

MASON COUNTY SHERIFF
ALTERNATIVE SENTENCING APPLICATION

IN ORDER TO PROCESS THIS APPLICATION ALL QUESTIONS MUST BE ANSWERED.

Alternative Sanction hours: 7 days a week 8:00 A.M. until 4:00 P.M. (Except Holidays)
EHM Enrollment is from 8 A.M. to 2 P.M. By Appointment. ATTACH A COPY OF YOUR COURT PAPERWORK.
We only accept money orders, cashier's checks or exact cash.
Jail will not make change. Please allow up to 2 days for processing.

Name: _____ Alias: _____

Address: _____ Home Phone: _____

City: _____ Zip Code: _____ Cell Phone: _____

Emergency Contact: _____ Relationship: _____ Emergency Contact Phone: _____

DOB: _____ Age: _____ Sex: _____ Height: _____ Weight: _____ SSN: _____

Citizenship: _____ E-Mail: _____ Date Last Time Illegal Drugs Used: _____

Place of Birth: _____ Race: _____ Scars, Marks, Tattoos: _____

List all prescribed medications you are taking: _____

Transportation: Walk: Personal Vehicle: Bus: Friend / Relative:

Employed F/T: Employed P/T: Unemployed: Student: Disabled:

Employer: _____ Date of Hire: _____

Employer's Address: _____ City: _____

Employer's Phone: _____ Monthly Gross Income: _____

Position: _____ Supervisor: _____

Are you on probation? Yes No If yes, How long: _____ For? _____

Probation Officer Name: _____ Contact #: _____

ALTERNATIVE SANCTIONS OFFICER USE ONLY DO NOT WRITE IN THIS SECTION

Application Date: _____ MCSO ID: _____ Officer Accepting Application: _____

Charge: _____ Cause #: _____ Sentence: _____

Booking #: _____ PCN: _____ Note: _____

Electronic Home Monitoring: Day Reporting: Work Release: Work Crew:

Alcohol Monitoring: D/C Phone Ethernet

Report Date: _____ Report Time: _____ Projected Release Date: _____ Pre-Trial:

Application Fee Paid: Yes No

Daily Fee: _____ First and Last Week Fees + U/A Fee: _____ Due at Booking: _____

Classification Level: _____ EHM Risk Level: 1. 2. 3.

Questions: Call (360) 427-9670 Ext 172 / Leave a message



Mason County Alternative Sanction Fees

Application Fee	\$20 application fee must be paid at time of drop off.
Work Release	\$20 per day, must be paid 1 week in advance while on the program.
Day Reporting	\$12 per day, must be paid 1 week in advance while on the program.
EHM	\$12 a day or 10% of monthly gross income (whichever is greater). 1 st and last week must be paid at time of hook up.
Alcohol Monitor	\$12 a day. \$12.50 for base station connected to home internet connection. 1 st and last week must be paid at time of hook up.
EHM with Alcohol Monitor	\$16.50 a day. 1 st and last week must be paid at time of hookup.
UA Fee	\$35 – Initial Fee (paid at time of hookup) *If you are positive or need multiple U/A's you will be charged \$15.00 per U/A.*
Violation Removal Fee	If you are removed for violations of the program rules you will be charged \$50.00.

To get on these programs contact your attorney and all courts you are being held by.

METHODS OF PAYMENT

- 1) CASH (Exact amount only, we are unable to make change)**
- 2) CASHIERS CHECK / MONEY ORDER (The jail does not accept personal checks)**
- 3) Point & Pay – (Credit or Debit Cards)**
 - a) Go to Mason County Sheriffs Office website (so.co.mason.wa.us)**
 - b) On Line Payments Button**
 - c) Change Payment Type to Alternative Sentencing**
 - d) Enter full name and amount**
 - e) Enter Cardholder Information**
 - f) Enter Payment Information**
 - g) Press “Continue”**
 - h) Read agreement and “Accept”**
- 4) System charges a minimum of 2% of payment amount for use of service.**

Alternative Sentencing Agreement

You have been selected as a participant in the Mason County Sheriff's Office Alternative Sentencing Program, hereafter referred to EHM-D/R. Participation in the EHM-D/R program is with the concurrence of the following court:

District Superior Municipal Other: _____

As a voluntary participant in the Mason County Sheriff's Office EHM-D/R program acknowledged with my signature that participation in the program has been voluntarily entered into, and that while wearing the EHM device and/or reporting directly to an Alternative Sanctions officer, I will be considered to be incarcerated.

