



CARBON COUNTY ADULT PROBATION/PAROLE DEPARTMENT

76 Susquehanna St.
Suite #103

Jim Thorpe, PA 18229

Phone: 570-325-4226 Fax: 570-325-4250

Emergency: 570-325-9123

Home Electronic Monitoring/House Arrest Program

"Eligibility Application"

Your case *may* be appropriate for participation in Carbon County's Home Electronic Monitoring/House Arrest Program. In order for the Carbon County Court of Common Pleas and the Carbon County Adult Probation/Parole Department to determine your eligibility, the following application must be completed in its entirety and returned to the Carbon County Adult Probation/Parole Department. The department is located on the 1st floor of the 76 Susquehanna Street building located in Jim Thorpe, Pennsylvania. If you desire to mail the application, the address is Carbon County Adult Probation/Parole Department, 76 Susquehanna St. Suite 103 Jim Thorpe, Pennsylvania 18229. You may also email it back to cfrost@carboncourts.com

This intermediate punishment program is designed as an alternative to confinement and is *strictly voluntary*. This program enables offenders to remain in the community at their residence, maintain employment, maintain family networks, attend alcohol or drug therapy, perform community service work or other court-imposed sanctions.

A representative from the department will review the contents of the application and may visit your residence to determine eligibility. After careful review, a recommendation will be provided to the sentencing court for consideration.

Since the program will be intrusive to others in the residence, it is imperative that other occupants understand the mechanics of this program. In order for the program to be successful, total cooperation is required from all residents, therefore, permission from spouses, parents or other heads of households will be required before any equipment will be installed.

Finally, applying for this sentencing alternative does not automatically guarantee your placement in the program. Eligibility will be determined by this department; however, the court has the final decision when imposing sentence. If there are any questions concerning this application or program, please contact Collin Frost, 570-325-4226 extension 7700, email is cfrost@carboncourts.com

"Home Electronic Monitoring/House Arrest Program Application"

Defendant's Name: _____ **Term Number(s):** _____

To Whom It May Concern:

The following questions are to answered truthfully and fully under oath or affirmation. The completed application must be returned to the Carbon County Adult Probation/Parole Department to determine program eligibility.

You are further advised that any false statements given in response to any question contained herein made with intent to mislead this department is punishable under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) which is a misdemeanor of the second degree which carries a maximum period of imprisonment of two (2) years and a maximum fine of \$5,000, or both.

Write clearly and in ink

1. State your full name: _____
2. List your social security number: _____ - _____ - _____
3. List your date of birth: ____/____/____
4. List your place of birth (city, state, or country): _____
5. List any other names or aliases which you have been known for: _____

6. List your present address: _____

7. Do you have a telephone in your residence? Yes No
What is your telephone number: _____
8. Do you have any of the following features? (Check all that apply)
Answering machines: ____ Call Forwarding: ____ Call Waiting: ____
Conference Calling: ____ Portable/ Cordless Phones: ____ Cell Phones: ____
Other Features: _____
9. What is your marital status? Single Married Separated Divorced
Name of Spouse(s): _____
10. List the names of all persons who reside in your residence and your relationship with each:

11. List all addresses where you have resided within the past five (5) years:

12. What is your present occupation? _____

13. List your employer's name, address, and telephone number:

14. Describe your duties and responsibilities: _____

15. What is your hourly wage? _____

16. What is your weekly or biweekly net take home pay? _____

17. How long have you held your current position? _____

18. If unemployed, what is your current source of income? _____

Prior Criminal History Information

Please note that the department will conduct a criminal background investigation with local, state and federal authorities, therefore, your disclosure of all arrest information is essential for the proper processing of this application. You are further advised that any false statements given in response to any question contained herein made with intent to mislead this department is punishable under 18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities) which is a misdemeanor of the second degree which carries a maximum period of imprisonment of two (2) years and a maximum fine of \$5,000, or both. Finally, failure to disclose such arrest information will automatically disqualify you from consideration for this program.

19. Have you been arrested as a juvenile for any offense? Yes___ No___

If answered yes, please list the following for any juvenile arrests:

Date of arrest: _____ Disposition of the charges: _____

Location of arrest (city, county, state): _____

Date of arrest: _____ Disposition of the charges: _____

Location of arrest (city, county, state): _____

Date of arrest: _____ Disposition of the charges: _____

Location of arrest (city, county, state): _____

20. Have you been arrested as an adult for any offense? Yes___ No___

If answered yes, please list the following for any adult arrests:

Date of arrest: _____ Disposition of the charges: _____

Location of arrest (city, county, state): _____

Date of arrest: _____ Disposition of the charges: _____

Location of arrest (city, county, state): _____

Date of arrest: _____ Disposition of the charges: _____

Location of arrest (city, county, state): _____

21. Are you presently on supervision in this jurisdiction or any other jurisdiction for parole, probation, intermediate punishment, pretrial diversion or pretrial services?
 No _____ Yes _____ Jurisdiction(s): _____
22. Do you have any criminal charges pending in this jurisdiction or any other jurisdiction?
 No _____ Yes _____
 If answered yes, please list the following information for all pending criminal charges:
- Date of arrest: _____
 Location of arrest (city, county, state): _____
- Date of arrest: _____
 Location of arrest (city, county, state): _____
- Date of arrest: _____
 Location of arrest (city, county, state): _____
23. Have you ever been treated or hospitalized for any mental illness? ___ Yes ___ No
 If yes, please explain: _____
24. At the present time, do you have any medical or physical disability? ___ Yes ___ No
 If yes, please explain: _____
25. Do you have any other diseases, medical conditions or disabilities that our agency should be aware of? ___ Yes ___ No If yes, please explain: _____
26. Presently, are you addicted to or abusing alcohol or drugs? ___ Yes ___ No
 If yes, please explain: _____
27. Have you ever received any treatment for alcohol or drug abuse or dependency?
 ___ Yes ___ No If yes, please explain: _____
28. Part of this program requires weekly urine screens, therefore, please list all substances that may be in your system at the present time. Please note that if you do not disclose this information and our subsequently placed in this program by this court, our agency will assume that your urine is clean and that a positive urine test while in the program will result in the immediate removal and detention of you in prison, therefore, your honesty is important.

29. Presently, are you under a physician's care? ___ Yes ___ No
 If yes, please explain: _____
30. Presently, are you prescribed any medication(s)? ___ Yes ___ No
 Please list all medications: _____

31. What is your current criminal charge? _____
32. If your current criminal offense is for a Driving Under the Influence (DUI), please provide the following information:
 Driver's License Number: _____
- Was there an accident? ___ No ___ Yes If yes, please explain: _____

Was there any personal injuries? ___No ___Yes If yes, please explain: _____

Was there any property damage? ___No ___Yes If yes, please explain: _____

Do you have automobile insurance to cover property damage or personal injuries?

Insurance Company Name: _____

Address: _____

Telephone Number: _____

Policy Number: _____

Did you submit to a breath test or blood tests? ___No ___Yes Results: _____

33. Please explain why you feel you should be afforded the benefit of this sentencing alternative?

I hereby swear or affirm to the truth of each and every answer to the above questions, to the best of my knowledge, and I fully understand that an intentional falsification as to any answer or part thereof is a criminal offense punishable under Pennsylvania law *18 Pa.C.S. § 4904 (relating to unsworn falsification to authorities)* which is a misdemeanor of the second degree which carries a maximum period of imprisonment of two (2) years and a maximum fine of \$5,000, or both.

Offender's Signature

Date

If there are any questions concerning this application or program, please contact Collin Frost, 570-325-4226 extension 7700. Email address is cfrost@carboncourts.com