

SANTA CRUZ COUNTY PROBATION DEPARTMENT
WORK FURLOUGH
OVERVIEW - ELIGIBILITY CRITERIA

Although you have been **recommended** by the court for work furlough, you have not been **granted** work furlough. The Probation Department makes the final decision regarding your eligibility for the program. Below is a listing of some of the criteria used by this department in making that decision. While such listed criteria may disqualify you, each individual is judged on a case by case basis.

You **may** be disqualified if you are currently convicted of, or have a prior record of: sexually deviant behavior, violence, crimes involving drugs or narcotics, failures to appear in court, pending criminal charges, have failed on work furlough in the past, or have had behavior problems in custody.

If applying for work furlough, you must have a stable work history and you must be employed on a job which does not make it unreasonably difficult for work furlough staff to supervise you. You must have on the job supervision which is **direct, unbiased, and independent**. **Self employment will not be allowed except in well established businesses**. All employment must be within the County of Santa Cruz.

EDUCATIONAL FURLOUGH is for those enrolled full time in an ongoing educational program, and the schedule must be characterized by “block time.”

To qualify for either program you must be sentenced to a minimum of 60 days. **Your application must be received no more than 5 days after sentencing**. There is a non-refundable application fee of \$50.00 (cash or money order only) required of you **at the time of your interview**. Bring your completed application to either of the following locations:

Santa Cruz Probation
303 Water Street, Suite 9
Santa Cruz, CA 95060
(831) 454-2150

Santa Cruz Probation
1430 Freedom Blvd. Room 14
Watsonville, CA 95076
(831) 763-8070

On the bottom of the application note a couple of convenient days of the week, or time of day for an appointment, and specify whether you would prefer your appointment in Santa Cruz or Watsonville. An appointment will be made for you by phone or mail. **At the time of the interview** you will need to bring with you the **application fee**, your **court orders**, and copies of your **drivers license**, proof of current **auto insurance**, and proof of current **vehicle registration**. of those individuals you plan to have transport you while you are in custody. In addition, if possible, a copy of your employer’s **worker’s compensation** coverage, as this will be required before you may begin work.

WORK FURLOUGH PROGRAM APPLICATION

In the event the sentence the Court imposes in your case involves a jail sentence of 60 days or more, you may be eligible to participate in the Work Furlough or Education Furlough Program. Qualified applicants may be released from custody to work, to attend school, or to participate in an authorized training program.

Work Furlough is a **privilege** and not a right. Although the Judge can deny you Work Furlough, you cannot be ordered onto Work Furlough Program. Criteria for acceptance to Work Furlough status are strict. You will be closely screened if your conviction involves violence or threats of violence, a sex crime, sales of drugs, escape, arson, or if you have a prior history of any of the above. Repeat offenders are also closely screened. Your application will be rejected if you have any outstanding warrants or if other criminal matters are pending.

If you are accepted on the program, you will be required to pay a maintenance fee for each day you go to work. In order to avoid confusion or possible loss of work, your employer should be notified of your impending custody status as soon as possible, as he or she will have to work closely with the Work Furlough Officer in order for you to be eligible for the program.

PLEASE PROVIDE THE FOLLOWING

To effectively facilitate consideration of a case, the following information must be presented to the Work Furlough Officer before final acceptance will be granted:

- A. A letter from the employer stating the following:
 - 1. The formal name and address of the business.
 - 2. The job location address (if different from above).
 - 3. That you are, or will be, officially employed by said company and the anticipated duration of your employment.
 - 4. The name and phone number of your immediate supervisor.
 - 5. Your normal working days and hours.
 - 6. Your normal wage per hour.
 - 7. How often, and on what day you are paid.
 - 8. A copy of your company's workman's compensation certificate of insurance, showing current coverage.
 - 9. Any other information which might be of use in understanding your employment situation.

- B. If you will be transporting yourself, or if another private individual will be doing so, the following information is required:
 - 1. A clear copy of the current driver's license.
 - 2. A clear copy of the current registration of vehicle(s) to be used.
 - 3. Verification of active auto liability insurance for the vehicle(s) to be used.

- C. Bring to the interview all relevant Court papers or legal documents you may have.