Costs

If on Pre-Trial Release, I acknowledge I am willingly participating in this Alternative Sanctions program. In the event I am acquitted of the charges I am being held on, I understand I will not be entitled to a refund of any fees paid for alternative confinement.

I understand that I am required to pay the Mason County Sheriff's Office the fees on the previous page. I understand that all fees must be paid for at least one week in advance. Failure to maintain this advance payment throughout my sentence can **result** in removal from EHM-D/R. I will pay all payments in lawful money of the United States or postal money order. **No personal checks will be accepted and no change can be made.**

EHM-D/R Rules

****Initial next to every rule as you read them. Failure to follow rules can result in removal from program so read carefully****

* _____

1. I will not change my residence unless prior permission is granted through the ASO. I also agree to notify the ASO immediately of a change in my telephone number. If my telephone number becomes unavailable, I will contact the Jail or ASO by any means and inform them how to contact me.

* _____

2. In the event I am displaced, removed, or evicted from my place of residence, I agree to come to the Mason County Jail immediately. If I was removed through no fault of my own, and have another home in which to live, the ASO may place me back on EHM-D/R.

* _____

3. I agree not to enter or be in any business, (regardless of whether or not they sell food), where the sale of alcohol is the principal item of sale.

*

4. I understand that I am not to use any product containing alcohol, including, but not limited to: mouthwash, medicinal alcohol, household cleaner/disinfectants, lotions, body washes, perfumes, colognes, or other hygiene products that contain alcohol. In addition, I understand that failure to disclose use of **ANY** medication (over the counter or prescription) or illegal substance at the time of a urinalysis test is taken will result in removal from EHM/-D/R.

*

5. I agree not to have alcoholic beverages, illegal drugs/paraphernalia, firearms, explosives or weapons of any kind in my place of residence.

*

6. I agree to provide a urine specimen or breath sample, under observation, at any time so requested by the Jail Administrator, Alternative Sanctions Officer EHM-D/R Coordinator, Probation Officer, or other law enforcement officer acting as an agent of the above officials. I agree to pay for the fees assess for these tests. Failure to provide a sample within an hour of the request may be considered a violation.

*

7. Upon arrival at the Alternative Sanctions Office for a check-in, you need to be prepared to give a Urine sample to officers. If you are unable to supply the sample when asked, you will be given up to one hour to complete the sample. If you are unable to supply a urine sample, it will be considered a "refusal" UA and you will be in violation and placed into custody. You are not allowed to drink water during any wait time. You will remain seated until you notify officers you are able to supply a sample.

*

8. I understand I may be required to attend Alcohol or Narcotics Anonymous meetings at a location chosen by the ASO (limited to 3 sessions per week). I also understand that I shall attend any AA or N/A or anger management meetings, required by the court, at a location chosen by the ASO.

*

9. I understand that I cannot associate with any known drug users or dealers. I also understand that my specific living arrangements are strictly up to the Alternative Sanctions Officers.

*

10. I agree to proceed directly to and from work unless other arrangements have been made with the ASO. If I am delayed through no fault of my own, I shall immediately report in by telephone.

*

11. I agree to inform the ASO immediately of any change in my driver's license status. I also agree not to operate any motor vehicle without first showing proof of a valid driver's license and insurance to the ASO.

*

12. I understand that a law enforcement officer may conduct a field check at my home or place of employment. I agree to inform my employer of this and to be cooperative with any officer conducting field checks.

