



## Marin County Parole Eligibility Requirements

Remand Date: \_\_\_\_\_

Case Number(s): \_\_\_\_\_

Name: \_\_\_\_\_

Birth date: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_

E-Mail Address: \_\_\_\_\_

### Requirements to Participate

- All pending cases (including cases in other Counties) must be resolved prior to applying for Parole.
- You must be drug free (including marijuana) for at least 30 days prior to your Parole Board Hearing date, even if you have a medical marijuana card.
- Do not consume alcohol within 24 hours prior to your hearing.
- You must have a total of 30 days or more to serve in Marin County Jail.
- You must have a fixed residence with electrical service and working telephone or cell phone service.
- You are not eligible for county parole if you are on AB 109 probation, state parole or currently in Administrative Segregation in the county jail.
- You cannot possess or have any weapons (guns, knives, etc.....) in the home.

**All applicants may be subjected to drug and alcohol testing prior to be accepted into the program**

Parole Applications **must be** submitted at least **3 weeks prior to the Wednesday before the scheduled remand date.**

## HOW TO APPLY FOR MARIN COUNTY PAROLE

This packet contains information regarding the requirements and process to apply for the Parole Program, an alternative to custody program that allows persons to complete the jail sentence in the community while they continue to lead a productive and law-abiding life. All persons accepted into the Parole Program will be placed on Electronic House arrest and required to wear an ankle monitor at all times. The Parole Probation Officer will monitor program compliance and check-in periodically.

### Review and familiarize yourself with the information in this packet

#### From OUT-OF-CUSTODY:

- Pick up an application packet from the reception desk in **Room 265**, Marin County Probation, at the Marin County Civic Center.
- Submit your completed Parole Application to Probation Reception, room 265, with a copy of your court order. Applications can be mailed or e-mailed to the following address:  

Marin County Probation Department - Parole Unit  
Room 265, Civic Center  
3501 Civic Center Drive  
San Rafael, CA 94903  
e-mail: [Prob\\_Parole@marincounty.org](mailto:Prob_Parole@marincounty.org) and [cvazquez@marincounty.org](mailto:cvazquez@marincounty.org)
- If your charges involve drugs or alcohol or you have a current or past history with substance use you will be required to schedule a substance abuse assessment with the **Recovery Connection Center**. An appointment can be made by calling them at 415-755-2345.
- Notify parole specialist if you require a translator for the parole board hearing.

#### From IN-CUSTODY:

- Request a Parole Application from the deputy stationed in your Pod or from the BACR drug & alcohol counselors that are stationed in the jail.
- Once the application is approved, Probation will contact RCC to schedule an assessment in custody.
- Your evaluation will be delivered to the Marin County Probation Parole Unit by the counseling staff once it has been completed.
- You will automatically be scheduled to appear before the next available Parole Board hearing date.

## Parole Hearing FAQs

**Due to COVID-19 County Ordinance, we are not having applicants out of custody appear in person at the Parole Board Hearing.**

- Parole Board Hearings are held on Wednesdays, beginning at 8 AM. In-custody applicants are generally seen first, followed by out-of-custody applicants.
- Do not bring children to the Parole Board Hearing. There are no provisions for childcare
- No one is allowed into the hearing without specific Parole Board authorization.
- Attorneys can attend the parole board hearing; however, they cannot participate in the hearing.
- The Parole Board may require that applicants to complete periods of custody time before release on parole, this can be at the discretion of the Board and may be for any of the following reasons:
  - Serious nature of the crime
  - A non-cooperation attitude demonstrated by applicant
  - Need for time to demonstrate stability and develop a plan for release
  - The applicant needs further assessment to identify specific needs before paroling to treatment
  - Mandatory jail time ordered by the court
  - The need to participate in jail treatment prior to parole release
- All applicants may be subjected to drug and alcohol testing prior to be accepted into the program

## Parole Program Rules

Parole will be for the duration of the time the inmate would serve on the sentence but may be set for a maximum of two (2) years. There is good time/work time credits given, the full sentence minus any credits must be served.

The following usual conditions will apply in all cases.

1. The Parolee:
  - a. Is under the supervision of the Parole Officer of the County, shall report to the Parole Officer as directed and shall obey all reasonable and proper instructions given by the Parole Officer;
  - b. Shall obey all laws and immediately report any new arrest or citation to the Parole Officer;
  - c. Shall not leave the State of California nor move from his/her county of residence without advance permission of the Parole Office and shall notify the Parole Officer immediately of any change of address;
  - d. Shall seek and maintain full-time employment and/or education;
  - e. Shall submit to search and seizure by any peace officer at any time with or without probable cause;
  - f. Shall abstain from all use of drugs and/or alcohol including Marijuana;
  - g. Shall submit to chemical testing.
2. In addition to the usual conditions, the Board may require special conditions of Parole, including but not limited to: electronically monitored house arrest, treatment, avoidance of specified person(s) and payment of fines and restitution.
3. Any Parole release must be supervisable at a level specified by the Board in order to be granted release.

