



SACRAMENTO COUNTY SHERIFF'S OFFICE

SCOTT R. JONES
Sheriff

ALTERNATIVE SENTENCING PROGRAM (ASP)

The Sheriff's Alternative Sentencing Program (ASP) is designed to allow people the opportunity to complete their court ordered mandate by performing "Community Service" within the County of Sacramento, under the direction of Sacramento County Sheriff's Office ASP staff or a designated administrator.

You have been **RECOMMENDED** by the court to complete your mandate on ASP. If you are not accepted on ASP you may be sent back to court.

You were ordered by the court to appear at this office **within** ninety calendar days from the date of your referral. If you are late to report, you may be rejected and sent back to court for failing to appear.

One of the conditions of ASP is that you be physically able to perform **duties as assigned at the jobsite**. If you have poor health or medical problems that will not permit you to perform these duties, then you will not be accepted on ASP. Although every effort is made to accommodate every ASP referral, it is not our responsibility to provide you with "light-duty" or special working conditions because of your medical conditions.

We have a limited number of work sites. It is not our responsibility to provide you with a site that is convenient for you. If you cannot provide yourself with transportation to the job site, you may be referred back to court.

Being allowed on ASP is a privilege, not a right. If you are argumentative, disrespectful or insubordinate with **any** ASP staff, you will be deemed unsuitable for our program and will be sent back to court.

IMPORTANT: YOUR FEES ARE NOT REFUNDABLE. Applicant acknowledges that all fees are (1) fully earned on the date which your application is received, (2) nonrefundable when paid (exclusive of double payments and other manifest errors) and (3) no whole or partial refunds of fees will be provided, even if your application to participate in the program is denied or if your participation in the program is later terminated for any reason. (4) Applicant shall be responsible for all direct and/or indirect costs incurred by the Sheriff's Office in an attempt to collect these fees, including costs associated with credit or debit card charge-back activity and any and all attempts to collect this debt.

By signing below, I acknowledge that I have read and understand the above.

Signature of Participant

Date

**SACRAMENTO COUNTY SHERIFF'S OFFICE
ALTERNATIVE SENTENCING PROGRAM APPLICATION**

FALSIFICATION OF INFORMATION ON THIS APPLICATION MAY RESULT IN THE DENIAL OF PARTICIPATION IN THE ALTERNATIVE SENTENCING PROGRAM

PERSONAL (Print Clearly)

NAME (LAST) (FIRST) (MIDDLE)					SOCIAL SECURITY NUMBER		DRIVER'S LICENSE NO.	
DATE OF BIRTH	BIRTHPLACE (CITY, STATE, COUNTRY)		EYE COLOR	HAIR COLOR	WEIGHT	HEIGHT	RACE	GENDER
HOME ADDRESS		APT.	CITY & STATE		ZIP	MAIN PHONE #		
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		APT.	CITY & STATE		ZIP	EMAIL		
NAME OF EMERGENCY CONTACT		ADDRESS (INCLUDE CITY & STATE)			RELATIONSHIP		PHONE NO.	
DAYS YOU ARE AVAILABLE TO WORK ON PROGRAM (CIRCLE) SAT SUN MON TUES WED THURS FRI					SPECIAL SKILLS (CIRCLE) LANDSCAPING MACHINE SEWING CARPENTRY/WOODWORK CLERICAL ANIMAL CARE BUILDING MAINTENANCE COOKING JANITORIAL WORK			