*

13. I agree to stay within my house and surrounding yard. I further understand I am only allowed to leave upon approval from an ASO. If I am on Day Reporting, I agree not to leave my home or yard without approval from an ASO.

*

14. I will not change my place of employment, training, or school without prior approval from the ASO. I will immediately notify the ASO upon discharge, layoff or other change in employment, training, or school.

*

15. I agree to furnish the ASO with a letter from my employer, or school verifying my work and/or school hours. This will be submitted prior to placement on EHM-D/R.

*

16. I give permission for my employer to release any information concerning my employment to the ASO or his/her designee. I also agree to provide the ASO proof of my rate of pay. If my pay changes, I will notify the ASO immediately.

*

17. If I am required to work overtime or any time not pre-approved by the ASO, I will have my employer call the ASO and leave a message explaining my change of curfew.

*

18. I agree not to act as a strikebreaker or to participate in any strikes, demonstrations, labor disputes, or similar activities while on EHM-D/R.

*

19. I understand that I may not work for a relative unless that relative has a lawful and legitimate business or to pay my parents for a back debt. Employment must be approved by the ASO.

*

20. I agree to notify the ASO of any court, doctor, probation, or other appointments I may have. I understand that the ASO must pre-approve all appointments. A signed note will be required for each appointment.

*

21. In the event of a medical emergency, I will notify the Mason County Jail by telephone as soon as possible. I understand that a note will be required from the physician in care of me.

*

22. I agree not to attend Church or any other social functions while on the program.

*

23. I agree not to leave Mason County or County in which I reside, without advanced permission from the ASO.

*

24. I agree to report to the Mason County Jail at any time so directed. Failure to do so will result in removal from EHM-D/R.

*

25. I agree to obey all state, local, or federal laws. I further agree not to be in the company of or associate with any known felons or drug users/dealers.

Electronic Home Monitoring

(Rules 26-31 apply only if set up on Electronic Home Monitoring)

*

26. I understand that any violation of this agreement or violation of federal, state, or local law will result in confinement for the remainder of my sentence. If I am removed from EHM-D/R as the result of an alleged violation, I understand that I am entitled to an administrative hearing on the issue to determine if I failed to comply with the EHM-D/R agreement. If removed from EHM, I understand that I may be subject to further prosecution, if applicable.

*

27. I agree to be personally responsible for the care, security and overall condition of the above listed equipment and acknowledge received equipment is in good and operating condition.

*

28. The anklet assigned to me must be worn at all times and the installed strap will not be tampered with. Should the band or any part of the anklet become damaged, I must contact the Mason County Jail immediately and arrange for replacement of the damaged anklet/band. If I fail to have the anklet/band fixed within 2 hours, I understand that I may be removed from EHM-D/R.

*

29. Any damage to the anklet or receiving box will be considered a willful violation of this agreement. I understand that any damage or removal of said equipment shall be investigated for criminal charges. I also understand that I will be financially responsible for replacement of a torn band.

*

30. I acknowledge that I may be held civilly and criminally liable for the costs of repair or replacement of any equipment in my care and control. Furthermore, I understand that payment of repair or replacements costs shall not serve to compromise any possible criminal charges relating to malicious damage or destruction of the equipment.

*

31. Failure to remain one week ahead on payments can result in being brought back into custody.

DAY REPORTING

(Rules 32-34 apply for D/R)

*

32. I will report to the jail as directed by an ASO. **In-person contact is required for Day Reporting.**

*

33. I will inform and get permission to do anything outside of leaving for work and returning home, absent a medical emergency.

*

34. I will report to the Mason County Jail on weekends, holidays and after hours. Reporting after hours must be approved by the EHM-D/R Coordinator.

Consent to Search

*

35. In consideration for the privilege of being allowed into the EHM-D/R program, I do consent to allow the Mason County Sheriff's Office or any other law enforcement agency to search my residence or any owned or non-owned vehicle used for my transportation, at any time without a warrant.

