



LYNNWOOD
W A S H I N G T O N
P O L I C E

ELECTRONIC HOME DETENTION

APPLICATION PROCESS

Completion of this application does not mean you are automatically accepted into the Electronic Home Detention (EHD) program. You must fill out the application completely and turn it in to the front desk of the Lynnwood Police Department as soon as possible. Submitted applications will be reviewed by the Detention Programs Officer to determine program approval. You will be contacted regarding your approval within two weeks. Once approved, you will be scheduled for an appointment to start Electronic Home Detention.

The cost of this program is **\$20.00 per day**. For any sentences 14 days or less, fees are due in full at the start of the program. For any sentences over 14 days, payment plans may be available. The Detention Programs Officer will determine eligibility and payment schedule. Payment will be collected at the scheduled appointment.

Program Requirements

1. Agree to all rules and requirements established and set forth by the Lynnwood Police Department.
2. Must reside within King, Skagit, or Snohomish County.
3. No active warrants.
4. No sexual offenses.
5. No felony conviction for violent offenses within a one-year period.
6. No record of escapes or attempted escape from custody, including military.
7. No current use of illegal drugs or excessive use of intoxicants or medications beyond what is prescribed by a medical doctor.
8. History of negative behavior toward police and/or authority will negatively affect qualification.
9. Failure to complete the sentence or pay fees may result in no sentence credit at discretion of the court.

For questions please contact the Detention Programs Officer at (425) 670-5640

TEAR OFF THIS PAGE AND KEEP FOR YOUR RECORDS



PERSONAL INFORMATION					
Full Name (first, middle, last)		Date of Birth	Place of Birth	Gender	Race
Hair	Eyes	Height	Weight	Social Security #	
<i>OFFICE USE:</i>	Warrants	SID	FBI	NCIC	
Home Address			City, State, Zip		
Home Phone		Cell Phone	Email		
Emergency Contact Name		Phone	Relationship		

RESIDENCE: The participant shall reside at the address listed on the application for the duration of the commitment. Any change in residence or phone number must be approved by the Detention Programs Officer. The participant must remain at the residence at all times except for those hours designated, discussed, and approved by the officer.

List all persons living at the residence where you will be monitored:

Name (first, middle, last)	Gender	Age	Relationship

COURT INFO			
Court	Case No.	How many days/hours?	Commitment Date

YES NO Have you ever served on Home Detention before?
 If YES, please list programs, dates, and outcome: _____

YES NO Have you ever been rejected or revoked from a Home Detention program?
 If YES, please explain: _____

YES NO Are you currently, or have you ever been on probation or parole?
 If YES, where? _____

YES NO At this time are there any active Restraining or No Contact Orders against you?
If YES, with whom? _____

YES NO At this time are there any additional charges pending against you?
If YES, please explain: _____

ILLEGAL ACTIVITY: The participant shall obey all Federal, State, County and local laws. Any illegal activity may result in termination from the program. The participant shall notify the Detention Programs Officer immediately if they have any police contact.

Initials _____

MEDICAL INFORMATION

YES NO Do you have any medical conditions, impairments, or chronic ailments?
If YES, please explain: _____

YES NO Are you taking any medications?
Type: _____
Name of Doctor: _____ Phone: _____

YES NO Are you currently in any treatment program?
If YES, please explain: _____

TRANSPORTATION

How do you commute to work? _____
(If you commute by bus please be prepared to present bus #'s and schedules)

YES NO Do you have a valid Drivers License?
Driver's License # _____

YES NO Do you have auto insurance?
Vehicle year, make and model _____
Color _____ License plate # _____

SCHOOL

Name _____ Phone _____
Address _____

Sunday		Monday		Tuesday		Wednesday		Thursday		Friday		Saturday	
From	_____	From	_____	From	_____	From	_____	From	_____	From	_____	From	_____
To	_____	To	_____	To	_____	To	_____	To	_____	To	_____	To	_____



**ELECTRONIC HOME
 DETENTION**

WORK

Name _____ Occupation _____
 Address _____ Phone _____

Supervisor's Name _____ Phone _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From _____						
To _____						

WORK HOURS: The participant shall not work more than 6 days per week. One full day must be spent in the residence per week unless pre-approved by the Detention Programs Officer. If work hours listed by the employer should change, notify the Detention Programs Officer immediately.