WORK FURLOUGH APPLICATION
COUNTY OF SANTA CRUZ

I am applying for **Work Furlough** _____ **Transfer out to** _____ **I am applying from Custody** _____
County _____
I am applying for **Education Furlough** _____ **Transfer in from** _____ **County** _____

SECTION I - PERSONAL HISTORY:

NAME: _____
(Last) (First) (Middle)
HOME ADDRESS: _____
(Street) (City) (Zip)
HOME PHONE # _____ PAGER # _____ CELL PHONE # _____
AGE: _____ DATE OF BIRTH: _____
MARITAL STATUS: Single _____ Married _____ Separated _____ Divorced _____
NAME OF WIFE/HUSBAND _____ PHONE NO.: _____

SECTION II - COURT INFORMATION: (Use your Court Minute Order to complete this section)

CHARGE CONVICTED OF: _____ COURT CASE # _____
DATE TO REPORT FOR CONFINEMENT: _____
LENGTH OF SENTENCE RECEIVED: _____
ARE YOU CURRENTLY ON PROBATION? _____ PROBATION OFFICER'S NAME: _____
ATTORNEY: _____ PHONE NO.: _____
JUDGE: _____ HAVE YOU BEEN ON WORK FURLOUGH BEFORE? _____

SECTION III - EMPLOYMENT Complete if applying for Work Furlough (For Ed furlough see next page):

List the name, address, and phone number of the company to which you are applying for work:

NAME OF COMPANY: _____
ADDRESS: _____
(Street) (City) (Zip)
PHONE NO.: _____ FAX NO.: _____ YOUR JOB TITLE: _____
PAY PERIOD (weekly; monthly; twice per month; etc.) _____ PAY PER HOUR \$ _____
IMMEDIATE SUPERVISOR: _____ Pager # _____ Cell Phone # _____
WORK SCHEDULE (hours & days) _____
WORKMAN'S COMPENSATION: (Name of insurance company) _____

BANK: _____ BRANCH: _____ BANKING DAY: _____

FOR PROBATION USE ONLY:

INTERVIEW DATE: _____

Moner orders to be purchased at: _____ **Banking day:** _____

Probation No.: _____	Driver's check complete: _____
Sheriff's No.: _____	Proof of Auto Insurance: _____
CII No.: _____	Proof of Auto Registration: _____
FBI No.: _____	Proof of Schedule: _____
Driver's lic. No.: _____	Proof of Salary: _____
	Proof of Worker's Comp: _____
	Signed Bicycle Contract: _____

Reason for Denial: _____

SECTION IV - TRANSPORTATION ARRANGEMENTS:

DO YOU INTEND TO USE YOUR OWN VEHICLE ? Yes _____ No _____

DO YOU POSSESS A VALID DRIVER'S LICENSE? Yes _____ No _____

DRIVER'S LICENSE NO.: _____ EXPIRATION DATE: _____

If you will not be driving yourself, name and address of person transporting you:

NAME: _____
(Last) (First) (Middle) (Relationship)

ADDRESS: _____
(Street) (City) (Zip)

DRIVER'S LICENSE NO.: _____ EXPIRATION DATE: _____

PHONE NO.: _____ :

AUTOMOBILE INSURANCE & REGISTRATION INFORMATION:

DO YOU OR THE PERSON TRANSPORTING YOU HAVE LIABILITY INSURANCE? Yes _____ No _____

IN WHOSE NAME IS THE INSURANCE? _____

POLICY NUMBER: _____

INSURANCE AGENT: _____ PHONE NO.: _____

MAKE, YEAR, & COLOR OF VEHICLE: _____

LICENSE PLATE NUMBER OF VEHICLE: _____

REGISTRATION EXPIRATION DATE: _____

SECTION V - EDUCATION FURLOUGH (To Be Completed by Inmate Only if Requesting This Program):

ARE YOU CURRENTLY ENROLLED? YES _____ NO _____ ARE YOU A CONTINUING STUDENT? _____

NAME AND PHONE # OF SCHOOL: _____

ADDRESS: _____
(Street) (City) (Zip)

PHONE NUMBER FOR SCHOOL: _____

NAME OF SCHOOL COUNSELOR OR ADVISOR _____ PHONE NO: _____

COURSE SCHEDULE * (DAYS AND TIMES OF CLASSES) If available, attach registration printout

*** Classes need to be scheduled back-to-back in one solid block of time.**

I CERTIFY THAT ALL THE STATEMENTS MADE IN THIS APPLICATION ARE TRUE, COMPLETE, AND CORRECT TO THE BEST OF MY KNOWLEDGE.

I HEREBY AUTHORIZE THE WORK FURLOUGH ADMINISTRATOR TO MAKE WHATEVER CONTACTS AND INVESTIGATION HE/SHE DEEMS NECESSARY TO CONFIRM THE ACCURACY OF THE INFORMATION CONTAINED IN THIS APPLICATION. WORK FURLOUGH INVESTIGATORS ARE REQUESTED AND AUTHORIZED TO RELEASE AND DISCLOSE CRIMINAL OFFENDER RECORD INFORMATION. I CERTIFY THAT DISCLOSURE OF THIS INFORMATION FOR THE PURPOSE OF FURTHERING MY OWN REHABILITATION. I ABSOLVE ALL PARTIES FROM ANY LIABILITY AS A RESULT OF RELEASING SAID INFORMATION.

DATE: _____ SIGNATURE: _____