MEDICAL

HOW IS YOUR GENERAL HEALTH? <input type="checkbox"/> EXCELLENT <input type="checkbox"/> GOOD <input type="checkbox"/> FAIR <input type="checkbox"/> POOR			ARE YOU ON SSI? REASON FOR BENEFIT? <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> MENTAL <input type="checkbox"/> PHYSICAL		
DO YOU HAVE ANY OF THE FOLLOWING CONDITIONS (CHECK ALL THAT APPLY) <input type="checkbox"/> HIGH BLOOD PRESSURE <input type="checkbox"/> AIDS/HIV <input type="checkbox"/> TUBERCULOSIS <input type="checkbox"/> HEART PROBLEMS <input type="checkbox"/> ASTHMA <input type="checkbox"/> PSYCHIATRIC <input type="checkbox"/> DIABETES <input type="checkbox"/> HEPATITUS <input type="checkbox"/> SKIN CONDITION <input type="checkbox"/> BACK PROBLEMS <input type="checkbox"/> ALLERGIES <input type="checkbox"/> OTHER <input type="checkbox"/> SEIZURES <input type="checkbox"/> LEG PROBLEMS			DO YOU CURRENTLY HAVE A CONTAGIOUS CONDITION? <input type="checkbox"/> YES <input type="checkbox"/> NO EXPLAIN:		
WILL ANY OF THE MEDICAL CONDITIONS IDENTIFIED KEEP YOU FROM PARTICIPATING IN THE SHERIFF'S ALTERNATIVE SENTENCING PROGRAM? <input type="checkbox"/> NO <input type="checkbox"/> YES EXPLAIN			ARE YOU CURRENTLY TAKING ANY MEDICATIONS? PLEASE LIST:		
			<p style="text-align: center;">FEMALE ONLY</p> PREGNANT <input type="checkbox"/> YES <input type="checkbox"/> NO DUE DATE _____		

FINANCIAL

EMPLOYER		EMPLOYER ADDRESS		CITY, STATE, ZIP CODE	
OCCUPATION		HOURLY PAY RATES		NUMBER OF HOURS PER WEEK	
SPOUSE NAME (LAST)		(FIRST)	(MI)	OCCUPATION (SPOUSE)	EMPLOYER (SPOUSE)

I DO CERTIFY THAT THE INFORMATION I HAVE PROVIDED ABOVE IS TRUE AND CORRECT.		
APPLICANT SIGNATURE		DATE
INTERVIEWING OFFICER (FOR OFFICE USE ONLY)		BADGE DATE

Sacramento County Sheriff's Alternative Sentencing Program
700 N. 5th Street Sacramento, CA 95811
Open Monday thru Friday, 7 a.m. to 4 p.m. (Excluding County Holidays)

1 -12 Hours	\$50.00	\$0	\$50.00
13 - 18 Hours	\$80.00	\$50.00 Flat Fee	\$130.00
19 - 24 Hours	\$80.00	\$80.00 Flat Fee	\$160.00
Over 24 Hours	\$80.00	\$30 x Number of 6-Hour Days	\$80.00 + (\$30.00 x Number of 6-Hour Days)
Your ability to pay these fees will be evaluated based on the information you provide.			

****PAYMENT PLANS ARE AVAILABLE FOR ALL OF OUR PROGRAMS****

Application Fees – Non-refundable cash, money order, or cashier's check made payable to the Sacramento Sheriff's Office (SSO).
 (Not required until application is turned in)

Daily Fees- Are calculated based on a 6-hour work day. (For example: 48 hours = 8 days) Your ability to pay these fees will be assessed and could result in a reduction of fees for the program.

Identification – You must have a valid identification card or a driver's license issued from the State Department of Motor Vehicles.

If you believe you qualify for a reduction of fees for any of the Work Release Programs, you must bring the following documentation and appear in our office no later than 3:00pm.

INCOME (examples):

- Copy of last 3 months pay stubs, Unemployment/ Disability Determination, AFDC/Food Stamp Benefits
- SSI Grant Amount and Payee Information
- School Grant Benefits Statement
- Workers Compensation Benefits
- Self-Employed (Last year's Income Tax Forms)

EXPENSES (examples):

- Rental Agreement/Mortgage Payment Stub
- Three Months Utility Bills
- Child Care Receipts (last 3 months)/Child Support Order
- Court Fine Agreement
- Sacramento County Department of Revenue and Recovery Payment Agreement
- Automobile: Loan Agreement and Insurance Statement



Sufficient documentation must be presented in order to make a financial determination.

The Sacramento Sheriff's Office reserves the right to request additional information as necessary.

If you are applying for Alternative Sentencing Program, report to our office within 90 days of your sentencing or by the date ordered by the judge.

Your referral to Alternative Sentencing Program is only a recommendation by the judge. You will be interviewed to determine your eligibility for the program. If you fail to qualify for the program, you may be referred back to court to make payment arrangements.