


**2025–2026 Contra Costa County  
Civil Grand Jury**

**Electronic Home Detention**

Report 2605  
May 14, 2026

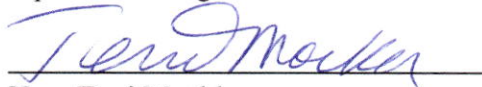
Approved by the Grand Jury



Brenda Balingit  
GRAND JURY FOREPERSON

5/19/26  
Date

Accepted for Filing



Hon. Terri Mockler  
JUDGE OF THE SUPERIOR COURT

5/18/26  
Date



## SUMMARY

Electronic Home Detention (EHD) is a form of custodial alternative that provides for pre-trial or post-sentencing participants to be monitored outside of a jail facility. The Custody Alternative Facility (CAF) is managed by the Sheriff’s Office. In 2025, 801 adults in Contra Costa County were enrolled in external monitoring by “ankle bracelet,” either EHD or an ankle bracelet that monitors alcohol level. Although 77% of CAF clients complete their sentences or comply with court-ordered appearances, the Grand Jury identified room for improvement with respect to how EHD is administered, particularly regarding appeals and data collection.

## BACKGROUND

As part of its mandate, the Grand Jury conducts an annual review of the County’s adult detention facilities. Three facilities—Martinez Detention Facility (MDF), West County Detention Facility (WCDF), and Marsh Creek Detention Facility (MCDF)—hold individuals in custody. CAF provides alternative forms of custody. Pre-trial individuals are monitored outside of jail, while post-sentencing individuals serve their sentences without being incarcerated.

Penal Codes Section 1203.018 and Section 1203.016 provide counties with the option to offer EHD in lieu of bail for inmates being held and for inmates who have been sentenced. The codes further allow the Board of Supervisors (Board) to assign the role of CAF implementation either to the Probation Department or the Sheriff’s Office. In Contra Costa County, the Sheriff’s Office implements the program: “The Board of Supervisors, after consulting with the sheriff and district attorney, may prescribe reasonable rules and regulations under which an electronic monitoring program pursuant to this section may operate” (Penal Code §1203.016).

CAF provides three alternatives to custody:

**SWAP (aka WAP):** Sheriff’s Work Alternative Program, a court-ordered post-sentencing option in which eligible individuals serve sentences from 1 to 30 days by performing supervised public work (such as cleanup, landscaping, painting).

**EHD:** Clients referred by the court to CAF for EHD under pre-trial conditions or post-sentencing are fitted with an EHD monitor programmed for approved activities outside their residence and are supervised electronically by GPS 24 hours a day. Their person, property, and home are subject to search at any time.

**SCRAM (Secure Continuous Remote Alcohol Monitoring) Program:** SCRAM is a continuous alcohol monitoring device worn on the ankle 24 hours a day. A participant may wear this device both on a pre-trial or post-conviction basis in conjunction with EHD.

For more information about CAF, see the *Custody Alternative Facility Handbook* (Appendix A).

In 2025, the Average Daily Population (ADP) of CAF (including all three segments) was 651. The cumulative ADP for the detention facilities (MDF, WCDF, and MCDF) was 957, meaning

that 40% of people in custody in the County are being monitored or serving their time through CAF.

To get a better sense for the scope of CAF, the 2025 yearly totals are revealing:

- SWAP recorded a total of 1,471 enrollments (mostly for DUI and minor offenses)
- EHD and SCRAM combined recorded 801 enrollments, including pre-trial and post-sentencing participants

On average, 77% of participants complete their CAF programs, meaning they appear in court as ordered (if pre-trial) or complete the time they are required to serve (if post-sentencing) without incident.

This report focuses on EHD (not SWAP or SCRAM). Historically, the Sheriff's Office has not collected data that separates the three CAF programs; therefore, some of the information in this report is not EHD-specific.

With respect to EHD, a judge refers a client to the program either pre-trial or post-conviction. Clients are directed by the Court to appear at the Martinez CAF facility where they complete an "Enrollment Application" (Appendix B) and an "Agreement" (Appendix C). During the EHD intake appointment, specialists "install" an ankle monitor with a GPS tracker that participants wear 24/7. The specialist identifies the limits of the GPS system: where participants live and work and where and when they can travel. Sheriff's deputies conduct home visits and address violations, such as "escapes" (removing the monitor) and other transgressions, such as unauthorized stops.

Frequency of home visits is determined by the nature of the charges:

- Violent charges (e.g., robbery, firearm offenses): Once per week (4 times per month)
- Non-violent felony charges (e.g., burglary, theft, hit-and-run): Twice per month
- Misdemeanors (e.g., DUI): Once per month

Participation in this program is considered voluntary in that participants may choose incarceration instead. The program is available either for pre-trial participants or for those who have been sentenced to a term between 31 and 365 days. These clients will serve half the length of the sentence. For example, a person sentenced to 90 days will serve 45.

Because the controlling Penal Code provisions (§1203.016 and §1203.018) provide that "the participant shall remain within the interior premises of the participant's residence," the Sheriff's Office disqualifies the unhoused from participation in this program option.

EHD benefits the County financially as the Sheriff's Office reports that in 2025 it cost \$29 per day to provide custody for a client in CAF as opposed to \$257 in detention. It also benefits participants, who can serve their pre-trial time and/or post-conviction sentences with minimal disruption to their lives, as contrasted with incarceration.

Although participants may find the opportunities provided by this alternative form of custody appealing, some find the conditions of the program burdensome:

- Members of their household must agree not to have weapons, alcohol, or drugs on the premises.
- They must further agree to unscheduled visits from the Sheriff's Office.
- Participants must be able to make regular visits to the CAF building in Martinez.
- They must adhere to a fixed schedule.

At the end of 2025, the entire CAF operation included 22 employees: eight sworn officers (one lieutenant, two sergeants, and five deputies) and fourteen non-sworn clerks and specialists. The EHD and SCRAM programs are managed by ten Sheriff's Specialists who oversee participant supervision and compliance within those respective programs.

## DISCUSSION

In implementing the EHD program, the Sheriff's Office complies with relevant statutes (with one exception explained below). However, the investigation revealed areas for improvement:

- The clarity of the appeal process for those denied EHD
- Data collection
- Accessibility of documents in languages other than English

### **Disqualifications and Denials**

Either pre-trial or post-sentencing, the judge may refer a client to CAF for EHD. The Sheriff's Office, as the entity that administers EHD, has the duty to conduct an independent investigation and to decide whether to accept the referred client into the program.

Rejection of an application happens in one of two ways: a client can be "disqualified" or "denied." (See Appendix D, "Notice of Disqualification from Electronic Home Detention.") Typically, "disqualification" relates to housing. A client will be disqualified from an EHD referral for being unhoused or for living in a household that chooses not to comply with the EHD requirements. Clients who live outside of Contra Costa County might be disqualified because the County does not have a reciprocal CAF agreement with their home county. A client might also be disqualified for not having a working cell phone or for having an outstanding warrant. In the past four years, 1,014 people were disqualified after a judge referred them to the program.

An EHD denial, on the other hand, is made at the discretion of the Sheriff's Office. A judge's decision to refer a client to CAF for EHD may be made in open court at the arraignment or as a part of a prehearing conference with the District Attorney, defense counsel, and sometimes the Probation Department. Information given to the Court by the attorneys about the suitability of a client for alternative detention is a part of the adversarial process. In some cases, the information available to the attorneys and the Court is incomplete.

The verification of a participant’s suitability for EHD rests with the Sheriff’s Office. In deciding whether to accept the Court’s referral, the Sheriff’s Office evaluates a variety of factors, including the following:

- Where the client lives and with whom
- Whether the house is and will remain free from drugs, alcohol, and firearms
- Whether the other residents of the house are willing to abide by the CAF requirements

The Sheriff’s Office reviews a participant’s criminal history to ensure that there is no reason to believe a participant will be a threat to the community while enrolled in the program. The officers also observe participants’ behavior during the process to ensure their suitability for the program.

A denial to the program is most often the result of the Sheriff’s Office discovering something objectionable while reviewing the client’s application and records—e.g., a history of violent offenses or a previous failure on the program. (See Appendix A for a partial list of deniable offenses.) “Denied” clients will:

- Be remanded into custody, or
- Be returned to Court, where they can be released on their own recognizance (in the case of a pre-trial hearing), or
- In rare cases, be allowed the opportunity to pay for their own EHD monitoring

In the past four years, the Sheriff’s Office has denied EHD to 327 people who were referred to CAF by the courts, including both those referred pre-trial and those referred post-conviction sentence.

The chart below shows the denials and disqualifications since 2022.

<b>Year</b>	<b>Denied</b>	<b>Disqualified</b>
<b>2022</b>	86	338
<b>2023</b>	54	262
<b>2024</b>	101	214
<b>2025</b>	86	200
<b>Totals</b>	<b>327</b>	<b>1,014</b>

With respect to denials, the Sheriff’s Office points out that it has access to information that may not be available in open court and takes the responsibility to act in the interest of public safety.

