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Chief Probation Officer

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### ALTERNATIVE SENTENCING PROGRAM RULES

1. Your eligibility, assignment (whether work or electronic monitoring) and completion date will be determined by the Alternative Sentencing Program staff.
2. If approved and placed into the Electronic Monitoring Program, participants must also agree with and sign the *Electronic Monitoring Program terms and conditions*.
3. For work program participants: Paid employment, child care problems, lack of transportation, and incarceration are not acceptable excuses for not attending your work program. The only valid excuse for not reporting to a work site is a medical reason whereby you must provide written documentation from your physician.
4. For work program participants: NO EXTENSIONS will be given on completion dates. If you are not able to complete the program by your completion date, you will serve the remainder of your sentence in the Amador County Jail. For those working in lieu of fine, your case will be returned to Court.
5. For work program participants: Treat your assignment as you would a real job. Your site supervisor will return your timecard to Probation for reasons such as failure to report, tardiness, attitude problems, or non-compliance. If this occurs, you will serve the remainder of your sentence in the Amador County Jail.
6. For work program participants: You must wear appropriate clothing when reporting to the work site for work. Jeans or slacks, waste-length shirts and tennis shoes or boots are appropriate. Open-toed shoes, high heels, short skirts, shorts or revealing clothing is not permissible. Keep in mind you may be squatting, bending or lifting and may be getting dirty.
7. For work program participants: Being under the influence of illegal drugs (including marijuana) and/or alcohol is not permitted prior or during your work assignment. Being under the influence of *prescription* medication which impairs your ability to perform work is not permitted. Failure to comply will result in you serving the remainder of your sentence in the Amador County Jail.
8. A maximum sentence of 45 days may be completed on the work program. One day of jail equals eight hours of work. Work program is not entitled to conduct credits. You will be required to work a certain number of days per week based on how many days you are ordered to serve:

<i># of days referred</i>	<i>Minimum # of days to work per week</i>
1-12	1
13-30	2
31-45	3

\*\*\*\*\*  
 "I AGREE TO ALL RULES LISTED ABOVE. I UNDERSTAND I AM SERVING A JAIL SENTENCE AND A VIOLATION OF THESE RULES WILL RESULT IN PROGRAM FAILURE AND MY INCARCERATION IN JAIL, EVEN IF PRIOR TO MY REMAND DATE. I UNDERSTAND I AM WORKING IN LIEU OF FINE AND A VIOLATION WILL RESULT IN MY CASE BEING RETURNED TO COURT."  
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\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature

# ALTERNATIVE SENTENCING PROGRAM (ASP) QUESTIONNAIRE

*You must fill out completely and sign and date at the bottom of the page.*

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ M.I. \_\_\_\_\_

Physical Address: \_\_\_\_\_  
Street # & Name City State Zip Code

Have you lived at this address for more than one year? \_\_\_\_\_

If not, how many addresses have you lived at in the past year? \_\_\_\_\_

Phone Number: ( ) \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

Alternate Number: ( ) \_\_\_\_\_ SSN# \_\_\_\_\_ DL# \_\_\_\_\_

*List ALL medications you are taking, or have taken within the past 30 days and for what condition.*

Name of Medication	For What Condition	By Prescription OR Over the Counter		Currently Taking?	
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Family Physician: \_\_\_\_\_ List any and all medical or health conditions \_\_\_\_\_

List any and all allergies. Include any food or drug allergies: \_\_\_\_\_  
 OR  I have no allergies.

List any physical limitations: \_\_\_\_\_

List any specialized skills or strengths? \_\_\_\_\_

List any other information you feel necessary to share that may impact the Alternative Sentencing Program: \_\_\_\_\_

You would describe your physical condition as:     GOOD             FAIR             POOR  
 You would describe your eyesight as:             GOOD             FAIR             POOR  
 You would describe your hearing as:             GOOD             FAIR             POOR  
 Do you wear glasses or contact lenses?         YES             NO  
 Do you have trouble following directions?       YES             NO  
 Are you employed?                                     YES             NO  
     Employer Name: \_\_\_\_\_             Full-Time         Part-Time  
 Length of Employment? \_\_\_\_\_  
 Are you a student?                                     YES             NO     Full-Time  Part-Time  
 Are you on Probation or Parole?                     YES             NO  
 What County \_\_\_\_\_ Officer's Name: \_\_\_\_\_ Telephone: ( ) \_\_\_\_\_

***NOTICE:*** *At the time of your appointment you will be assessed for eligibility in the Alternative Sentencing Program. If found eligible, you may be allowed to complete your Alternative Sentence either on the Work Program or the Electronic Monitoring Program. "I fully understand making false statements concerning any of the above facts can be grounds for denial to the program. By signing up for the Alternative Sentencing Program, you agree to this form being distributed as needed by the Probation Department."*

APPLICANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

**AMADOR COUNTY PROBATION DEPARTMENT  
ALTERNATIVE SENTENCING PROGRAM (ASP)**  
675 New York Ranch Road, Jackson, CA 95642 Phone: 209-223-6387

Last Name _____	First Name _____	M.I. _____
Telephone: _____ / _____ / _____		
Home	Cellular	Alternate: <input type="checkbox"/> Work <input type="checkbox"/> Message
Mailing Address (if different from physical address) _____	City _____	State _____
		Zip Code _____
Physical Address _____	City _____	State _____
		Zip Code _____
Date of Birth: ___/___/___	Social Security No. _____	Driver's License # _____

Appointment Date: \_\_\_\_\_ Time: \_\_\_\_\_

**IF EMPLOYED, YOU MUST PROVIDE PROOF OF EMPLOYMENT AT THE TIME OF YOUR SCHEDULED APPOINTMENT. ALSO, YOU MAY BE DRUG TESTED AT THIS TIME IF IT IS IN LIEU OF JAIL.**

- Call Penny Banks at (209) 223-6706
- Return to the Probation Department

Adult ASP Admin/Application Fee (\$60.00 nonrefundable) – per case.  
Work Program ( In Lieu of Jail/ Fines)  
Due at time of appointment if placed on the alternative sentencing program.  
Please notify us if you do not have the ability to pay. A financial assessment packet will need to be completed before a person is placed on ASP.

Electronic Monitoring \$10/day - # of days \_\_\_\_\_  
**(Must complete a payment agreement if placed on Electronic Monitoring)**

**FAILURE TO PHONE OR RETURN AS SCHEDULED WILL RESULT IN YOUR CASE BEING RETURNED FOR FURTHER DISPOSITION BY THE COURT.**

**Returned Checks – If a check is returned for any reason at all, Defendant will pay an additional charge of \$75.00 per returned check.**

**“I HAVE READ, UNDERSTAND, AND AGREE TO THE ABOVE”**

Date: \_\_\_\_\_ Signature: \_\_\_\_\_ Case#: \_\_\_\_\_  
Ct. Date: \_\_\_\_\_