



San Diego County SHERIFF'S DEPARTMENT

CPAC ELECTRONIC MONITORING APPLICATION

CHECK ALL APPLYING FOR: <input type="checkbox"/> Home Detention (HD) <input type="checkbox"/> Residential Reentry Center/Work Furlough <input type="checkbox"/> Court Ordered Prescreen for CPAC programs			
CHECK WHICH APPLIES: <input type="checkbox"/> In-Custody Applicant Booking #:		<input type="checkbox"/> Out of Custody Applicant Case #:	
Last Name:		First Name:	Middle Name:
Personal Email Address:			
Enter the address and phone number of where you plan to live while on home detention:			
Street Address:			Apt #:
City:		State:	Zip Code:
Home Phone: ()		Cell Phone:()	
Birthdate (mm/dd/yyyy):	Birth City:	State:	Country:
Gender:	Marital Status:		
Height:	Weight:	Hair Color:	Eye Color:
Driver's License #:	State:	Exp. Date (mm/dd/yyyy):	
Driver's License Status: <input type="checkbox"/> Valid <input type="checkbox"/> Suspended/Restricted <input type="checkbox"/> Expired <input type="checkbox"/> None			
Vehicle Make:	Model:	Year:	
Vehicle Color:	License Plate #:	State:	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:	Job Title/Duties:	
Work Address:		City, State, Zip Code:	
Work Phone:()		Fax: ()	
Primary Physician's Last Name:	First Name:	Office Phone Number:	
List all prescribed medications (attach additional sheets if more space is needed):			
1. Prescription Name:		Dosage:	
2. Prescription Name:		Dosage:	
3. Prescription Name:		Dosage:	

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List all of the cohabitants that you plan to live with while on home detention (attach additional sheets if more space is needed):			
1. Full Name (Last, First, MI):		Relationship:	Contact Number: ()
Birthdate (mm/dd/yyyy)	Driver License #		State
2. Full Name (Last, First, MI):		Relationship:	Contact Number: ()
Birthdate (mm/dd/yyyy)	Driver License #		State
3. Full Name (Last, First, MI):		Relationship:	Contact Number: ()
Birthdate (mm/dd/yyyy)	Driver License #		State
List all immediate family members (i.e. mother, father, brother, sister, husband, wife, son, daughter, etc.) that DO NOT live with you (attach additional sheets if more space is needed):			
1. Last Name:	First Name:	Middle Initial:	Relationship:
Street Address:			Apt #:
City:		State:	Zip Code:
Home Phone: ()		Cell Phone: ()	
2. Last Name:	First Name:	Middle Initial:	Relationship:
Street Address:			Apt #:
City:		State:	Zip Code:
Home Phone: ()		Cell Phone: ()	
3. Last Name:	First Name:	Middle Initial:	Relationship:
Street Address:			Apt #:
City:		State:	Zip Code:
Home Phone: ()		Cell Phone: ()	

* **Prescreen Applications** Fax to (858)505-6886 or Email to cpacstar@sdsheriff.org

* **All other Applications** Fax to (858)505-9757 or Email to cpac@sdsheriff.org

Note: If the prescreen application is approved, the candidate must still be referred by the sentencing judge to CPAC. Once the actual court referral is received by CPAC, a residence check must be completed and the participant's residence must meet CPAC requirements before being officially accepted into CPAC.

An applicant who tests positive for alcohol or drugs on their "to report" date can cause them to be denied for CPAC programs and be remanded to custody.

I hereby declare that the statements on this application are true. Any false answers may result in the denial of my prescreen application.

Applicant's Signature

Date (mm/dd/yyyy)