### **Notice of Disqualification/Denial/Dismissal Process**

California Penal Code Sections 1203.016 and 1203.018 set forth rules for administration of ankle monitoring programs and require an inmate who is denied participation or is removed to be notified in writing of the specific reason for the denial or removal. The notice of denial or

removal “shall include the participant’s appeal rights as established by program administration policy.”

When CAF disqualifies or denies a referral either pre-trial or post-sentencing, it posts a notice of this action with the Court (Appendix D) and mails a “Notice of Disqualification” (Appendix E) to clients at their last known address. The CAF Office also provides notice to the participant’s attorney of record if the action is taken pre-trial but does not provide additional notice to the attorney of record if the action is taken post-sentencing. Problems arise if clients do not receive the notice in a timely manner; they cannot depend on legal counsel for guidance if the attorneys are not notified of the denial.

## **Appeal Process**

California Penal Codes Section 1203.018(g)(2) (pre-trial EHD) and Section 1203.016(d)(2) (post-sentencing EHD) require written notice from the Sheriff’s Office (or its designee) to a participant upon rejection or removal from the program. The notice must state “specific reasons” and include “the participant’s appeal rights, **as established by program administrative policy**” (emphasis added). The Sheriff’s administrative policy for EHD is stated in its Policy and Procedure, Detention, No. 2.19.03, revised 11-12-2025 (Appendix F, hereinafter “EHD Policy Document”).

The EHD Policy Document does not include any language regarding the right to appeal disqualification or denial, rejection or removal. Detainees who are denied or disqualified from the program learn of those rights in the “Notice of Disqualification” letter. Thus, the Sheriff’s Office has not complied fully with the statute because the EHD Policy Document does not establish an appeal policy.

The Notice of Disqualification describes appeal rights as follows:

In accordance with Penal Code Section 1203.016(d)(2), you have a right to appeal your disqualification or removal within (10) days from the date above.

If you were disqualified prior to enrollment in Electronic Home Detention, appeals may be submitted in writing either sent by mail or hand delivered to the Custody Alternative Facility, 1011 Las Juntas Street, Martinez, CA 94553.

If you have been returned to custody, appeals may be submitted utilizing the “Inmate Request” slips routed to the Custody Alternative Facility.

The Custody Alternative Facility Commander or designee will respond in writing within ten (10) days of receipt of an appeal request. The Custody Alternative Facility Commander or designee may restrict excessive and/or repetitive appeals.

(Underline in the original.)

By not serving the participant’s last known attorney of record in post-sentencing cases with the Notice of Disqualification containing notice of appeal rights to be exercised within 10 days and

by failing to include appeal rights in the EHD Policy document, CAF deprives the participant of the protections of the statutes defining notice of appeal rights. The opportunity of the participant to effective and timely representation by counsel in seeking restoration to the program is limited.

### **Lack of Data**

Since 2023, the Sheriff's Office has presented a Quarterly Oversight Report to the Board. The report includes information such as the total number of bookings by each agency, demographic data for each city, arrest data by city of residence, recidivism rates, etc. The report typically includes one slide related to CAF with the following data:

- The cost of CAF as contrasted with the cost of incarceration
- The total number of CAF participants, including the ethnic breakdown of that population
- The program outcomes (successful v. returned to custody)

The report does not disaggregate CAF information for the three programs: EHD, SCRAM and WAP. This is significant for several reasons:

- CAF does not report demographic information on denials or disqualifications.
- CAF does not report who is denied participation in the three programs.
- CAF does not report reasons for denial or disqualification.
- CAF does not report rates of recidivism for those who are on EHD.

The costs of the three programs are never disaggregated; therefore, there is insufficient information to identify the cost of each separate program.

The Board recently approved the hiring of data analysts to create a portal which went live in April 2026. The portal is not accessible as of the publication of this report. When it was briefly accessible, however, it did not include the basic CAF information included in the Sheriff's Quarterly Report to the Board.

### **Documents in Languages Other Than English**

While most of the public-facing documents used in the CAF assignment process are available in Spanish, three are not: the "CAF Handbook," the "Court Referral to Alternative Custody," and the "Notice of Disqualification." None of the documents used in the process are available in Mandarin.

## **FINDINGS**

**F1.** The present administrative policy for Electronic Home Detention (EHD) does not set out an individual's right, or the procedure, to appeal the denial of participation in the EHD program.

**F2.** The Custody Alternative Facility (CAF) "Notice of Disqualification" does not cite Penal Code Section 1203.018(g)(2) (pre-trial EHD).

- F3.** The CAF “Notice of Disqualification” cites Penal Code Section 1203.016(d)(2) (post-sentencing EHD).
- F4.** CAF does provide notice to attorneys of record of denials and disqualifications for pre-trial individuals.
- F5.** If the participant is post-sentencing, the Notice of Disqualification is not sent to the last known attorney of record.
- F6.** CAF sends the Notice of Disqualification to participants at their last known address.
- F7.** Lack of notice of appeal rights to the last known attorney of record of a participant limits the participant’s opportunity for effective representation in the appeal of the CAF denial or removal.
- F8.** CAF does not report demographic information on denials or disqualifications.
- F9.** CAF does not report who is denied participation in the three programs.
- F10.** CAF does not report reasons for denial or disqualification.
- F11.** CAF does not report rates of recidivism for those who are on EHD.
- F12.** The costs of the three CAF programs are never disaggregated; therefore, there is insufficient information to identify the cost of each separate program.
- F13.** In 2025, the Board of Supervisors authorized the Sheriff’s Office to hire and designate staff to facilitate data collection.
- F14.** Not all EHD forms used by the public are available in languages other than English.

## RECOMMENDATIONS

- R1.** By December 31, 2026, the Sheriff’s Office should consider revising the administrative policy for EHD to include an explanation of the right to appeal under California Penal Codes Sections 1203.018 and 1203.016.
- R2.** By December 31, 2026, the Sheriff’s Office should consider directing CAF to send a post-sentencing “Notice of Disqualification” to the address of the last known attorney of record in addition to the notice mailed to the denied participant.
- R3.** By December 31, 2026, the Sheriff’s Office should consider collecting and publishing demographic information on denials or disqualifications for all three CAF programs.
- R4.** By December 31, 2026, the Sheriff’s Office should consider collecting and publishing reasons for denials or disqualifications for all three CAF programs.
- R5.** By December 31, 2026, the Sheriff’s Office should consider collecting and publishing rates of recidivism for EHD participants.

**R6.** By December 31, 2026, the Sheriff’s Office should consider collecting and publishing separate cost data for each of the CAF programs.

**R7.** By December 31, 2026, the Sheriff’s Office should consider translating all documents used by individuals in the CAF process into Spanish and Mandarin.

## REQUEST FOR RESPONSES

Pursuant to California Penal Code § 933(b) et seq. and California Penal Code § 933.05, the 2025-2026 Contra Costa County Civil Grand Jury requests responses from the following governing bodies:

<b>Responding Agency</b>	<b>Findings</b>	<b>Recommendations</b>
Contra Costa County Sheriff	F1-F14	R1-R7

These responses must be provided in the format and by the date set forth in the cover letter that accompanies this report. An electronic copy of these responses in the form of a Word document should be sent by e-mail to [ctadmin@contracosta.courts.ca.gov](mailto:ctadmin@contracosta.courts.ca.gov) and a hard (paper) copy should be sent to:

Civil Grand Jury – Foreperson  
725 Court Street  
P.O. Box 431  
Martinez, CA 94553-0091

Reports issued by the Grand Jury do not identify individuals interviewed. Penal Code section 929 requires that reports of the Grand Jury not contain the name of any person or facts leading to the identity of any person who provides information to the Grand Jury.

APPENDIX A

# Office of the Sheriff Contra Costa County

Sheriff's Work Alternative Program (SWAP)  
Electronic Home Detention (EHD)  
Secure Continuous Remote Alcohol Monitoring (SCRAM)



## **CUSTODY ALTERNATIVE FACILITY HANDBOOK**

**Custody Alternative Facility**  
1011 Las Juntas St.  
Martinez, CA 94553

## **MISSION**

The Contra Costa County Office of the Sheriff is committed to utilizing resources to their highest potential. This necessitates a strong progressive custody alternative program that provides alternatives to traditional incarceration while ensuring public safety.

The Custody Alternative Facility programs provide for public safety, maintain judicial confidence and, at the same time, allow participants to be contributing members of society while fulfilling their court ordered sentences.

## **CUSTODY ALTERNATIVE FACILITY PROGRAMS**

The Custody Alternative Facility (CAF) offers three alternatives to traditional custody:

### **Sheriff's Work Alternative Program (SWAP)**

Participants with sentences that result in no more than 30 actual days to serve are allowed to work at various assigned locations during daytime hours and receive day-for-day credit on their sentences.

### **Electronic Home Detention (EHD)**

Participants with sentences that result in more than 30 actual days to serve or referred by the court to EHD under Pre-Trial Conditions are fitted with an EHD monitor, scheduled for approved activities outside their residence, and are supervised electronically 24 hours a day. Their person, property, and home are subject to search at any time.

### **Secure Continuous Remote Alcohol Monitoring (SCRAM) / Remote Breath**

SCRAM is a continuous alcohol monitoring device worn on the ankle 24 hours a day. A participant may wear this device both on a pre-trial or sentenced basis in conjunction with EHD.