4. Release on Electronic House Arrest (EHA/GPS) is granted on a day-to-day basis to allow the defendant to go to work or for purposes approved in advance. Any use of release time other than that specifically authorized by the scheduling officer is a violation of this agreement.
5. Parolees are to remain at home at all times when they are not working, with the exception of their designated personal time, counseling, Twelve Step meetings, treatment, job search, etc. which has been approved in advance by the scheduling officer. The defendant ***must*** be reachable by telephone at all times and should expect personal visits to their home or employment on a random basis at any time.
6. Parolees are expected to remain at their work location for the time set forth in their schedule, even if their supervisor has had them sign out. The Parolee is required to eat their lunch at their work site, so that they can be located by Parole staff. If, due to some emergency, they cannot remain at work, the Parolee must call the Marin County Probation Department immediately and return directly home.
7. Parolees may not change jobs while on the program without prior approval. Review of their check stubs or paycheck may be required.
8. In the event of illness or injury, Parolee must inform the Marin County Probation Department after the emergency situation has stabilized. The County of Marin is not responsible for payment for medical services. Any emergency causing departure from the approved schedule must be verified by documentation.
9. Parolee must abide by the approved schedule with reference to all times and locations. If your job requires you to work at different work sites such as construction or service providers, Parolee must contact the probation department within two (2) hours of notification of change by the employer to provide the specific locations.
10. If, due to an emergency, Parolee cannot return on time, Parolee should immediately call the probation department to report the reason for their lateness and their anticipated return time. It is their responsibility to prove that circumstances beyond your control were the cause of your lateness. **FAILURE TO RETURN ON TIME IS A VIOLATION OF PAROLE AND MAY RESULT IN YOUR RETURN TO JAIL.**
11. Schedule changes must be approved ***in advance*** .
12. Parolee must get to and from work by use of public transportation, their own vehicle (if approved to drive), or as specifically approved in advance by the scheduling officer. **NO HITCHHIKING.** Any change in their travel plan must be authorized.

## **Appeals Process**

Applicants who have been denied parole, and parolees who have been revoked, are afforded an appeal of the Parole Board's determination, if they request such an appeal. The appeal must be submitted in writing within 30 days of Parole Board's decision. Such appeals must consist of new and compelling information that was not brought to the Board's attention at the time of hearing.

**CLIENT ENROLLMENT PACKET – MARIN COUNTY PAROLE**  
(Please complete in Print)

Last name:	First name:	MI:
Physical Address:		
City:	State:	Zip:
Email Address:	Home Phone:	
Work Phone:	Cell phone/ Other:	
Preferred method of contact for non-urgent matters (circle one):    HOME        CELL        EMAIL		
Date of Birth:	Age:	Birth City and State:
Marital status:    Married    Single    Divorced    Widowed        Spouse Employed:    Y    N		
Ethnicity: African Am / Asian / Hispanic / Mid. Eastern / Native Am. / White / Other		Sex: Male / Female
Height:	Weight:	Hair Color:
Eye Color:		
Distinguishing marks, scars or tattoos:		
Method of transportation while on EMP:		
Driver's License#	Circle one: Suspended/Revoked, Restricted, Valid	
Vehicle License Plate#	Make, model, color and year of vehicle	Name of Auto Insurance:
How many dependents?	Have you ever served in the military? (Branch and dates)	

**Emergency Contact**

Last name:	First name:	Relationship:
Address:		Apt#:
City:	State:	Zip Code:
Home Phone:	Work Phone:	Cell phone/ Other:

**Criminal Data/ Supervising Authority**

Docket/Jail#:	Offense Description:	Penal Code:
Length of Sentence (days):		
Attorney:	Phone:	Fax: Email:
Probation Officer:	Phone:	Fax: Email:

**Employment #1/School #1 (leave blank if not applicable)**

Employer/School name:		Contact phone:					
Address:		Apt. No.					
City:		State:			Zip Code:		
Contact Person:				Function/job title:			
Pay: \$		Hourly Weekly Monthly Annual					
Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat

**Employment #2/School #2/ Mandated Programs or activities (leave blank if not applicable)**

Employer/School name/Program:		Contact phone:					
Address:							
City:		State:			Zip Code:		
Contact Person:				Function/job title:			
Pay: \$		Hourly Weekly Monthly Annual					
Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat

**Mandated activities (i.e. AA/ DUI class/ DV class)**

Activity:		Contact phone:					
Address:							
City:		State:			Zip Code:		
Contact Person:							
Hours	Sun	Mon	Tue	Wed	Thu	Fri	Sat

**Questionnaire**

When is your next scheduled court appearance?		
Who do you live with? (Parents, spouse, children, roommate, etc.)		
Prior Convictions w/ Date:		
Previous DUI: 1 2 3+ (circle)		
Current medical and/or psychological conditions:		
List of any current prescriptions:		
Do you drink?	How frequently do you drink?	Age when you began drinking:
Do you consider yourself to have an alcohol problem?		
Date when you last consumed alcohol?		
Last time you used illegal or non-prescribed drugs, marijuana?		
Age when you began using drugs:		
What is/was your drug of choice?		
Have you ever been treated for drug or alcohol abuse?		
Name of Program:		Length of treatment:

**Applicant's Statement:**

**Why do you feel you should have the opportunity to serve your custody time on the Parole Program?**

---

---

---

---

---

---

---

---

**How are you planning on improving your life and making better decisions?**

---

---

---

---

---

---

---

---

**What kind of treatment have you sought to address your issues if any?**

---

---

---

---

---

---

---

**How has your crime impacted the victim/community?**

---

---

---

---

---

---

---

**This information I have provided on this form is correct and up-to-date:**

**Client signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_





### EQUIPMENT AND FEE GUARANTEE FORM

In consideration of the Marin County Probation Department furnishing equipment and services to \_\_\_\_\_ (Client), financial responsibility for service fees and any cost for equipment that is lost, stolen or damaged will be assessed to the applicant.

<b>Name</b>		<b>Social Security (Last 4 Digits)</b>	
<b>Address</b>			
<b>City</b>		<b>State</b>	<b>Zip</b>
<b>Home phone</b>		<b>Cell Phone</b>	

I agree to ensure the following equipment is returned to the Marin County Probation Department within two business days following termination of the Client:

#### Equipment Replacement Costs

LOC8 (GPS)	\$850.00	\$75.00 (battery)
LOC8 (GPS)		\$850.00 (Beacon)
TAD (alcohol monitor)	\$850.00	
SL2	\$600.00	

If the equipment is not returned as agreed, is damaged, lost, stolen, abandoned, or is for any other reason not returned in the condition it was given to me (without any regard for who caused the damage, loss, theft, or abandonment), I agree to pay the full replacement value of the assigned equipment as indicated above.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

---

**CLIENT SERVICES CONSENT FOR THE RELEASE OF  
CONFIDENTIAL INFORMATION**

I understand that while I am participating in the Electronic Monitoring Program, I am in custody of the sentencing court and therefore am required to provide any verification asked of me.

I, \_\_\_\_\_ (client name), authorize the Marin County Probation Department to obtain information from any agency or business that is providing services for me, including but not limited to: probation/parole agency, attorney, doctor, other medical provider, substance abuse programs, current school or work status, while I am under the supervision of Electronic Home Confinement.

I also authorize the Marin County Probation Department to disclose to my supervising court, law enforcement, probation or parole agency, my attorney, and any service providers where I am currently receiving services information that is pertinent to my compliance on my monitoring program, including but not limited to: conviction history, current level of compliance on the electronic monitoring program, results of drug and alcohol testing and start and release dates.

I also understand that my records are protected and may not be shared with anyone outside of the parties listed above without my written consent, unless such information is subject to a court ordered subpoena.

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CO-RESIDENTS AGREEMENT

I understand that all persons residing in my home must be aware of my placement on the Electronic Monitoring Program. They must be aware of my program requirements and agree to support my responsibilities during my detention period.

The people with whom I reside are aware of the following conditions of my placement:

1. Random/surprise visits may be made to my home at any time and on any day of the week.
2. I am not allowed to consume any alcohol or drugs (including marijuana with medical card) except medication specifically prescribed to me by a doctor.
3. If you are using equipment that requires a landline, the unit that is connected to the phone may not be unplugged, relocated, or tampered with.

While the people with whom I reside are not directly responsible for me, they understand the consequences I must face if any incidents occur during my program participation. All co-residents must sign in agreement with the rules of the electronic monitoring program

**Failure of all co-residents to sign may result in the applicants exclusion from the program.** (Minors do not need to sign)

The following is a list of those persons living with me (including children):

Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_\_  
Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_\_  
Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_\_  
Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_\_  
Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

Name: \_\_\_\_\_ Sex: M F DOB: \_\_\_\_\_  
Signature: \_\_\_\_\_ Relationship: \_\_\_\_\_

I agree to notify the Marin County Probation Department in the event of any change in those people residing with me during my placement in the Electronic Monitoring Program.

