

# ARMSTRONG COUNTY ELECTRONIC MONITORING APPLICATION

*Kenneth G. Valasek*  
President Judge

*J. David Hartman*  
Chief Probation Officer

Name: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Crim. Case Number: \_\_\_\_\_

Dear Applicant:

In order to be considered for the Electronic Monitoring Program, this application must be completed and returned to the Armstrong County Probation Department within **fifteen (15) days after a finding of guilt**. It must be completed in full, legible, and **printed in ink or typed**. Failure to complete the application as instructed will result in automatic rejection. After the application is completed and returned to the Armstrong County Probation Department, arrangements will be made for a probation officer(s) to visit your residence to ensure you have the proper accommodations needed for installation. **Your residence will be thoroughly inspected by a member(s) of the Armstrong County Probation Department.**

In addition to the above you will be charged a daily rate based on your household income with the minimum charge per day being five (5) dollars. Transfer cases are required to pay a minimum of ten (10) dollars per day. If you are granted electronic monitoring for any part of your sentence you must pay for the first **thirty (30) days** in advance. For example, if you are charged a per diem of \$5.00 you must pay \$150.00 prior to "hook up". You will be required to continue making payments in advance for the next thirty (30) days. Failure to do so could result in your removal from the house arrest program and possible incarceration. **Furthermore, the Armstrong County Probation Department will have sole discretion if firearm(s) will be permitted in the residence while you are on house arrest.**

To ensure proper installation of the equipment you must have **basic phone service**. That means you **CANNOT** have **call forwarding, call waiting, answering machines, caller I.D., etc.** Anything other than basic service will exclude you from participating. If you have Internet service, you will be permitted only one (1) hour of use daily. You may want to secure another telephone line for the Internet while you are on house arrest.

**House Arrest is the same as incarceration, therefore, while in the house arrest program you will NOT be permitted to leave your residence EXCEPT for work, school, drug/alcohol or mental health counseling, or doctor appointments. Furthermore, if you are employed you must have an approved work release application. If you are not employed you will NOT be permitted to seek employment or attend interviews without prior approval by the Court. If you reside alone or are the sole caregiver of dependants in the home you MUST make prior arrangements to have someone available to do such things as shopping, transport dependants to appointments, school, etc., mow yard, shovel sidewalk, get mail, etc. Names and phone numbers of these individuals must be provided later in this application.**

If you have any questions concerning the content of this application contact your attorney, **NOT** the Probation Department. **This application may not be faxed to the Armstrong County Probation Department.**

Part I

**TELEPHONE INFORMATION**

1. Telephone Number: *(INCLUDE AREA CODE)* \_\_\_\_\_

In order to be eligible for Electronic Monitoring you **MUST** have the following:

- a. Working telephone service
- b. A modular telephone outlet (one that can be unplugged)
- c. A 120 volt outlet within eight (8) feet of the phone outlet
- d. Basic service (no call forwarding, call waiting, answering machines, caller I.D. etc.)

If you have the Internet Service connected to this telephone line you will be limited to one (1) hour per day use.

Part II

**RESIDENCE INFORMATION**

1. Street Address: \_\_\_\_\_  
\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

\*see note at end of application

2. With whom do you reside?

<u>Name</u>	<u>Age</u>	<u>Relationship</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

*(If you need additional space, use the reverse side of this page.)*

3. If you reside alone or are the sole caregiver for any dependants in the household you must provide names and phone numbers of the persons who will assist you while on monitoring with such things as shopping, childcare needs, running errands, etc.

a. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number: \_\_\_\_\_

b. Name: \_\_\_\_\_ Relationship \_\_\_\_\_

Telephone Number: \_\_\_\_\_

4. Do you have any firearm(s) in the residence?

\_\_\_\_\_ yes

\_\_\_\_\_ no

5. Are any other members within the household on parole or probation?

\_\_\_\_\_ yes

\_\_\_\_\_ no

If the answer to the above is yes, provide the following information:

Name

Supervising Agency

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

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

(If you need additional space, use the reverse side of this page).