## **GENERAL INFORMATION**

### **(You are Pre-Trial or Post-Conviction)**

In lieu of jail, the court may have referred you to CAF for an evaluation of your suitability for enrollment in one of our Custody Alternative Programs.

1. **Referral by the court is not a guarantee you will be accepted into the program.** The CAF Sergeant or designee must approve your placement.
2. **The court referral to Custody Alternative Facility, also known as a “Promise to Appear”, requires you to contact CAF within two weeks after your court appearance or as otherwise directed on your court docket, Order of Probation or Promise to Appear.** Failure to do so may result in program denial or a warrant for your arrest.
3. **Participation is generally limited to Contra Costa County residents.** Exceptions may be made on a case-by-case basis after consideration of travel time and supervision requirements.
4. **You must be either pre-trial or post-conviction. You must be referred by the court to qualify for a Custody Alternative Program.**
5. **You cannot be on any other alternative custody program.**
6. **You must comply with all the rules and restrictions of the CAF program in which you participate (SWAP, EHD, or SCRAM).** Failure to do so will result in program failure and you may be taken into physical custody.
7. The facts of the committed offense will be evaluated during the review of your application. Your past criminal history will also be considered. You may be denied program placement, if the investigation disclosed that you have been convicted of, admitted to, or have a history of any of the following:
  - a. Sex crimes against a minor
  - b. Felony sex crimes
  - c. Arson
  - d. Manufacturing illegal drugs
  - e. Acts of violence against police or emergency personnel
  - f. Any violent crime as defined in California Penal Code Section 667.5(c)
  - g. Any serious felony crime as defined in California Penal Code Section 1192.7
  - h. Stalking crimes
  - i. Violation of court orders

*General Information, continued...*

- j. Domestic violence
- k. Three or more crimes involving violence
- l. Additional pending charges in any other court
- m. Violations of Vehicle Code Sections 2800.2 and/or 2800.3

**This is not a complete list of factors that may limit enrollment in a custody alternative program. Individuals are screened on a case-by-case basis for suitability.**

## **WHAT TO EXPECT**

1. If you have not received or completed your application in advance, you must arrive at least one hour early before your scheduled appointment. You must complete an application in order to start the booking process. If you arrive late for your scheduled appointment time, you may be turned away.
2. You will be booked at CAF during your first appointment (unless you are a transfer from another county). This appointment will require two or more hours, depending on the program. Please adjust your schedule (childcare, transportation, etc.) to accommodate this required period of time. Expect to return directly home after enrollment.
3. During the booking process, your information will be entered into the jail management system and you will be fingerprinted, photographed, and briefed on program rules, and regulations.
4. Hats, head coverings, coats, and bulky clothing are not allowed in the building at any time or in any photographs.
5. Wear loose pants to facilitate installation of a device on your ankle.
6. You must bring a valid picture ID to your enrollment appointment.
7. **CAF is a jail facility.**
  - a. **Do not bring children to your appointment.** CAF cannot accommodate children. You must arrange for their care and welfare during your appointment.
  - b. **You are subject to search when entering this facility.** Do not bring large items into the facility.
8. All CAF Deputies are equipped with body-worn cameras.

## **SHERIFF'S WORK ALTERNATIVE PROGRAM (SWAP)**

- Generally, you will be placed on SWAP if your actual days to serve are 30 days or less, unless your charges dictate you are not eligible.
- Worksites are available in many locations throughout Contra Costa County. There are no worksites available outside of the county.
- Your SWAP Case Manager will set up your work schedule. Not all job sites are available seven days a week, and there are no guaranteed worksites. Work schedules will not be changed.
- A minimum of eight (8) hours and a maximum of ten (10) hours worked per day will equal one (1) day of custody credit.
- You may be requested to work one to three days per week.
- You can be removed from SWAP for absences, late arrivals, non-compliance with rules, disruptive behavior, or being intoxicated.
- You are responsible for transportation to and from a worksite. Lunch is not provided.
- You may be required to submit to a drug test at any time on the program.

## **ELECTRONIC HOME DETENTION (EHD)**

- You will be placed on EHD if your actual days to serve are 31 to 365 days. Offenders sentenced to less than 31 days may be considered in special circumstances.
- You must provide unrestricted access to your place of residence in Contra Costa County.
- EHD must be specified as an option on the court docket that refers you to CAF. In-custody applicants may be considered for acceptance.
- You must have a cell phone and maintain cell phone service while on the EHD program so you can be reached at any time. Access to electricity is required for charging the device.
- If accepted to the EHD program, you will be assigned a Case Manager, will be required to attend weekly office visits, and will be subject to random urinalysis tests for drugs and alcohol.
- No alcohol, drugs, weapons or ammunition are allowed at your residence, in your vehicles, or in your possession.

*WHAT TO EXPECT / ELECTRONIC HOME DETENTION (EHD) Continued...*

- Employment and/or school attendance are subject to Case Manager verification and Sergeant approval and must not interfere with program requirements.
- EHD is a closely supervised program that requires absolute compliance by the participant. Failure to comply with rules may result in your physical return to custody.
- Uniformed Sheriff Deputies will periodically conduct random checks at your home.
- All adults living in the home in which you reside must sign an agreement acknowledging your program participation. They must also agree to cooperate and make all areas of the residence available for a search by deputies.
- You may not consume or possess any type of alcohol or drugs not prescribed to you by a doctor. You must provide a list and proof of all prescribed medications to your Case Manager and notify them if you get new medications. Medical marijuana is not permitted on the program, even with a prescription.
- EHD requires a strict schedule and rule adherence. While you may be able to go to work and perform other necessary tasks, you will not be allowed to go to non-essential activities, such as vacation, sporting events, or social functions.
- You will need to be able to show how you will legally get to work, office appointments, school, etc. You may be required to provide a valid driver's license.
- You must show up and be on time for your appointments. Attending weekly appointments is mandatory. Missing appointments and non-compliance of other rules can result in failure of the program, including placement into physical custody.

### **SECURE CONTINUOUS REMOTE ALCOHOL MONITORING (SCRAM)**

- You may be ordered on the SCRAM program by a referral from the courts.
- If accepted to the SCRAM program, you will be assigned a Case Manager and will be required to attend regular office visits.
- All applicants must have a cell phone and maintain cell phone service while on the SCRAM program so you can be reached at any time. Electricity is needed for charging some SCRAM devices.

