



**CLIENT ENROLLMENT PACKET – MARIN COUNTY OR/PAROLE**  
 (Please complete in BLOCK 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		
Social Security Number:		
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):			
Sentencing Court:		Sentencing Judge:	
Judge phone#:	Judge Fax#:	Judge email:	
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.)		
Is there anyone else in the residence on Probation or Parole?		
Are there any firearms, ammunition, or other weapons in the residence?		
Prior Convictions w/ Date:	Previous DUI: 1 2 3+ (circle)	
What is the highest level of education you have completed?		
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:	

**Please list any pets, including breed, that are or may be in the residence:**

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**Applicant's Statement: Why do you feel you should be released on parole?**

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**LCA FMP#:** \_\_\_\_\_

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

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

**Case Manager assigned:** \_\_\_\_\_ **Date:** \_\_\_\_\_



**LCA 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 LCA 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 LCA. In addition, these records may be accessed after I am no longer on the program, for statistical purposes.

I also authorize LCA 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.

\_\_\_\_\_  
Signature of Participant

\_\_\_\_\_  
Social Security Number

\_\_\_\_\_  
Date of Birth

\_\_\_\_\_  
Date signed

\_\_\_\_\_  
Signature of LCA Staff Member

\_\_\_\_\_  
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. (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 LCA in the event of any change in those people residing with me during my placement in the Electronic Monitoring Program.

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

\_\_\_\_\_  
Date

\_\_\_\_\_  
LCA Staff Signature

\_\_\_\_\_  
Date

HOME DETENTION CLIENTS ONLY

## Electronic Monitoring Program Policies

In addition to the Electronic Monitoring Program (EMP) policies outlined in the EMP 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 other 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 LCA before I leave for the hospital or as soon as physically possible. If after business hours, I will leave a message on LCA's voicemail indicating the nature of the emergency with the name and address of the hospital or clinic. I will provide LCA with 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 2 consecutive hours of charging within a 24 hour period and may only be charged directly to power outlet. I will not charge while I'm sleeping.
- \_\_\_ 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 LCA 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 LCA 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 all payments must be made on the date indicated in my supervision fee agreement and that failure to pay is a program incident that may result in termination from the program.
- \_\_\_ 10. 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.

- \_\_\_ 11. I understand that if I am enrolled under the “Sliding Scale” at daily rate which is subject to income verification, I will furnish complete household information, including paystubs, tax returns or other documentation, within 10 business days of my enrollment date. Failure to furnish adequate income verification is grounds for termination from the program.
- \_\_\_ 12. I agree to also abide by the terms listed on the SCRAMx participation agreement, if Alcohol Monitoring applies.

**HOME DETENTION SPECIFIC POLICIES:**

- \_\_\_ 13. 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.
- \_\_\_ 14. 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.
- \_\_\_ 15. When scheduled to be home, I will remain within the walls of my residence, not outside on the porch, steps, yard or garage.
- \_\_\_ 16. 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 LCA and leave a message for my case manager and provide verification of the change by the next business day. I will not leave my office or job site for lunch or breaks.
- \_\_\_ 17. I will plan my schedule in advance and will adhere to it. If a change is required, I will request it at least one week in advance and wait for approval. No last minute schedule changes will be approved.
- \_\_\_ 18. I will answer the door immediately when an LCA staff person 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.
- \_\_\_ 19. I will not leave and return home during any scheduled activity without permission from my case manager, with the exception of my errand time. If I return home early due to illness or lack of work and agree to notify my case manager immediately.



- \_\_\_\_ 20. I agree to report to LCA for random drug testing as indicated on the "Random Drug Testing Procedures" form. 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 to the supervising authority. If I miss a test I agree to report to the office the next day for testing. I understand I am responsible for the \$25.00 for each test administered.
- \_\_\_\_ 21. I agree to report to the LCA office in person once a month for a compliance meeting. At that time, I will provide 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.
- \_\_\_\_ 22. 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.
- \_\_\_\_ 23. I agree that I will willingly submit to search and seizure by any peace officer at any time, with or without probable cause.
- \_\_\_\_ 24. I agree that I will willingly submit to a search of electronic devices at any time of the day or night by any law enforcement officer, probation officer, or mandatory supervision officer, with or without a warrant, probable cause or reasonable suspicion including cell phones, computers, tablets, video recording devices, and cameras over which I have control over or access to for electronic communications content information. This search should be confined to areas of the electronic devices including social media accounts/applications/websites where such evidence of criminality or Mandatory Supervision violation may be found.
- \_\_\_\_ 25. I understand that failure to allow LCA or Probation Department Staff into the residence for the purpose of conducting a field visit, will result in a Program Violation.

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 to LCA 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: (print) \_\_\_\_\_

# LCA STAFF USE ONLY

## CLIENT MASTER SCHEDULE FORM

Client's Name: \_\_\_\_\_ Effective Date: \_\_\_\_\_  
Program Start Date: \_\_\_\_\_ Program End Date: \_\_\_\_\_

Sunday	
Monday	
Tuesday	
Wednesday	
Thursday	
Friday	
Saturday	

On-site Notes/ Instructions: \_\_\_\_\_

Additional Info.: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

**NOTES:**      **Activity Legend: W= work, S= school, C= child related, O= other (please indicate in additional info).**  
**Schedule should reflect travel time and be written in military time.**