

Restrictive Probation Program Application

(Formerly Known as Intermediate Punishment)

Criminal Docket #: _____ OTN: _____

Criminal Charges: _____

This form will be reviewed by the Adult Probation Office and forwarded to the District Attorney's Office to determine your eligibility for admission into the Restrictive Probation Program, if approved; a certification will be filed with the Clerk of Courts office.

Prior to submitting your application, please review the **Eligibility Requirements** on the Chester County Adult Probation website at www.chesco.org/adprob or click here

PLEASE ATTACH A COPY OF THE CRIMINAL COMPLAINT AND AFFIDAVIT OF PROBABLE CAUSE

Name of Applicant: _____
(Last) (First) (Middle)

Home Address: _____
(No. & Street)

(City, State, ZIP Code)

(Home Phone) (Cell Phone) (Email Address)

Demographics: _____
(Sex) (Birth date) (Age) (Social Security #)

(Country of Citizenship) (Primary Language- if not fluent in English)

Attorney's Name/Phone _____

Other than this case, do you have other pending charges, detainers? Yes No

If YES, please specify _____

Are you currently under supervision of probation or parole? Yes No

If YES, please list where and name/phone number of officer: _____

For DUI cases please list your BAC (each offense): _____

Have you ever been arrested for an ineligible offense (refer to Eligibility Requirements) Yes No

If yes, list offense: _____

Chester County Adult Probation, Parole and Pretrial Services Department
201 West Market Street • Suite 2100 • West Chester • PA • 19380 •
Phone • 610-344-6290 • Fax • 610-344-6022

Evaluation Instructions

The following steps must be completed before your application will be reviewed:

- ALL applicants must complete a full drug and alcohol assessment at a Department of Health licensed drug and alcohol treatment facility. For a list of licensed providers in Chester County please visit the *forms* section on the Adult Probation website or click here. **The assessment must be submitted with this application and must include a Level of Care.**
- Attach a copy of the **Criminal Complaint** and **Affidavit of Probable Cause** from your arrest.

For DUI cases only:

- You must obtain a CRN (Court Reporting Network) Evaluation by the Chester County DUI program at (610-344-6800). **The evaluation must be submitted with this application.**
- Schedule and pay for Alcohol Highway Safety School at the Chester County DUI Program.

To ensure that your application will be reviewed in time for court, you must submit all documents requested at least **30 days prior to your sentencing** to the Adult Probation Department. Applications may be submitted via mail, fax (610-344-6022), or in person at the Adult Probation Office.

Important Electronic Home Confinement (EHC) Information:

- ✓ EHC is a monitor that is connected to the telephone line and a transmitter is worn around the ankle.
- ✓ While on EHC you are permitted to leave your residence for the following: *Work, Court Ordered Conditions and Dr. 's appointments.*
- ✓ You must report weekly while on EHC.
- ✓ The cost of monitoring is \$10 per day for a standard EHC unit and \$12 per day for a cellular EHC unit. You must pay this fee weekly (**\$70 or \$84**).
- ✓ **You should have a working telephone line with a modernized phone jack in your home.** The monitor will not work if you have a **DIGITAL PHONE LINE** or any of the following enhancements: *Call Waiting/Forwarding, Answering Machine, Answering Service through phone co., Fax, Computer Modem, Caller ID, Multiple Line Phone, Splitter, Vonage, Satellite Equipment, Alarm System (similar devices), Dial-Up Service.*
- ✓ Equipment cannot be connected to a phone line in your kitchen (bedroom is preferred location).
- ✓ For EHC Rules, click here

Important Community Service Information:

- ✓ You should have a community service site arranged and approved by Adult Probation prior to your sentencing.
- ✓ For Community Service Sites, click here.

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