## CAF PHONE NUMBERS

Enrollment Clerk ..... (925) 313-4260

Fax Number ..... (925) 313-4290

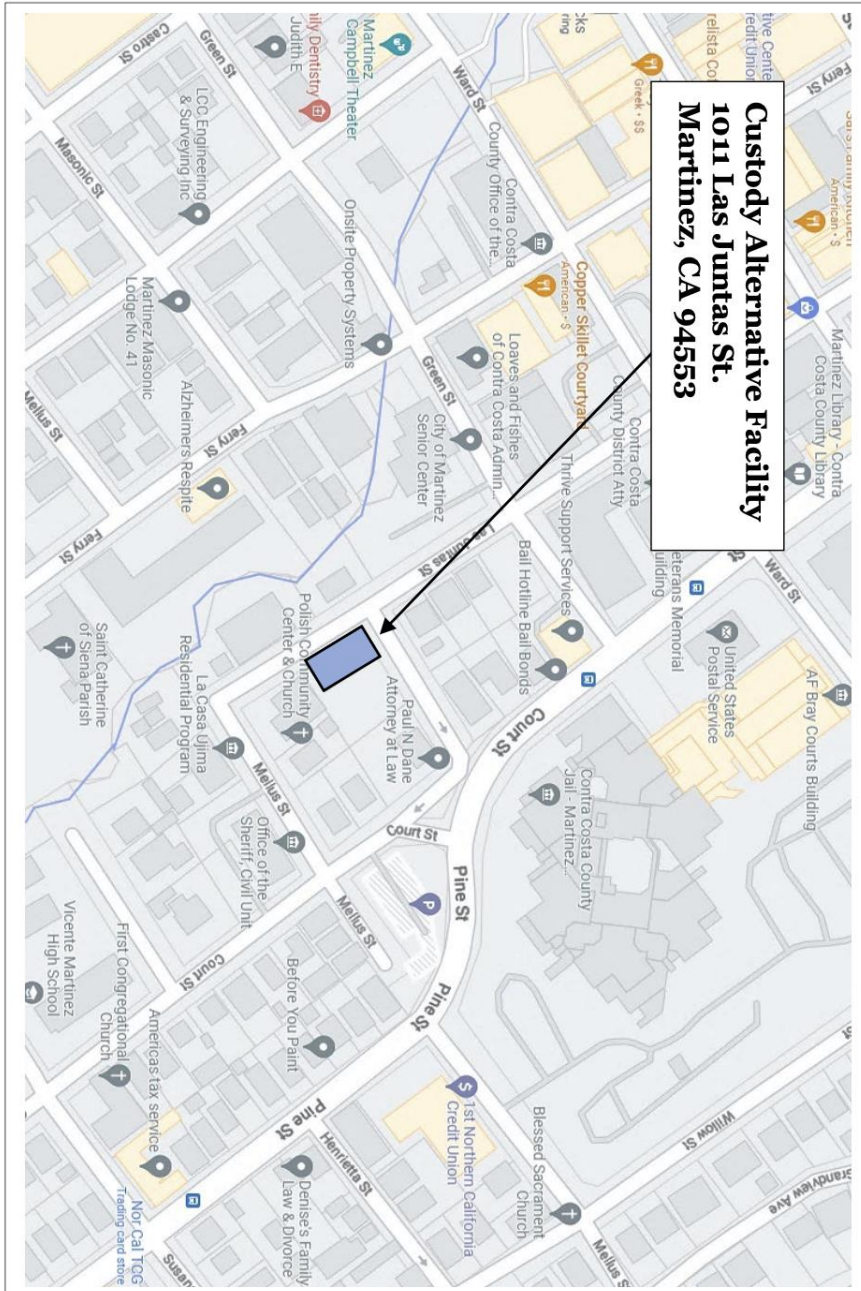
### CAF APPLICANT CHECKLIST

1. Go to Court and ask for a referral to the Custody Alternative Facility. If referred, ensure that all of the CAF paperwork from the court includes your accurate contact information.
2. Get a copy of your court minute order referring you to CAF. This may include paperwork titled "Clerk's Docket and Minutes" and "Court Referral to Custody Alternative Facility" (also known as "Promise to Appear".) This may also include an Order of Probation.
3. Call the appropriate CAF program enrollment clerk to schedule an appointment. You will need your docket number, which is located in the upper right corner of your Clerk's Docket and Minutes or Order of Probation.
4. Schedule an enrollment appointment. Ensure that you have all the required enrollment documents that apply. This may include proof of employment, including pay stubs and an official schedule; a list of future necessary appointments, car registration, etc.
5. Arrive 15 minutes early for your appointment on the day of your appointment and make sure that you bring all of the required documents. If you need to fill out forms, arrive 1 hour early. **DO NOT BE LATE!**

**Missing your appointment without calling  
may result in program disqualification.**

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

*Revised 06/10/2025*



Applicable Custody Alternative Penal Code: 1203.016



## APPENDIX B

### Alternative Custody Facility Enrollment Application

Custody Services Bureau, Custody Alternative Facility  
 1011 Las Juntas Street, Martinez, CA 94553 / Phone: (925) 313-4260 / Fax: (925) 313-4290 / Email: caf-ehd@so.cccounty.us



Name (Last Name, First Name Middle Name)			Suffix	Date of Birth
Other Names You Have Used (AKAs)				
Home Address (including Unit Number)		City	State	Zip Code
Cell Phone Number	Home Phone Number	Place of Birth (City, State)		
Email Address				U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Emergency Contact (Name)		Relationship	Phone Number	<input type="checkbox"/> Cell Phone <input type="checkbox"/> Home Phone
Race (Check One):	<input type="checkbox"/> American Indian	<input type="checkbox"/> Black	<input type="checkbox"/> Unknown	
	<input type="checkbox"/> Asian	<input type="checkbox"/> White	<input type="checkbox"/> Other: _____	
Ethnicity (Check One):	<input type="checkbox"/> Hispanic or Latino		<input type="checkbox"/> Non-Hispanic or Not Latino	
Height	Weight	Hair Color	Eye Color	Gender
Driver's License / State ID Number		License Status:		
		<input type="checkbox"/> Valid	<input type="checkbox"/> Suspended	<input type="checkbox"/> Revoked
		<input type="checkbox"/> Restricted	<input type="checkbox"/> None Issued	
United States Military Status (AB 2568 Requirement)				
Have you served in a branch of the U.S. Military?		If yes, which branch of service?		
<input type="checkbox"/> Yes <input type="checkbox"/> No		<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Coast Guard
If Yes, Rank:		<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Navy	<input type="checkbox"/> Space Force
Status:	<input type="checkbox"/> Active	<input type="checkbox"/> Honorable Discharge	<input type="checkbox"/> Less Than Honorable Discharge	<input type="checkbox"/> Dishonorable Discharge
Do you have any medical or physical condition(s) that might make it harmful to wear an electronic monitor? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , please discuss this condition with your doctor prior to applying to CAF.				
<b>Transfer or Local:</b> Are you applying to transfer into Contra Costa County's EHD program from another county? <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>YES</b> , which county? _____				
<b>Weapons / Firearms:</b> Are there any firearms or ammunition where you will live? <input type="checkbox"/> Yes <input type="checkbox"/> No If "Yes", they must be stored at another location. Applicant initials acknowledging this requirement: _____				
The CAF program requires participants attend scheduled appointments at the CAF office in Martinez on a weekly basis. Will you have reliable transportation to get to the CAF office, whether rides, public transportation, etc.? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Vehicle Information:</b> (The vehicle used to travel to/from office visits.) Make: _____ Model: _____ Year: _____ Color: _____ License Plate: _____				

**Employment / School Information**

Employer or School			
Occupation		Employer/School Phone Number	
Employer/School Address (including Unit/Suite Number)	City	State	Zip Code
Work Supervisor's Name		Supervisor's Phone Number	
Work/School Schedule (Days and Hours)			
Is your work/school schedule consistent or does it change? <input type="checkbox"/> Consistent <input type="checkbox"/> Changes / Frequency of Changes: _____			
Do you work in one location or does your job require you to be in multiple locations? <input type="checkbox"/> One Location <input type="checkbox"/> Multiple Locations			

**If you have a second job or attend a second school, complete this section:**

Employer or School			
Occupation		Employer/School Phone Number	
Employer/School Address (including Unit/Suite Number)	City	State	Zip Code
Work Supervisor's Name		Supervisor's Phone Number	
Work/School Schedule (Days and Hours)			
Is your work/school schedule consistent or does it change? <input type="checkbox"/> Consistent <input type="checkbox"/> Changes / Frequency of Changes: _____			
Do you work in one location or does your job require you to be in multiple locations? <input type="checkbox"/> One Location <input type="checkbox"/> Multiple Location			

I authorize the Contra Costa County Sheriff to contact my employer(s) and/or school(s) to verify my employment and/or school status, my work and/or school schedule, and my work and/or school location(s).

**Applicant Initials:** \_\_\_\_\_

# APPENDIX C

**OFFICE OF THE SHERIFF**  
**Contra Costa County**

**Custody Services Bureau**  
**Custody Alternative Facility**  
1011 Las Juntas Street  
Martinez, CA 94553  
Phone: (925) 313-4260  
Fax: (925) 313-4290  
Email: caf-ehd@so.cccounty.us



**DAVID O. LIVINGSTON**  
**Sheriff-Coroner**

**Michael V. Casten**  
**Undersheriff**

## **CUSTODY ALTERNATIVE FACILITY** **ELECTRONIC HOME DETENTION/SCRAM AGREEMENT**

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

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

You will be enrolled today into the EHD/SCRAM Monitoring program for supervision.

This supervision will terminate on \_\_\_\_\_

You are subject to the following agreements and conditions:

- Should you violate any conditions of the program, you may be returned to physical custody.
- You may also be subject to disciplinary action depending on the nature of the violation.
- Whenever any problems arise or you do not understand what is expected of you, talk to the Case Manager assigned to you.

Read the agreements and conditions below and initial to the left that you have read that agreement.  
Agreements marked with an asterisk (\*) are for participants only on SCRAM monitoring.  
EHD participants must read and follow **all** the rules listed below.

### **AGREEMENTS**

\* \_\_\_\_\_ I agree to waive extradition to the State of California from any State or Territory of the United States, or from the District of Columbia. I also agree that I will not contest any effort to return me to the State of California.

\_\_\_\_\_ I agree that any law enforcement officer or Custody Alternative Facility (CAF) staff may search my person, my residence, my vehicle, and any property under my control without a warrant at any time.

\* \_\_\_\_\_ I agree not to leave the general San Francisco Bay Area or the State of California without prior written approval of the CAF program staff.

### **CONDITIONS**

\_\_\_\_\_ DO NOT possess or have under your control any firearms/dangerous weapons, in the home or on the property while on the program.

\* \_\_\_\_\_ DO NOT engage in any conduct prohibited by law (Federal, State, County or Municipal).

\* \_\_\_\_\_ Promptly notify the CAF office of any police contact or arrest. Whether it is as a victim, a suspect, a witness, in an accident or related to a ticket/citation, etc.

\* \_\_\_\_\_ Follow any Protective/Restraining Orders that are filed against you.

\_\_\_\_\_ Reside in confirmable housing as determined to be suitable by the Custody Alternative Facility.

\_\_\_\_\_ Allow unrestricted access to the place of residence.

\* \_\_\_\_\_ Maintain a working phone by which you can be contacted anytime and anywhere.

\_\_\_\_\_ You will be subject to random, unannounced personal and/or telephone contact at your place of residence and employment.

*Continued on Next Page*

CONDITIONS Continued...