*

36. This search will be for the purpose of ensuring my compliance with the agreement I have executed with the Mason County Sheriff's Office. This search may be made without probable cause. I understand that I have a constitutional right to not have my premises or vehicle searched by law enforcement without a search cause, but I waive that right only for the period of time I am actually participating in the EHM-D/R program.

Waiver of Liability and Damages

*

37. I do knowingly and voluntarily agree not to bring action against and to hold Mason County agents and employees, for any claim I may have which is incident to my participating in the EHM-D/R program. I also agree to indemnify and hold harmless the above from any and/or liability, and/or damages incurred by me or against myself or my property arising from any cause or for whatever reason, during the period I am on the Mason County Sheriff's Office Alternative Sentencing Program.

ALTERNATIVE SENTENCING
Employer Orientation

Greetings:

The Mason County Sheriff's Office, Jail division, provides alternatives to incarceration to inmates that meet certain conditions. These alternatives include electronic home monitoring, continuous alcohol monitoring, work release, and day reporting. The Sheriff's office will allow people to continue employment as long as certain conditions are met. Your employee will provide you with an employment verification form. Please fill this out and sign it.

The Jail division will randomly send officers to check on your employee at the work site. The purpose of this is to ensure compliance with program rules and to verify that the employee is actually at work. These checks will be brief and as discreet as possible.

Employers must be aware intentionally lying or falsifying information to any law enforcement officer may be grounds for criminal prosecution. If you have any questions not covered here, please address them to the Alternative Sentencing Officer. We have listed the following to help answer any questions or concerns you may have:

Employee/Inmate Responsibilities

The employee/inmate is responsible for the following:

- 1) Any and all fees owed for the program he/she is on.
- 2) Transportation to and from work.
- 3) Compliance with program rules.
- 4) Notifying officers of changes in job sites.
- 5) Notifying officers of any increase or decrease in wages.

Employer Responsibilities

The employer will be responsible for the following:

- 1) To read/sign this form and the employment verification form.
- 2) To notify the Alternative Sentencing Officer of any change in your employees work schedule.
- 3) To provide work related supervision.
- 4) To ensure your employee does not leave the work site unless it is work related.
- 5) To immediately notify the Alternative Sentencing Officer if the employee is laid off, fired, or fails to report for work.

Employer Signature

Date

(360) 427-9670 EXT: 172

FAX (360) 432-5663

Employment Verification

Company's Name

Employee's Name

Employer's Address

Employee's Address

Employer's Phone

Employee's Phone

Company's Business License Number

Employee's Job Title

Wage/Salary Hr./Monthly

Employee's Supervisor

Date of Hire

Job Location

Alternative Sentencing Use Only

Work Schedule

	Start Time	End Time
Mon	_____	_____
Tue	_____	_____
Wed	_____	_____
Thur	_____	_____
Fri	_____	_____
Sat	_____	_____
Sun	_____	_____

Out	IN	Out	IN

Comments:

Program Completion

I will report to the ASO office on _____ at _____ and shall have in my possession all equipment issued to me under this program. If I cannot come to the ASO office at the above date and time, I will disconnect the equipment and bring it to the Jail the soonest possible time.

Participant _____
Date

Alternative Sanctions Officer _____
Date

Issuance of Equipment for Program

As part of the Alternative Sanctions programs, you will be issued monitoring equipment. During the length of your sentence, you will be responsible for all equipment issued to you. If any of this equipment becomes damaged while in your possession, you will be liable for replacement and may be charged criminally.

Equipment Received

Item:	Serial Number:	Replacement Cost:
GPS Unit		\$604.48
GPS Charger		
Cam Unit		\$1108.35
Base Station		\$1405.54

By signing this agreement, you acknowledge responsibility for the equipment which is assigned to you by the Mason County Sheriff's Office on a leased basis for the term of this agreement.

Participant _____
Date

Officer _____
Date