

**Application for Home Confinement with Electronic Monitoring  
For  
Restrictive Probation and Probation with Restrictive DUI Conditions**

Criminal Docket No: \_\_\_\_\_

Criminal Charges: \_\_\_\_\_

This form and the required documents will be reviewed by the Adult Probation/Parole Department to determine your eligibility for admission into the Probation with Restrictive DUI Conditions or Restrictive Probation Programs. If approved, a copy of this information will be forwarded to the District Attorney's Office for approval.

Prior to submitting your application, please review the **Eligibility Requirements** which are available by contacting Supervisor Chrissy Malone-Rowe at 215-348-6652 or [cmalonerowe@buckscounty.org](mailto:cmalonerowe@buckscounty.org). Please use additional sheets of paper as necessary to provide the requested information.

**Name of Applicant:**

\_\_\_\_\_  
(Last) (First) (Middle)

**Home Address:**

\_\_\_\_\_  
(No. & Street/Apt. No.) (Home Owner)

\_\_\_\_\_  
(City, State ZIP Code)

\_\_\_\_\_  
(Home Phone) (Cell Phone) (Email Address)

Own: \_\_\_\_\_ Rent: \_\_\_\_\_ If you rent, are you on the lease? (Please circle) Yes No

Years lived at current address: \_\_\_\_\_

☐ If you are not the property owner or lessee, you must provide a letter from the actual property owner or lessor that they approve of you being on Home Confinement with Electronic Monitoring at the above address and that they understand and accept the restrictions that would be placed upon you.

If your mailing address is different from the address listed above, please provide that information here:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Demographics:**

\_\_\_\_\_  
(Gender) (Date of Birth) (Age) (Social Security No.)

\_\_\_\_\_  
(Country of Citizenship) (Primary Language – if not fluent in English)

\_\_\_\_\_  
(Eye Color) (Hair Color) (Weight) (Height)

Scars and/or tattoos:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Employment:**

\_\_\_\_\_  
(Name and full address of current employer)

\_\_\_\_\_  
(Name and contact number for immediate supervisor)

Please list your job title and a brief description of your employment duties and responsibilities:

**\*Home Confinement with Electronic Monitoring will require you to have a known schedule with specific start/end times. In some cases, a letter from your employer may be required in order to confirm your work schedule or the requirements of your employment.**

Do you have a standard/routine working schedule? YES: \_\_\_\_\_ NO: \_\_\_\_\_

Please outline/describe your schedule here:

**List all other individuals residing at your identified physical address:**

NAME:	RELATIONSHIP:	AGE:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do any of the above listed individuals have a criminal record or pending charges? NO: \_\_\_\_\_ YES: \_\_\_\_\_

If yes, please identify the person and provide an explanation:

Are any of the above listed individuals on active probation and/or parole supervision? NO: \_\_\_\_\_ YES: \_\_\_\_\_

If yes, please identify the person and clarify where as well as the name and contact information for their PO:

Are there any firearms or lethal weapons in this household? NO: \_\_\_\_\_ YES: \_\_\_\_\_

**All firearms and lethal weapons must be verifiably removed from the residence prior to the address being approved. Please request a weapons removal form for guidance.**

Are there any pets at the residence? NO: \_\_\_\_\_ YES: \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

Attorney's Name/Phone: \_\_\_\_\_

Other than this case, do you have other pending charges, detainers? ☐ Yes ☐ No

If Yes, please specify: \_\_\_\_\_

Are you currently already under probation or parole supervision? ☐ Yes ☐ No

If Yes, please list where and provide the name and phone number of officer: \_\_\_\_\_

Have you or are you planning on submitting an application to Drug Court? ☐ Yes ☐ No

**Medical:**

Do you currently have any serious health conditions: YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please explain:

Are you currently taking any medication? YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please list the name of the each medication, frequency and dosage:

**Emergency Contact:**

Please list the name, nature of relationship and contact information (address/phone) for an emergency contact:

**Education:**

Are you currently enrolled in any educational programs: YES: \_\_\_\_\_ NO: \_\_\_\_\_

If yes, please identify where: \_\_\_\_\_

If your coursework involves in-person learning, please attach a copy of your class schedule to this application.