- \* \_\_\_\_\_ DO NOT operate any motor vehicle unless licensed to do so by the California Department of Motor Vehicles.
- \* \_\_\_\_\_ Ensure current registration and legal liability insurance are maintained for any motor vehicle driven by you and any person who provides transportation. Be prepared to provide documentation.
- \* \_\_\_\_\_ Have a back-up transportation plan to include public transportation if you are not properly licensed to drive and/or do not have a permanent mode of transportation.
- \_\_\_\_\_ With your case manager, create and maintain a daily schedule and be present at the listed location(s) at the hours agreed upon on the printed schedule. Failure to follow your schedule will be considered a violation.
- \_\_\_\_\_ Failure to return to your place of confinement at the prescribed time can be considered escape. [Penal Code §4532(e)]
- \_\_\_\_\_ Scheduled appointment times and/or scheduled time out of the home are subject to change upon notice by CAF staff.
- \_\_\_\_\_ "Home" is defined as inside the four walls of where you reside.
- \* \_\_\_\_\_ Ensure you have access to electricity to charge any required device. Failure to properly maintain the charge of your device is a program violation and may result in return to physical custody.
- \_\_\_\_\_ Confine all pets to allow free access to your residence by CAF staff.
- \* \_\_\_\_\_ Keep your Case Manager informed of any change in residence or phone number.
- \_\_\_\_\_ Keep your Case Manager informed of your current job location, especially if it is subject to change.
- \_\_\_\_\_ Keep your Case Manager notified of schedule changes as soon as you are aware. As a rule, same day changes are not permitted.
- \_\_\_\_\_ Any change of schedule without prior permission from your Case Manager, or that of another Case Manager, will be considered a schedule violation. **Prior permission means that you must speak VOICE-TO-VOICE with a Case Manager, whether in person or over the phone. After leaving a voicemail message, it must be followed with voice-to-voice contact with a Case Manager.**
- \* \_\_\_\_\_ Advise your Case Manager of doctor/dental appointments as soon as they are made. This is for yourself or immediate family members only.
- \_\_\_\_\_ Call your Case Manager or the Deputies if you need to leave home for urgent or emergency care. Call as soon as possible and proceed immediately to the nearest hospital. Voicemail messages may be left in these instances; however, voice-to-voice contact must be made as soon as possible.
- \_\_\_\_\_ Provide documentation for any and all medical or dental visit/treatments. This includes routine, urgent care and emergency visits.
- \_\_\_\_\_ Employment and/or school attendance are subject to Case Manager verification and Sergeant approval and must not interfere with program rules and conditions.
- \* \_\_\_\_\_ Inform your Case Manager of any additional active or new criminal cases in Contra Costa County or other counties.
- \* \_\_\_\_\_ The installation of a second monitor by a county other than Contra Costa County is prohibited while enrolled on a CAF program. Inform your Case Manager if the installation of another monitor is a condition stipulated by another county.
- \* \_\_\_\_\_ Behavior with CAF staff must be professional at all times. Poor attitude and/or uncooperative behavior may result in return to physical custody.

Continued on Next Page

CONDITIONS Continued...

Revised 01/27/25

Page 2

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CONDITIONS Continued...

- \* Make direct contact with CAF staff yourself. Interference or calls from family and friends will not be accepted. The conduct of your family and friends at CAF and in your home are your responsibility. You will be held accountable for interference by and behavior of family and/or friends.
- \* Deputies will be equipped with body-worn cameras at the CAF office and during house (home) checks.
- \* Repeated tardiness may result in your return to physical custody.
- \* Missing a weekly office visit without prior permission may result in your return to physical custody.

I hereby consent to the foregoing Terms and Conditions of Release. I understand that any violation of the conditions may result in my immediate arrest and return to physical custody. I have reviewed these conditions and agreement with the CAF program Case Manager and have received a copy of same.

Participant Signature - \_\_\_\_\_ Date

Case Manager - Select Case Manager \_\_\_\_\_ Date

**YOUR RIGHTS ON THE PROGRAM**

I understand that the Custody Alternative Facility recognizes that program participants have certain rights relative to the conditions or type of supervision. They are:

- The freedom from discrimination based on race, religion, national origin, sex, age, handicap or political belief or any other protected class.
- The right to participate in local, state and federal elections.
- The availability of a written grievance procedure that includes at least one level of appeal.
- Access to clergy for legitimate religious practices, subject only to the limitations necessary for supervisory control.
- Access will not be denied or limited to any of the following: Courts, counsel, program officials, government officials, and administrators of the grievance systems. Participants seeking judicial or administrative redress will not be subjected to reprisals or penalties as a consequence.
- The expectation that unnecessary force, embarrassment or indignity will be avoided during searches.
- Not to be subjected to any form of punishment, which is cruel, corporal or harassing.
- Interpretation of regulations will be the least restrictive necessary to the security level of the participant.

I have read/had read to me and have been given a copy of the rights described on this form.

Participant Signature - \_\_\_\_\_ Date

Case Manager - Select Case Manager \_\_\_\_\_ Date

## CONTROLLED SUBSTANCE AND ALCOHOL AGREEMENT

**I agree that I may be either rejected or denied further consideration for acceptance, or participation, into any of the Custody Alternative Facility programs for any of the following reasons:**

- Refusal to submit to a random drug test (either urinalysis or intoxilyzer). A refusal may be considered a positive test.
- Submitting a test, and that test shows positive for a non-prescribed or unlawful controlled substance (drug) and/or alcohol, including tetrahydrocannabinol (THC).
- Failing to provide a sample test after three (3) attempts (either urinalysis or intoxilyzer). Failure to test upon request will be considered the same as a refusal, and this may cause me to be returned to physical custody regardless of the reason.

**I also agree:**

- To be prepared to give a urine test at every office visit.
- That urine tests showing a result of "diluted" can lead to consideration and/or a determination that my urine test was manipulated.
- That I may be called into the Custody Alternative Facility at any time to provide a random urine test.
- Not to use, possess, or have under my control, any drug, narcotic or drug paraphernalia, unless prescribed to me by a licensed physician, and that no alcoholic beverages, products containing THC, narcotics or paraphernalia will be in the home, or on the property where I reside while on the program.
- Not to use any over the counter medications without my Case Manager's knowledge, and not to use any that contain alcohol or pseudoephedrine (Sudafed).
- To provide proof of prescription medications in my name upon request.
- To completely abstain from the use of alcoholic beverages, including non-alcoholic beer.
- Not to frequent any place where alcohol is the main order of business. (Participants will not be allowed to recreationally visit casinos, bars, or similar businesses.)
- Not to associate with ex-felons, persons with a criminal history, gang members, or any person that CAF staff advises against associating with.
- Not to have a social gathering of more than two (2) adults (other than residents) at home without approval by CAF staff.
- To participate in a counseling program as prescribed by the court, and not to leave or terminate any such counseling program prescribed by the court without the express consent of the court.
- That I understand that this agreement extends from the time of my interview for acceptance into any of the CAF programs, to my prospective release date.

**I have read and fully understand the meaning and intent of this agreement.**

\_\_\_\_\_  
Participant Signature - \_\_\_\_\_

\_\_\_\_\_  
Date

\_\_\_\_\_  
Case Manager - \_\_\_\_\_

\_\_\_\_\_  
Date

## UNAUTHORIZED EQUIPMENT REMOVAL AGREEMENT

I fully understand and agree to the following:

- \* \_\_\_\_\_ I will not intentionally tamper and/or cause damage to the equipment assigned to me.
  
- \* \_\_\_\_\_ I will not unnecessarily remove the equipment from my ankle. Equipment removal must be performed either by a Case Manager or Custody Alternative Facility Deputy. In the event of a medical emergency, in which the equipment must be removed, I agree to provide medical documentation and immediately contact a Case Manager or Custody Alternative Facility Deputy for further reporting instructions and requirements.
  
- \* \_\_\_\_\_ I will notify my Case Manager and/or Custody Alternative Facility Deputies immediately if the ankle device comes off.
  
- \* \_\_\_\_\_ That intentionally tampering, removing or damaging the equipment will result in:
  - Removal from the program  
AND/OR
  - My immediate return to physical custody and a charge of escape pursuant to Penal Code Section 4532:
    - 4532(a)(1) – Misdemeanor: punishable by imprisonment in the state prison for a determined term of one year and one day, or in a county jail not exceeding one year.
    - 4532(b)(1) – Felony: punishable by imprisonment in the state prison for 16 months, two years, or three years, to be served consecutively, or in a county jail not exceeding one year.

**By Initialing above and signing below, I certify that I have read and fully understand the meaning and intent of this agreement.**

Participant Signature - \_\_\_\_\_ Date \_\_\_\_\_

Case Manager - \_\_\_\_\_ Date \_\_\_\_\_

### EHD PARTICIPANT EQUIPMENT AGREEMENT

I acknowledge receipt of the following equipment:

- **GPS** (Damage/Loss Value: \$850.00)
- **Charger** (Damage/Loss Value: \$50.00)
  - I accept and understand my responsibility for the care and protection of this equipment.
  - I also understand I will be held financially responsible for any damage and/or loss of the equipment while it is in my care.
  - I will promptly surrender this equipment to the EHD program staff upon demand or on my date of release.
  - I further understand and agree that Contra Costa County, its officials, employees and agents are not liable for any damages or other costs incurred subsequent to my wearing, using or tampering with the electronic monitoring equipment.

