



San Diego County SHERIFF'S OFFICE

COHABITANT ACKNOWLEDGEMENT FORM

I, the undersigned, confirm that I am a co-resident of _____, and
Name of Program Applicant

I acknowledge that the following conditions are necessary for their placement on the Home Detention Electronic Monitoring Program.

1. I will obey all laws.
2. I agree that I shall maintain electricity within our residence.
3. I shall not tamper or deliberately damage the electronic monitoring equipment.
4. Firearms, explosives or other deadly weapons, that are not lawfully possessed under California or Federal law, will not be allowed on the premises of our residence.
5. No resident or guest will be under the influence of illegal drugs or narcotics.
6. Visitors who have been convicted of a felony will not be allowed into our residence without prior approval from County Parole and Alternative Custody (CPAC) staff. Gang affiliates will not be allowed into the residence.
7. The residence and any vehicle occupied by the program participant is subject to search at any time of day or night, with or without a warrant, and with or without your consent, by any CPAC staff member, San Diego Sheriff's Deputy or peace officer, for the purpose of verifying the participant's compliance or non-compliance with the rules and regulations of the program.
8. Pets will be confined to allow CPAC staff free access to our residence.
9. No person may join or move into the household, unless prior permission is obtained from the CPAC staff, and said person has signed the Cohabitant Acknowledgement Form.

I acknowledge that the above conditions are for the benefit of allowing the aforementioned applicant to participate in the program. I understand that any violation of these rules and regulations may result in consequences to the applicant, including but not limited to: removal from the program, return to custody, filing of new charges, loss of [conduct] credits, and/or a violation of probation. I understand and accept that any law violations observed may result in my arrest and/or filing of criminal charges against me. If I do not accept these conditions, I understand this may result in the denial of electronic monitoring to the aforementioned applicant.

I Accept

I Do Not Accept

Signature

Print Name

Relationship to Participant

Date (mm/dd/yyyy)

Street Address

City, State, Zip Code

(_____) _____
Contact Number

DOB

CDL / ID Card #