### Part III

### SOURCE OF INCOME

(Check all that apply)

(gross monthly amount)

_____	Public Assistance	\$ _____
_____	Social Security	\$ _____
_____	Social Security Disability	\$ _____
_____	Spouse's Income	\$ _____
_____	Unemployment Compensation	\$ _____
_____	Other Residents in Household	\$ _____
_____	Other Income	\$ _____

**\*If employed please complete.**

1. Employer: \_\_\_\_\_
2. Street Address: \_\_\_\_\_
3. City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_
4. Telephone Number: \_\_\_\_\_
5. Immediate Supervisor: \_\_\_\_\_
6. Rate and Frequency of Pay: \$ \_\_\_\_\_ every \_\_\_\_\_

**LIST WORK SCHEDULE BELOW** (If working shifts please list each shift schedule)

	<u>START</u>	<u>FINISH</u>
MON:	_____	_____
TUE:	_____	_____
WED:	_____	_____
THU:	_____	_____
FRI:	_____	_____
SAT:	_____	_____
SUN:	_____	_____

**Who will be driving you to and from work if your license is suspended?**

NAME: \_\_\_\_\_ PHONE NUMBER: \_\_\_\_\_

**NOTE:** You may NOT work more than six consecutive days or more than twelve (12) hours per day including travel time.

Part IV

**CRIMINAL INFORMATION**

1. Offense(s) for which you are requesting to be placed on Electronic Monitoring:

*Offense*

*Date of Plea or  
Finding of guilt*

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

- a. If offense is DUI: Have you completed your CRN evaluation? YES NO (circle)  
Have you completed a Drug and Alcohol Evaluation? YES NO (circle)

**NOTE: YOU MUST HAVE COMPLETED BOTH TO BE ELIGIBLE FOR  
ELECTRONIC MONITORING**

2. Anticipated Sentencing Date: \_\_\_\_\_

**If already sentenced:** Date of Sentence \_\_\_\_\_

Sentenced to: (min) \_\_\_\_\_ to (max) \_\_\_\_\_

3. Name of your Attorney: \_\_\_\_\_
4. Name of the Probation Officer who completed your Presentence Investigation with Armstrong County:

\_\_\_\_\_

5. If you are on **Probation, Parole, or ARD** with any other county, please list:

County

Officer's Name

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

6. Are you presently or have you ever been on house arrest with electronic monitoring with any other County, State, Federal Government or District Justice?

\_\_\_\_\_ yes

\_\_\_\_\_ no

If the above answer is yes, indicated below what agency.

\_\_\_\_\_

Part V

**EXPLANATION**

1. You must give a brief explanation as to why you should be considered for the electronic monitoring program:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

*(If you need additional space use the reverse side of this page)*

Part VI

**AUTHORIZATION**

By signing this application, I hereby authorize any representative of the Armstrong County Probation Department, Armstrong County District Attorney's Office, and/or the Armstrong County Jail to investigate any portion of its content. In addition, I authorize any agency or employer to release any and all information which may be requested by one of the above agencies so that the facts contained in the application can be verified. Furthermore, I authorize a representative from any of the above agencies to visit my home.

Applicant Signature: \_\_\_\_\_\*\*

Printed Name: \_\_\_\_\_

Date: \_\_\_\_\_

**\*\*\*VERIFICATION**

**By my signature above, I hereby verify that the statements made in this application are true and correct to the best of my knowledge, information, and belief. I understand that this verification is made pursuant to the provisions of 18 Pa. C.S.A. 4904 relating to unsworn falsification to authorities and that any false statements may cause me to be subject to criminal prosecution under that section and any other section which may apply.**

**\*NOTE: If you are a resident of another county you or your attorney must contact the Electronic Monitoring Unit of the Probation Department in that county to inquire if they would do courtesy supervision of the monitoring should you be approved. That department must then contact the Armstrong County Probation Electronic Monitoring officer to verify the acceptance.**

# DO NOT WRITE ON THIS PAGE

*Approved*

*\*Rejected*

Chief Probation Officer

\_\_\_\_\_

\_\_\_\_\_

District Attorney

\_\_\_\_\_

\_\_\_\_\_

Warden

\_\_\_\_\_

\_\_\_\_\_

Comments:

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

\*Reason for rejection:

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

Per Diem: \$ \_\_\_\_\_ (*set by investigating agency*)