#### ANKLE DEVICE CONDITIONS

- The ankle device can go on the inside or outside of either leg.
- You are to notify your Case Manager immediately if the ankle device comes off and come to the office as soon as possible or as directed.
- The ankle device must be charged for one full hour in the morning and one full hour in the evening. Each charging cycle must be 10 to 12 hours apart. Some instances may require more frequent charging. Failure to properly maintain the charge of your device is a program violation and may result in return to physical custody.
- The ankle device is water resistant. Showers are okay, but not baths. DO NOT SUBMERGE the device.
- DO NOT use a waterbed or electric blankets.
- You will be held accountable for hearing and responding to calls, alerts, and visits from staff.
- If needed, you will return immediately to CAF to exchange equipment at any time while on the program.
- All equipment and accessories must be returned for inspection on your date of release. You may be sent home to pick up any piece that is missing before you are released from the program.
- Refer to your Participant User Guide for explanations of your anklet's vibrations and/or flashing lights.

**I HAVE READ THE ABOVE INSTRUCTIONS CONCERNING THE EQUIPMENT THAT WILL BE ASSIGNED TO ME WHILE ON THIS PROGRAM.**

Participant Signature - \_\_\_\_\_

\_\_\_\_\_ Date

Case Manager - \_\_\_\_\_

\_\_\_\_\_ Date

# APPENDIX D

OFFICE OF THE SHERIFF  
Contra Costa County

Custody Services Bureau  
Custody Alternative Facility  
1011 Las Juntas Street  
Martinez, CA 94553  
Phone: (925) 313-4260  
Fax: (925) 313-4290  
Email: caf-ehd@so.cccounty.us



DAVID O. LIVINGSTON  
Sheriff-Coroner

Michael V. Casten  
Undersheriff

### Select Notification Type

Number of Pages of This Notification: 1

DATE: \_\_\_\_\_ FROM: \_\_\_\_\_

TO: Select Court (or Probation) DEPT: \_\_\_\_\_

DEFENDANT: \_\_\_\_\_

DOCKET(S) [Attached]: \_\_\_\_\_

REFERRED TO: Select Program to Which Referred DATE REFERRED: \_\_\_\_\_

STATUS: Select Status/Action

- PRE-TRIAL – PLEASE FORWARD TO APPROPRIATE ATTORNEYS  
 SENTENCED, NO ATTORNEY NOTIFICATION

Per applicable Penal Code sections, including 1203.018(c)(1)(C)(2), 1203.018(f), 1203.016(c) and/or 1203.016(d), the above-named participant was removed from the above program.

The reason(s) for this action are listed below:

- Failed to appear for enrollment appointment.  Lack of suitable housing.  
 Escaped from custody. Sheriff's report number \_\_\_\_\_  Outstanding warrant(s).  
 Urine test revealed \_\_\_\_\_  Intoxication: B.A. Level: \_\_\_\_\_  
 Previously disqualified or failed twice. (Automatically disqualified on subsequent re-referral).  
 Failed to comply with program rules:  
 Failed to appear for scheduled office visit(s).  Unbecoming conduct toward CAF staff/deputies.  
 Failed to follow his/her approved schedule.  Refused to submit to random urine test.  
 Failed EHD Deputy house check.  Other: \_\_\_\_\_

Notes:

DISQUALIFIED FROM PROBATION  
DISQUALIFIED FROM PRE-TRIAL  
DISQUALIFIED FROM SHERIFF'S EHD ALTERNATIVE PROGRAM  
MOVED TO THE ABOVE PROGRAM

CUSTODY STATUS: NOT IN CUSTODY DATE SENT TO CUSTODY: \_\_\_\_\_

CAF Court Notification – Revised 02/03/25

For any questions concerning this matter, contact CAF at (925) 313-4260.

OFFICE OF THE SHERIFF, Contra Costa County  
Custody Services Bureau, Custody Alternative Facility  
1011 Las Juntas Street, Martinez, CA 94553 / (925) 313-4260 / Fax: (925) 313-4290  
Email: caf-ehd@so.cccounty.us



Page 2 of 2

Select Notification Type \_\_\_\_\_ (Continued)

DATE: \_\_\_\_\_ FROM: \_\_\_\_\_

DEFENDANT: \_\_\_\_\_

DOCKET(S): \_\_\_\_\_

NOTES (Continued...):

Large empty rectangular box for notes.

CAF Court Notification - Revised 02/03/25

For any questions concerning this matter, contact CAF at (925) 313-4260.

DROP DOWN OPTIONS

Select Notification Type

Select Notification Type
COURT NOTIFICATION
<b>PROBATION NOTIFICATION</b>
COURT PROBATION NOTIFICATION
COURT / COURT PROBATION NOTIFICATION
COURT NOTIFICATION - WARRANT REQUESTED
COURT PROBATION - WARRANT REQUESTED
PROBATION NOTIFICATION - WARRANT REQUESTED

TO: Select Court (or Probation)

:FEND	Select Court (or Probation)
CKET	MARTINEZ SUPERIOR COURT -
FERR	PITTSBURG SUPERIOR COURT -
ATUS	RICHMOND SUPERIOR COURT -
	CONTRA COSTA COUNTY PROBATION
	CONTRA COSTA COURT PROBATION

SENTENCED, NO ATTORNEY NOTIFIC.

Select Status/Action

Select Status/Action
DISQUALIFIED FROM SENTENCED EHD
DISQUALIFIED FROM PRE-TRIAL EHD
DISQUALIFIED FROM PRE-TRIAL SCRAM
DISQUALIFIED FROM SHERIFF'S WORK ALTERNATIVE PROGRAM
FAILED THE ABOVE PROGRAM
NOT ENROLLED IN THE ABOVE PROGRAM
REFERRED BACK TO COURT
PENDING ENROLLMENT IN ABOVE PROGRAM

1203.018(c)(1)(C)(2), 1203.018(f), 1203.016(c) and/or removed from the above program.

- not enrolled in the above program.
- disqualified from enrollment in the above program.
- placed/returned to physical custody.
- referred back to court.
- removed from the above program.
- scheduled for enrollment in the above program.
- notified of the below violation(s) and court notification.

CUSTODY STATUS: NOT IN CUSTODY

CAF Court Notification - Revised

- REMAINS ON CAF PROGRAM
- RETURNED TO PHYSICAL CUSTODY
- NOT IN CUSTODY

# APPENDIX E

OFFICE OF THE SHERIFF  
Contra Costa County

Custody Services Bureau  
Custody Alternative Facility  
1011 Las Juntas Street  
Martinez, CA 94553  
Phone: (925) 313-4260  
Fax: (925) 313-4290



DAVID O. LIVINGSTON  
Sheriff-Coroner

Michael V. Casten  
Undersheriff

## NOTIFICATION OF DISQUALIFICATION FROM ELECTRONIC HOME DETENTION

Date: \_\_\_\_\_  
To: \_\_\_\_\_  
Booking or Docket #: \_\_\_\_\_  
From: \_\_\_\_\_

### Reason(s) for Removal:

- |   |   |
|---|---|
| <input type="checkbox"/> Current or Prior Arrest(s)/Conviction(s) History | <input type="checkbox"/> Non-Verifiable or Unsuitable Housing |
| <input type="checkbox"/> Past Custody Alternative Program Failure         | <input type="checkbox"/> EHD/SWAP Rule Violation(s)           |
| <input type="checkbox"/> Court Denied Program Participation               | <input type="checkbox"/> Pending Charge(s) and/or Warrant(s)  |
| <input type="checkbox"/> Failure to Appear                                | <input type="checkbox"/> Self-Surrender                       |
|   | <input type="checkbox"/> Does Not Meet Administrative Policy  |

In accordance with Penal Code Section 1203.016(d)(2), you have a right to appeal your disqualification or removal within (10) days from the date above.

If you were disqualified prior to enrollment in Electronic Home Detention, appeals may be submitted in writing either sent by mail or hand delivered to the Custody Alternative Facility, 1011 Las Juntas Street, Martinez, CA 94553.

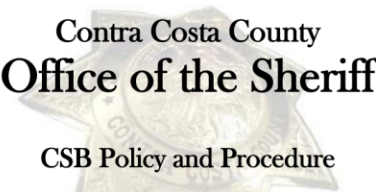
If you have been returned to custody, appeals may be submitted utilizing the "Inmate Request" slips routed to the Custody Alternative Facility.

The Custody Alternative Facility Commander or designee will respond in writing within ten (10) days of receipt of an appeal request. The Custody Alternative Facility Commander or designee may restrict excessive and/or repetitive appeals.

This notice furnished to the individual named above.