\_\_\_\_\_  
Client' Signature

\_\_\_\_\_  
Date

## Electronic Home Confinement Program Policies

In addition to the Electronic Home Confinement policies outlined in the handbook, and/or the policies outlined in my SCRAMx Participation Agreement, I further understand and agree to abide by the following:

### GENERAL POLICIES:

- \_\_\_\_ 1. I understand and agree that all information collected during my participation on the program may be turned over to anyone with legal right or need to know; this automatically includes all law enforcement agencies, courts and probation or parole agencies.
- \_\_\_\_ 2. I have been instructed how to install my equipment at home (if applicable) and use my equipment.
- \_\_\_\_ 3. If a home phone is not required for the equipment issued to me, I agree to have a cell phone or others means of contact throughout the program and return calls or emails the same day. I will notify my case manager if I change my contact number or method. If I do not have any means of contact, I agree to call my case manager every day to check in.
- \_\_\_\_ 4. If I have a medical emergency, I will contact the Marin County Probation Department before I leave for the hospital or as soon as physically possible. If after business hours, I will leave a message through either voicemail or email, indicating the nature of the emergency with the name and address of the hospital or clinic. I will provide verification.
- \_\_\_\_ 5. If I am assigned a device that requires charging or downloading, I understand that failure to charge or download the device will result in a program incident. GPS bracelet require replacing the battery with a charged battery every morning and every night. I understand that I must keep the beacon/charger powered at all times.
- \_\_\_\_ 6. I agree to abide by any conditions listed on my court order, i.e. stay away orders, no alcohol clauses, etc.
- \_\_\_\_ 7. I agree to immediately notify the Marin County Probation Department of any changes in my court status, probation status, parole status, voluntary status, address, telephone number, and/or employment.
- \_\_\_\_ 8. When I am contacted by Probation staff to report to the office for any equipment issue, maintenance check or equipment replacement, I agree to set up an appointment within one business day to promptly resolve the issue.
- \_\_\_\_ 9. I understand that I am financially responsible for all equipment issued to me. I agree to return the equipment in the same condition I received it or pay for its repair or replacement.
- \_\_\_\_ 10. I agree to also abide by the terms listed on the TAD participation agreement, if Alcohol Monitoring applies.

## HOME DETENTION SPECIFIC POLICIES:

- \_\_\_\_ 11. I will place the equipment telephone in an area of my home so that I can hear and answer the telephone at all times. I will not have any features on my equipment telephone line such as an answering machine, call waiting, caller ID, caller blocking, voicemail, etc.
- \_\_\_\_ 12. When traveling to and from approved activities such as work, school, court, medical and dental appointments, I will not make any unauthorized stops to stores, restaurants or homes of friends and relatives. Gas station stops are allowed as long as they are verified with a receipt.
- \_\_\_\_ 13. When scheduled to be home, I will remain within the walls of my residence.
- \_\_\_\_ 14. I understand I may not work "under the table" for cash. If I have a last minute work schedule change, i.e. overtime, leaving work early, staying home from work or on-call, I will immediately call or email the Marin County Probation Department to obtain approval for any changes. I will not leave my office or job site for lunch or breaks.
- \_\_\_\_ 15. I will submit my schedule every week by noon on Thursday and will adhere to it. No last minute schedule changes will be approved unless in the event of an emergency.
- \_\_\_\_ 16. I will answer the door immediately when any official from the Marin County Probation Department conducts an on-site visit. I agree to notify my case manager of any special circumstances regarding my residence, such as dogs in home or special entry instructions.
- \_\_\_\_ 17. I will not leave and return home during any scheduled activity without permission, with the exception of my errand time. If I return home early due to illness or lack of work and agree to give notification immediately.

- \_\_\_\_18. I agree to report for random drug testing as indicated by the random drug testing line, according to my assigned color. A test can also be requested at any time, including during a field visit. Failure to show or refusal of a test will be reported.
- \_\_\_\_19. I agree to report to the probation office in person as directed, at any time. I agree to provide any requested information, not limited to, verification of employment hours, school, counseling, receipts and other activities, review my weekly activities and make applicable payments. Frequent rescheduling of office meetings is not allowed.
- \_\_\_\_20. I have received a copy of the Electronic Monitoring Program Client Handbook. I have read and understand all information contained in the handbook and am willing to comply with all rules and guidelines specified therein for the duration of my sentence on the program.

I understand that if I don't adhere to the above policies a written incident report will be sent to the supervising authority.

I also understand that any exemptions from the above stated policies must be submitted in written form directly from the supervising authority (i.e. court order from Judge or Probation).

Client Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF CONFIRMATION:**

I have reviewed the policies above with the client and answered any questions regarding these policies.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_

