAND DATE.

NAME _____ AKA _____ DOB _____

HOME ADDRESS _____ CITY _____ ZIP _____

MAILING ADDRESS _____ CITY _____ ZIP _____

HOME TELEPHONE (____) _____ CELLULAR TELEPHONE (____) _____

DO YOU HAVE COMCAST OR VONTAGE AS HOME TELEPHONE PROVIDER? YES OR NO

DRIVER'S LICENSE # _____ EXPIRATION _____ IDENTIFICATION # _____

SOCIAL SECURITY # _____ - _____ - _____ PLACE OF BIRTH _____

EMPLOYER'S NAME/BUSINESS NAME _____

EMPLOYER'S ADDRESS _____ CITY _____ ZIP _____

SUPERVISOR'S NAME _____ TELEPHONE (____) _____

NAME, AGES AND RELATIONSHIP OF ALL PERSONS RESIDING IN YOUR HOME

1. _____ AGE _____ RELATIONSHIP _____

2. _____ AGE _____ RELATIONSHIP _____

3. _____ AGE _____ RELATIONSHIP _____

4. _____ AGE _____ RELATIONSHIP _____

5. _____ AGE _____ RELATIONSHIP _____

DO YOU HAVE A DOG? _____ DO YOU HAVE ANY MEDICAL PROBLEMS? _____

ARE YOU CURRENTLY ON PROBATION OR PAROLE? _____ PROBATION/PAROLE OFFICER'S NAME _____

I FULLY UNDERSTAND THAT MAKING A FALSE STATEMENT CONCERNING ANY OF THE ABOVE FACTS CAN BE GROUNDS FOR DENIAL AND FORFEITURE OF THE ADMINISTRATIVE FEE.

I HAVE READ AND FULLY UNDERSTAND THE APPLICATION INSTRUCTIONS AND ACKNOWLEDGE THAT I MAY BE SUBJECT TO SEARCH OF MY PERSON, AUTOMOBILE AND RESIDENCE AND CHEMICAL TESTING.

DATED _____ Applicants Name _____

OFFICE USE ONLY

REMAND DATE _____ RELEASE DATE _____ RF/CELL/SBR/TAD/GPS/DRUG TEST W/M (REV 9-11)