CAF EHD Disqualification Letter - Revised 02/03/25

## APPENDIX F

 <p style="margin: 0;"><b>Contra Costa County</b> <b>Office of the Sheriff</b>  CSB Policy and Procedure</p>	<b>DETENTION</b>	<b>NUMBER:2.19.03</b>
	<b>RELATED ORDERS:</b> PC 830.1, 840, 1203.016, 1203.017, 1203.018, 1208.2, 1208.5, 4004, 4019 People v. Superior Court (Hubbard), People v. Raygoza (2016) 2 cal. App. 5 <sup>th</sup> 593	
<b>ISSUE DATE: 11-30-2023</b> <b>REVISION DATE: 11-12-2025</b>	<b>CLEARANCE:</b>  <b>Custody</b>	
<b>CHAPTER:</b>  <b>Custody Alternative Facility</b>	<b>SUBJECT:</b>  <b>Electronic Home Detention</b>	

**I. POLICY**

- A. The Sheriff's Office's commitment to utilizing resources to their best potential necessitates a strong and progressive Electronic Home Detention (EHD) program, which maximizes alternatives to traditional incarceration while also ensuring public safety. The EHD program provides for public safety, maintains judicial confidence, and allows the offender/ participant to be a contributing member of society while completing their court sentence.

**II. PROGRAM PURPOSE**

- A. The EHD program allows selected individuals who are sentenced to county jail commitments to participate in the home detention program administered by the Office of the Sheriff. The EHD participant is closely supervised utilizing personal supervision and electronic monitoring equipment. The program is voluntary, and participants are given the opportunity to apply via a court referral. Participants are limited statutorily to those defined under section Penal Code §1203.016 and are screened to ensure they meet the program's selection criteria.
- B. EHD also includes the placement of inmates who are unable to post bail pursuant to Penal Code §1203.018; those inmates placed on electronic monitoring in lieu of being released on their own recognizance. as well as involuntary commitments pursuant to Penal Code §1203.016.
- C. Applicants are selected who can benefit from a tightly structured program allowing them to return to specified community programs and employment. The supervision in the program is individually structured to provide the participant with appropriate support to be successful. The support afforded by the program is essential to prompt participants to be more productive and to develop a self-reliant lifestyle that could curb recidivism. Safety for the community is paramount.
- D. EHD shall be operated in accordance with Sheriff's Office policies and procedures, EHD program rules and regulations, and in compliance with applicable laws.

### **III. DEFINITIONS**

- A. **PARTICIPANT:** An individual who has been charged or convicted in a criminal case.
- B. **ESCAPE.** Escapes, for purposes of this manual, shall be defined as cutting/tampering or rendering the bracelet strap and/or monitor inoperable.
- C. **CONCURRENT SENTENCING:** Multiple commitments that allow two or more sentences to be served at the same time.
- D. **CONSECUTIVE SENTENCING:** Multiple commitments for which two or more sentences run one after the other, with the term to be served equal to the cumulative total of all sentences.

### **IV. GENERAL**

#### **A. VALID BOOKING AUTHORITY**

- 1. **Commitment:** A court order docket referring the offender to CAF for the SWAP program.
- 2. **Out-of-County Commitment:** An out-of-county commitment docket with a written request from the referring agency. All transfer requests into and out of Contra Costa County are subject to approval by CAF staff.

#### **B. BOOKING PROCESS**

- 1. Participants may be required to submit to a drug screening test during the application process, placement into the program, and/or during program participation. A positive drug test (including medical marijuana) may result in disqualification and/or removal from the program and the participant may be returned to custody.
- 2. The participant will be booked into the jail management system.
- 3. The participant will be fingerprinted and photographed.
- 4. The participant will be thoroughly briefed on the rules, regulations, and procedures for the EHD Program.
- 5. Prior to, or on the date of booking, the participant will read and sign the following documents:
  - a. EHD rules which contain the following:
    - EHD home detention agreement;
    - the participant's rights while in the program;
    - controlled substance and alcohol agreements;
    - unauthorized equipment removal agreement, to include replacement costs of the device(s); and
    - program participation agreement.

6. The participant's work program, inclusion zone, exclusion zone(s) if applicable, and scheduled times away from their residence will be determined and entered into the EHD management system.
7. The participant will be given complete instructions concerning the operation and charging of the EHD equipment (GPS monitoring device) that will be attached to the participant's ankle.
8. Equipment operation will be verified in the EHD monitoring system before the participant leaves the office.
9. The participant may have additional conditions of participation in the EHD program (residential treatment program participation, treatment group attendance, etc.). These additional conditions will be documented and presented to the participant at the time of booking. Whenever possible, these conditions should be based on court documentation or an participant's needs as verified by the Case Manager, who may require proof.

C. PROGRAM REQUIREMENTS

1. Unrestricted access to the place of residence in Contra Costa County for Sheriff's Office staff to conduct random, unannounced home checks.
  - a. The term residence may include a residential treatment program.
2. Adequate access to an active telephone (cellular or residential).
3. Adequate access to electricity for unit charging purposes.

D. RESTRICTED ITEMS

1. Firearms, alcohol, and illegal drugs (including medical and recreational marijuana) are prohibited from being in the participant's residence or used by the participant or in the possession of the participant during the program period without prior program staff approval.

E. RULES/REGULATIONS

1. As part of the orientation process, participants placed on EHD will be advised of the EHD rules and regulations of the program and will be provided with a signed copy of the forms.
2. Scheduled locations may include, but are not limited to, places of employment, courts, schools, day reporting centers, probation, and parole offices, and medical or program appointments. EHD staff may authorize overnight, or other absences as appropriate, and such absences must be documented in the participant's file.
3. Participants will not be allowed to recreationally visit casinos, bars, or similar businesses. Employment in these businesses must have prior approval by CAF staff.
4. Unauthorized stops may be excused in the case of a medical or other type of emergency. In all cases, the participant must advise EHD staff as soon as practical and must present evidence (receipt) of medical treatment and/or the

5. Changing the place of the scheduled location for an approved destination or telephone number without prior approval of EHD staff is not permitted.
6. Damage or loss of monitoring equipment may result in program removal and the participant being held financially and/or criminally responsible for the damage or loss.
7. Consumption or use of alcoholic beverages or illegal drugs (including medical and recreational marijuana) is prohibited and may result in program removal.
8. Abuse, misuse, or taking any prescribed medication in a manner other than specifically instructed by the prescribing physician is prohibited and may result in program removal without proof of a valid prescription.
9. Being arrested or charged with any crime including a misdemeanor traffic violation, while on the program, is prohibited and may result in program removal.
10. Associating with ex-felons, persons with a criminal history, gang members, or any person whom EHD staff advises the participant not to associate with is prohibited and may result in program removal.
11. Allowing a social gathering of more than two (2) adults (other than residents) at the participant's home without approval by EHD staff is prohibited and may result in program removal.
12. Possessing, transporting, or using any type of firearm/weapon or police radio/scanner while on the program is prohibited and may result in program removal.
13. Lying to or being uncooperative with EHD staff or law enforcement officers is prohibited and may result in program removal.
14. Participants may be permitted a scheduled time away from their residence as approved by EHD staff. Participants who are unemployed may request scheduled time away from their residences to seek employment. The participants shall be required to advise and provide proof to program staff of the locations at which they applied for employment. Failure to follow staff orders may result in this privilege being revoked.
15. Minor rule violations may result in documented verbal warnings and potential reductions of scheduled time away from their residences. Repeated minor rule violations may result in program removal and return to jail.
16. Major rule violations may result in program removal and return to jail. Examples of major rule violations include, but are not limited, to the following:
  - a. Repeated violation of scheduling restrictions;
  - b. Tampering with any part of the EHD equipment;
  - c. Unauthorized absence from a scheduled location;
  - d. Testing positive for illegal drugs, recreational and medical marijuana, and/or alcohol; or

- e. Violation of protective orders and exclusion zones.

F. FIELD OPERATIONS

1. Deputies shall conduct residential house checks with two Deputies. Assistance from local law enforcement may be required any time an arrest is anticipated, or other circumstances exist which may compromise the officer's safety.
2. Field units will not proceed to any location/residence where weapons are suspected to be located, or where the officer(s) suspects that force may be used, without first contacting his/her immediate supervisor and the corresponding law enforcement agency for assistance.

G. COMPUTING SENTENCES

1. The CAF Sergeant will calculate the sentence at the time the scheduled appointment is entered into the jail management system.
  2. Commitment papers received from the courts are maintained in booking folders, which must contain the following information:
    - a. Applicant's name;
    - b. Court docket, including:
      - Length of sentence,
      - Court credits,
      - Concurrent or consecutive sentencing,
      - Judge's signature, and
      - Court seal or filing stamp;
    - c. Promise to Appear; and
    - d. Date sentence to start (enrollment date).
  3. Prior to computing the release date, staff will review the commitment papers carefully to determine the following:
    - a. Commencement date;
    - b. Length of sentence; and
    - c. Credit for time served.
  4. All sentences are considered concurrent unless the commitment states otherwise. When a participant is active in a program, all additional commitments must be reviewed to ascertain whether concurrent or consecutive sentencing has been specified by the court. In the absence of such specifications, the court will be contacted for clarification.
  5. Good Time and Work Time credits will be given to participants on EHD as directed by the court. All participants will receive court-directed credits.
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## H. SUPERVISION

1. Participants will be monitored using three levels of supervision. A participant's supervision level will be determined based on the participant's ability to follow jail or program rules, the potential threat to public safety, and/or the participant's risk of re-offending.
  - a. Level One: Low-Risk Supervision – Participants are allowed increased time for personal errands as well as pre-approved programs and employment appointments. Home visits should be conducted approximately once every month.
  - b. Level Two: Medium-Risk Supervision – Participants are allowed pre-approved and scheduled changes in location for employment and specific errands. Home visits should be conducted approximately once every two weeks.
  - c. Level Three: High-Risk Supervision – Participants are restricted to their place of residence or approved employment, medical or program appointments. Home visits should be conducted approximately once per week. Individuals already sentenced but with a stay of execution may submit an application for participation in the EHD program.
2. Participants may be required to visit the CAF office during and after business hours during which the following may be accomplished:
  - a. Visual check of the EHD device for evidence of tampering;
  - b. Discussion of any rule violations and explanation of any corrective measures or actions necessary;
  - c. Random drug/alcohol testing; and
  - d. Replacement of equipment as necessary and any other request.