### Religious Services:

If you will be seeking to attend in-person religious services while on Home Confinement with Electronic Monitoring, please identify the facility name, location and schedule: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

### Requirements and Considerations

The following steps must be completed before your application will be reviewed:

☐ ALL non-DUI applicants, including 1543 (b) cases, must complete a full drug and alcohol assessment at a Department of Health licensed drug and alcohol treatment facility. For a list of licensed providers in Bucks County please visit the Drug and Alcohol Commission section on the Bucks County website or <http://www.buckscounty.org/LivingAndWorking/drugandalcoholcommission>.

#### **For DUI Cases Only:**

☐ You must obtain a CRN (Court Reporting Network) Evaluation.

**\*If any of the following is true, you MUST also obtain a full drug and alcohol assessment and submit it with this application:**

- 1. This is your second or third DUI**
- 2. Your BAC was .16% or greater**
- 3. A drug and alcohol assessment was recommended from your CRN**

To ensure that your application will be reviewed in time for court, all documents should be submitted at least **30 days prior to your sentencing** to the Adult Probation Department. Applications may be submitted via mail, fax 267-885-1316, email at [APPSSUnit@buckscounty.org](mailto:APPSSUnit@buckscounty.org), or in person at any of the four Bucks County Adult Probation/Parole Offices.

\_\_\_\_\_ Applicant is in custody in BCCF and will request that a Drug and Alcohol Assessment be completed.

\_\_\_\_\_ Applicant has completed the CRN Evaluation and/or the Drug and Alcohol Assessment as required and a program release has been signed so that the necessary information can be sent to BCAPPD.

\_\_\_\_\_ Applicant has completed the CRN Evaluation and/or the Drug and Alcohol Assessment as required and they are attached to this application.

### Important Home Confinement with Electronic Monitoring Information:

√ The Electronic Monitoring is done using a GPS monitor that must be worn around the ankle.

√ While on Home Confinement with Electronic Monitoring, your ability to leave your home will be restricted. Travel allowances will be determined on an individual basis based on needs and directives by The Court. Considerations will include activities such as: *work, legal matters, school, religious services and medical appointments*.

√ The cost of monitoring is \$5 per day. **Monitoring periods of 30 days or less must be paid in full prior to the equipment being issued. Payment plans will be permitted for monitoring periods exceeding 30 days with the expectation that all monitoring costs are paid in full prior to the monitoring period ending.**

√ You are responsible for the proper use and care of all issued equipment.

√ You will be financially responsible for any equipment that isn't returned as well as if it is damaged while assigned to you.

√ Information provided here is subject to change at the direction of The Court. Should any changes take place, notice will be provided in advance of sentencing so that appropriate decisions can be made.



ACKNOWLEDGMENT

*All information provided in this application is truthful and complete to the best of my ability. I understand that if I am found to be intentionally falsifying or misrepresenting information, my application may be rejected. I understand that I may be asked to provide additional information beyond what is listed in this application in order for the Adult Probation and Parole Department to determine my eligibility. I agree to provide that information upon it being requested.*

*I understand that simply submitting an application does not guarantee my acceptance into the program or placement on Home Confinement with Electronic Monitoring. I further understand that if I am sentenced to this program, actual participation will involve acceptance of and compliance with established rules and regulations and any additional specific conditions imposed by The Court.*

*I acknowledge that participation in this program may involve me incurring additional financial responsibilities for treatment and monitoring. I understand that I will be expected to care for any equipment that is utilized and that I will be accountable for its safe return, repair and/or replacement if it is damaged or lost while assigned to me.*

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date