

Jones County Sheriff's Office
Electronic Monitoring Application

Applicant's Full Name: _____ Alias: _____

Applicant's Address: _____ Apt / Lot # _____

City: _____ State: _____ Zip: _____

Applicant's Cell Phone: _____ Applicant's Home Phone: _____

Applicant's Email Address: _____

DOB: _____ SOC: _____ Race: _____ Sex: _____

Eye Color: _____ Hair Color: _____ Height: _____ Weight: _____

☐ Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed

Scars/Marks/Tattoos: _____

Applicant's Employer: _____

Employers Address: _____ Phone: _____

Supervisor: _____ How long with this employer: _____

Attending Court Ordered Activities: ☐ Yes ☐ No Location: _____

Does Applicant have a VALID driver's license: ☐ Yes ☐ No State: _____ DL# _____

Vehicle (s) that applicant will be operating: _____

Is the applicant currently involved in a no-contact/restraining order: ☐ Yes ☐ No

If yes, names of people involved in order: _____

Address (s) of parties involved in no-contact order: _____

Person (s) living in residence with applicant:

<u>Name:</u> _____	<u>Relationship</u> _____
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- 1.
- 2.
- 3.
- 4.
- 5.

Applicant's Current Criminal Charges: _____

Applicant's Criminal Case #: _____ Length of EM Sentence _____

Electronic Monitoring for: ☐ Work Release ☐ In Home Detention

Applicant's Attorney: _____ Attorney Phone: _____

Sentencing Judge: _____ County Attorney: _____

Does the applicant have ANY OTHER charges pending in ANY court? ☐ Yes ☐ No

Charges: _____ Jurisdiction: _____

The information that I have given to my attorney and the Sheriff's Office is true and correct. I understand that any information that is found to be false will disqualify me from the electronic monitoring program.

I understand that I must report free of any drugs or intoxicants, and that I will be tested upon turning myself in and randomly tested while on the work release program. If I test positive at any time I understand my release privilege may be revoked.

Applicant's Signature: _____ Date: _____

Official Use Only, Do Not Write in Area Below

The applicant is a: ☐ Good Candidate ☐ Fair Candidate ☐ Poor Candidate

Notes from Interview:

Applicant is: ☐ Approved ☐ Denied

Date: _____

If DENIED, reason for Denial:

DCI: _____ FBI: _____

NCIC Warrants: ☐ Negative ☐ Hit Local Warrants: ☐ Negative ☐ Hit

Drivers Lic: ☐ Valid ☐ Revoked ☐ Suspended ☐ Barred ☐ TRL ☐ No Record

Active No Contact Order: ☐ Yes ☐ No Attached: ☐ Yes ☐ No

Date NCIC completed: _____ by _____

Registered Sex Offender: ☐ Yes ☐ No Current: ☐ Yes ☐ No

Probation/Parole: ☐ Yes ☐ No Officer: _____

Gang File Checked: ☐ Yes ☐ No Member/Associated which Gang: _____

On Electronic Monitoring Previously: ☐ Yes ☐ No

Assaultive History: ☐ Yes ☐ No Assault on Police: ☐ Yes ☐ No

Jail Incidents Checked: ☐ Yes ☐ No

Work Release:

Name of Employer: _____

Address of Employer: _____

Phone Number of Employer: _____

Foreman/Supervisor Name: _____ Phone Number: _____

Hourly Rate Of Pay/Salary _____

Schedule per Day:

Monday: Work Hours _____ Release/Return Time _____

Tuesday: Work Hours _____ Release/Return Time _____

Wednesday: Work Hours _____ Release/Return Time _____

Thursday: Work Hours _____ Release/Return Time _____

Friday: Work Hours _____ Release/Return Time _____

Saturday: Work Hours _____ Release/Return Time _____

Sunday: Work Hours _____ Release/Return Time _____