## I. SEARCH AND SEIZURE

1. Per Penal Code §1203.16 and §1203.18, participants assigned to the program are mandated to follow CAF EHD rules and regulations.
  - a. It is not the intent of the CAF staff to conduct extensive searches during every contact with a participant. cursory searches will be completed to ensure compliance and maintain the credibility of the program.
  - b. Searches are to be conducted for reasons related to the enforcement of the terms and conditions of the participant's EHD program rules, or in the case of participants on probation for another matter, their probation conditions, or other legitimate law enforcement purposes. Reasonable grounds for a search would include verifying compliance with the terms and conditions of the EHD program rules or the conditions of probation and verifying that the participant is living at the residence.
  - c. Participants will sign an EHD agreement acknowledging the search terms provided in the EHD rules. If, during a home visit or other contact

with a participant, the participant refuses to allow a search per the terms of the EHD contract, the participant will be in violation of the rules and conditions of the EHD agreement and will be immediately returned to custody.

J. RESIDENCE SEARCHES / HOME CONTACTS

1. There will be a minimum of two Deputies for any house-check search. Additional assistance may be considered depending on the circumstances of the search or contact.
2. Prior to a residence search, vehicle search, or home contact, it shall be confirmed that the participant lives at the targeted residence. Deputies shall only conduct a residence search at the participant's place of residence. Criteria that can be used to establish residency include:
  - a. The officer has a "reasonable belief" that the participant lives in the home due to direct observation. This can include observing the participant enter the home with a key or answering the telephone.
  - b. The participant's admission that they reside at the residence.
  - c. The participant can provide copies of rental agreements or utility bills establishing that they reside in the home.
  - d. Deputies conducting a search, per terms of probation or terms of the EHD agreement, will comply with knock and notice requirements. If there is no response to a knock at the door and Deputies suspect the participant may be present, the Deputy will first call and check the EHD GPS points. Prior to entering a residence, Deputies will identify themselves, state the purpose of their presence, and notify a supervisor.
  - e. Upon entering the residence, Deputies should determine who else is present. For safety and security reasons, it is recommended that Deputies require the occupants of the residence to remain in a central location of the residence. When conducting a search pursuant to probation or EHD terms, Deputies may briefly detain others present in the residence to ascertain their identity, relationship to the participant, and relationship to the participant's residence.
  - f. With specific and articulable facts justifying a cursory inspection of the residence, Deputies may conduct a protective sweep of the entire residence, including non-participants' quarters. Protective sweeps should be conducted based on articulated facts by a program Deputy or law enforcement officer, which indicate that there is another person(s) on the premises and the officer(s) has a reasonable belief that the other person(s) may pose a threat to them.
  - g. Deputies should ask occupants if there are any weapons in the residence and ascertain the type and location of the items. If weapons are present, the Deputies shall decide if it is safe to proceed and if there is a need to continue.

- h. Any illegal contraband or evidence located within the scope of a search will be handled in accordance with Deputies' training.

K. WARRANTLESS ENTRIES / SEARCHES

1. Because case law regarding search and seizure is constantly changing and subject to interpretation by the courts, each member of this department is expected to act in each situation according to current training and his/her familiarity with clearly established rights as determined by case law.
2. Whenever practical, Deputies are encouraged to contact a supervisor to resolve questions regarding search and seizure issues prior to electing a course of action.
3. Deputies are cautioned that a search warrant may be needed before entering a residence or other place to search unless lawful, warrantless entry has already been made.

Examples of law enforcement activities that are exceptions to the general warrant requirement include, but are not limited to, searches pursuant to the following:

- a. Valid consent verbally and through a signed EHD agreement;
  - b. Incident to a lawful arrest;
  - c. Legitimate community caretaking interests;
  - d. Vehicle searches under certain circumstances; and/or
  - e. Exigent circumstances
4. Should a participant choose to revoke the consent to search clause of the EHD agreement, that participant shall be returned to jail to complete the remainder of his/her sentence.

L. ESCAPES

1. Escapes will trigger the following sequence of events:
  - a. CAF staff will identify the escapee and determine the location and time of the first cutting/tampering of the bracelet strap or rendering the bracelet strap and/or monitor inoperable.
  - b. Notification will be made to the CAF Sergeant, CAF Lieutenant, or next level of supervision.
  - c. CAF staff will attempt to contact the inmate utilizing all contact telephone numbers available.
  - d. CAF staff will advise Dispatch and the affected law enforcement agencies of the escapee and his/her identifying information.
  - e. CAF staff will complete a Be-On-the-Lookout (BOLO) and forward this information to Dispatch and appropriate law enforcement agencies.
  - f. CAF staff will complete a warrant request notification to the courts for the issuance of a warrant for the current case.

- g. CAF staff will complete an Incident and/or Crime Report as soon as practical, identifying all the steps performed in the escape procedure before the end of their shift.

# APPENDIX G

## COURT REFERRAL TO CUSTODY ALTERNATIVE FACILITY

NOTE: THIS IS A CUSTODY ALTERNATIVE FACILITY DOCUMENT,  
REFER TO YOUR DOCKET/MINUTE ORDER FOR SPECIFIC COURT INSTRUCTIONS

Contra Costa County Sheriff's Office Court / Dept # \_\_\_\_\_  
 Custody Alternative Facility Docket #: \_\_\_\_\_  
 1011 Las Juntas Street  
 Martinez, CA 94553

NAME: \_\_\_\_\_ DL #: \_\_\_\_\_ SSN: \_\_\_\_\_  
 DOB: \_\_\_\_\_ PLACE OF BIRTH: \_\_\_\_\_  
 RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ HAIR: \_\_\_\_\_ EYES: \_\_\_\_\_  
 ADDRESS: \_\_\_\_\_ CITY: \_\_\_\_\_ ZIP: \_\_\_\_\_  
 CELL PHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_ HOME PHONE: \_\_\_\_\_  
 EMERGENCY CONTACT NAME: \_\_\_\_\_ PHONE: \_\_\_\_\_ RELATIONSHIP: \_\_\_\_\_

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PRE-TRIAL:  SCRAM (Alcohol Monitoring) and/or  Electronic Home Detention (EHD)  
 Court: Please email documents to CAF as soon as possible.  
 SAME-DAY REFERRAL – Report immediately to the Custody Alternative Facility to enroll in Pre-Trial SCRAM. Bring all court documents with you. **You MUST arrive before 2:00 p.m.**  
 NEXT-DAY REFERRAL – Contact the Custody Alternative Facility immediately to make an appointment for the following day. Bring all court documents with you. **Call (925) 313-4260.**  
**FAILURE TO REPORT WILL RESULT IN YOUR FILE BEING RETURNED TO THE COURT FOR DISPOSITION**  
 Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Witness: \_\_\_\_\_ Date: \_\_\_\_\_

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YOU HAVE BEEN SENTENCED TO JAIL. THE COURT HAS REFERRED YOU TO THE OFFICE OF THE SHERIFF'S CUSTODY ALTERNATIVE FACILITY TO COMPLETE YOUR SENTENCE OUT OF CUSTODY. YOU MUST CONTACT THE CUSTODY ALTERNATIVE FACILITY TO SCHEDULE AN APPOINTMENT FOR ENROLLMENT. FAILURE TO CONTACT US OR KEEP YOUR APPOINTMENT WILL RESULT IN A WARRANT FOR YOUR ARREST. DO NOT BRING CHILDREN TO YOUR APPOINTMENT.

### PROMISE TO APPEAR

I hereby promise to **contact the Custody Alternative Facility (CAF) at (925) 313-4260 within two weeks from today** to schedule an appointment to enroll in the following program:  
 Sheriff's Work Alternative Program  Electronic Home Detention  
 I understand that it is my responsibility to contact CAF and complete the enrollment process. Failure to do so is a violation of Penal Code Section(s) 4024.2(c) and /or 1203.016(c) and an order for my arrest will be issued.  
 I have read, understand, and agree to all of the conditions listed on both sides of this Court Referral.

**DO NOT SIGN THIS FORM IF YOU DO NOT UNDERSTAND IT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Witness: \_\_\_\_\_ Date: \_\_\_\_\_

DO NOT CONTACT THE COURT FOR PROGRAM INFORMATION

White: To CAF      Yellow: To Court/Booking File      Pink: To Defendant      Approved 06/2025