Initials _____

TREATMENT

Name _____ Phone _____
 Address _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From _____						
To _____						

COUNSELING

Name _____ Phone _____
 Address _____

Sunday	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday
From _____						
To _____						

LEAVE INFORMATION: All leave schedules must be given to the Detention Programs Officer in order to make a daily schedule. This includes all required school, work, treatment, counseling, and other necessary activities performed on a daily basis. The participant agrees that any law enforcement agency can contact the organization to ensure participants employment, attendance, schedule or compliance. Any deviation from this schedule may result in a violation.

Initials _____

SCHEDULE CHANGES: The participant shall contact the Detention Programs Officer in advance and receive approval before deviating from the arranged schedule. The only exception is a legitimate medical emergency; the Detention Programs Officer must be notified at the earliest possible moment. Failure to notify the Detention Programs Officer may be seen as a violation of the program.

Initials _____

Initials

EQUIPMENT FEES: Participation in the program is contingent on paying the daily fee in advance (\$20.00 per day) and failure to pay the fees will result in termination from the program. In the event of a violation and removal from the program, any and all money paid to the Lynnwood Police Department will be forfeited.

For any sentences 14 days or less, fees are due in full at the start of the program. For any sentences over 14 days, payment plans may be available. The Detention Programs Officer will determine eligibility and payment schedule.

The Lynnwood Police Department will only accept cash, debit/credit card, cashier's check, or money order payable to the "City of Lynnwood". NO PERSONAL CHECKS. No payments by phone. Refusal to pay will equal program failure.

Initials

SECURITY OF EQUIPMENT: The participant is solely responsible for the care, security and overall condition of the equipment; including paying for the cost of repairs or full replacement of the equipment should it be lost or damaged. The participant acknowledges that he/she may be held civilly and/or criminally liable for the cost of repair or replacement of any of the assigned equipment. Payment of cost associated with lost or damaged equipment does not necessarily mean that criminal charges will not be filed.

Initials

TRANSMITTER: The issued transmitter (ankle bracelet) will be worn 24 hours per day for the full length of the commitment assigned. The band will not be tampered with or modified in any way. Should the band be damaged, stretched or mutilated in any fashion, the Detention Programs Officer must be notified immediately.

Initials

CHARGING OF BATTERY: The participant acknowledges that they are required to charge the electronic monitoring device for a minimum of two hours continuously every day. The participant acknowledges that they are not to sleep while charging the device. Should the device run out of battery life, it may result in a violation of the program.

Initials

ALCOHOL/DRUG USE: The participant shall not consume alcohol or use any drugs, except as prescribed by a physician, while serving on Electronic Home Detention. Any alcohol or illegal drug use will result in termination from the program. The participant may also be requested to take an alcohol or drug test at any time during their sentence by the Lynnwood Police Department or any other law enforcement agency acting as an agent of the above officials. Refusal to submit the test will result in termination from the program.

Initials

PROGRAM COMPLETION: All equipment must be returned to the Lynnwood Police Department and payments made in full before the participants sentence is considered complete. Upon completion, a notification will be sent to the originating court notifying them of the satisfaction of commitment. A copy of the notification can be given to the participant upon request. At the time of your hook-up appointment, you will be given a date and time to report to the Lynnwood Police Department for removal of the equipment. Failure to report for the appointment will result in a failed commitment order and possible criminal charges.

I voluntarily, with full knowledge of the terms and conditions, agree to participate in this program. I understand that failure to comply with any rules and conditions may result in removal from the program, incarceration, and/or the filing of additional charges against me.

I certify that all information contained in this application is true and correct, has been agreed to, initialed, and I have done so voluntarily.

Participant Name (print)

Date

Signature

