



# San Diego County SHERIFF'S DEPARTMENT

## CPAC ELECTRONIC MONITORING APPLICATION

<b>CHECK ALL APPLYING FOR:</b> <input type="checkbox"/> Home Detention (HD) <input type="checkbox"/> Residential Reentry Center/Work Furlough <input type="checkbox"/> Court Ordered Prescreen for CPAC programs			
<b>CHECK WHICH APPLIES:</b> <input type="checkbox"/> In-Custody Applicant Booking #:		<input type="checkbox"/> Out of Custody Applicant Case #:	
Last Name:		First Name:	
		Middle Name:	
Personal Email Address:			
<b>Enter the address and phone number of where you plan to live while on home detention:</b>			
Street Address:			Apt #:
City:		State:	Zip Code:
Home Phone: (       )		Cell Phone:(       )	
Birthdate (mm/dd/yyyy):		Birth City:	State: Country:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced	
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:
<b>List all prescribed medications (attach additional sheets if more space is needed):</b>			
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 <b><u>DO NOT</u></b> 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](mailto:cpacstar@sdsheriff.org)

\* **All other Applications** Fax to (858)505-9757 or Email to [cpac@sdsheriff.org](mailto: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)