



408 Cherry Street  
PO Box 311  
Norristown, Pa 19404  
Office 610-992-7777 Fax: 610-992-7778

**APPLICATION FOR CONSIDERATION FOR THE HOUSE ARREST /  
ELECTRONIC MONITORING PROGRAM AS A SENTENCE BY THE COURT**

Directions:

The following pages contain the House Arrest Suitability Application. All sections should be completed truthfully and accurately. The application should be completed and **submitted** to the Montgomery County Adult Probation and Parole Department **WITHIN 14 BUSINESS DAYS** from receiving this packet. The completed application will be reviewed by the Chief Adult Probation Officer or his designee, to insure compliance with the directions and confirm eligibility in accordance with the established criteria.

In addition to filling out the information contained in these pages, you will find that certain sections require additional documentation. This documentation should be submitted along with the packet. This will include (but not limited to):

- 1) Letter from person(s) you live with acknowledging that House Arrest/Electronic Monitoring will affect them as well and that they will not jeopardize your success if you are accepted into this program.
- 2) Letter (on letterhead) from your employer acknowledging that House Arrest/Electronic Monitoring will require you to have set work hours (specific start/end times).
- 3) Letter (on letterhead) from your counselor/therapist indicating your status in counseling, and any medication(s) you may be prescribed.
- 4) Letter (on letterhead) from your doctor indicating your medical condition and any required treatment modality; including medication(s) you may be prescribed.

Any falsification or omission of information contained in this document will exclude your acceptance into this program. In the event you require additional space to answer any of the questions, supplemental sheets have been provided at the end of the application.

Any questions concerning the House Arrest/Electronic Monitoring Program or this application should be directed to the Montgomery County Adult Probation and Parole Department, by calling (610) 992-7777, between 8:00 a.m. and 4:30 p.m. daily.

**MONTGOMERY COUNTY ADULT PROBATION AND PAROLE DEPARTMENT  
408 CHERRY STREET, PO BOX 311  
NORRISTOWN, PA 19404  
ATTENTION: JOSHUA Q. MANGLE, SUPERVISOR**

**HOUSE ARREST / ELECTRONIC MONITORING APPLICATION**

CRIMINAL DOCKET NUMBER(S): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PERSONAL INFORMATION:**

Name (first, middle, last): \_\_\_\_\_

A/K/A (or maiden name): \_\_\_\_\_

Social Security No.: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Race: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Gender: \_\_\_\_\_

SCARS: \_\_\_\_\_

TATTOOS: \_\_\_\_\_

**RESIDENCE INFORMATION:**

Physical Address: \_\_\_\_\_ Own: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_ Rent: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

County/Twp/Boro: \_\_\_\_\_ Years lived at current address: \_\_\_\_\_

Home Phone: (    ) \_\_\_\_\_ Cell Phone: (    ) \_\_\_\_\_

**LIST BELOW ALL OTHER INDIVIDUALS RESIDING AT THE LISTED PHYSICAL ADDRESS:**

NAME	RELATIONSHIP	AGE

**You MUST attach a letter from those living with you, indicating their support of you being in the House Arrest/Electronic Monitoring Program, and their willingness to comply and support you while in the House Arrest Program.**

Do any of the above-listed have a criminal record or pending charge(s)? NO \_\_\_\_ YES \_\_\_\_.  
 If yes, identify the individual and explain the charge(s):

Does anyone in the household own or possess any firearm(s) or lethal weapon(s)? NO \_\_\_\_ YES \_\_\_\_  
 If yes, identify the person and explain the weapon and the purpose for possessing it:

**FAMILY HISTORY:**

Please provide the following information for family members who do not reside with you; include all parents, siblings, children, and intimate relationships:

NAME	ADDRESS	PHONE NO.	RELATIONSHIP

Do you provide support for any of the above-listed individual(s)? NO \_\_\_\_ YES \_\_\_\_  
 If yes, list the amount of support and to whom it is paid:

**EDUCATION:**

Can you read and write? \_\_\_\_\_ Highest Grade COMPLETED: \_\_\_\_\_

Name of High School: \_\_\_\_\_

Address / Location: \_\_\_\_\_

Graduation/Drop Year: \_\_\_\_\_ GED Year (if applicable): \_\_\_\_\_

**ADDITIONAL EDUCATION or CERTIFICATIONS:**

Name of Institution: \_\_\_\_\_

Address / Location: \_\_\_\_\_

Course of Study: \_\_\_\_\_ Degree Awarded: \_\_\_\_\_

Dates of Attendance: \_\_\_\_\_

**EMPLOYMENT INFORMATION:**

Present Employer:

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

Address: \_\_\_\_\_ Position: \_\_\_\_\_

\_\_\_\_\_ Salary: \_\_\_\_\_

Phone: \_\_\_\_\_ Date of Hire: \_\_\_\_\_

Scheduled Working Hours:

Sunday: \_\_\_\_\_ Monday: \_\_\_\_\_

Tuesday: \_\_\_\_\_ Wednesday: \_\_\_\_\_

Thursday: \_\_\_\_\_ Friday: \_\_\_\_\_

Saturday: \_\_\_\_\_ Overtime: \_\_\_\_\_

**A letter from your present employer(s) MUST accompany this application. This letter MUST include the days and hours you work, your salary, and the willingness of your employer to comply with the restrictions that may be placed upon you while in the House Arrest Program.**

**BEHAVIORAL INFORMATION**

**CRIMINAL HISTORY:**

NOTE: List all arrests including non-traffic citations and any pending charge(s):

<b>DATE OF ARREST</b>	<b>POLICE DEPT.</b>	<b>CHARGES</b>	<b>DISPOSITION</b>

Has probation, and/or parole, and/or ARD ever been revoked (violated)? NO\_\_\_ YES\_\_\_  
If yes, please explain:

**DRUG AND ALCOHOL HISTORY:**

Have you ever tried or do you presently use any of the following:

<b>Substance Name</b>	<b>Age of First Use</b>	<b>Date of Last Use</b>	<b>Frequency of Use</b>	<b>Method of Intake</b>
ALCOHOL				
MARIJUANA				
COCAINE				
BARBITURATES				
METH				
HEROIN				
SOLVENTS				
LSD				
PCP				
OTHER				

**TREATMENT HISTORY:**

Have you ever had, or are you currently seeking any treatment for the following reasons:

Psychological or Psychiatric related diagnosis?      Yes \_\_\_ No \_\_\_  
Drug Abuse and/or Addiction?                              Yes \_\_\_ No \_\_\_  
Alcoholism Abuse and/or Addiction?                      Yes \_\_\_ No \_\_\_

If yes, complete the following information, using supplemental sheets if necessary:

Name of Program: \_\_\_\_\_

Address: \_\_\_\_\_

Counselor or Doctor Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_                              Dates of Attendance: \_\_\_\_\_

Inpatient: \_\_\_\_\_                      Outpatient: \_\_\_\_\_                      Dual Program: \_\_\_\_\_

Reason for Attending: \_\_\_\_\_

Name of Program: \_\_\_\_\_

Address: \_\_\_\_\_

Counselor or Doctor Name: \_\_\_\_\_

Phone No.: \_\_\_\_\_                              Dates of Attendance: \_\_\_\_\_

Inpatient: \_\_\_\_\_                      Outpatient: \_\_\_\_\_                      Dual Program: \_\_\_\_\_

Reason for Attending: \_\_\_\_\_

**If you are currently in treatment and/or counseling, a letter from your current counselor or doctor MUST be attached to this application. This letter should include your diagnosis and current status.**

**MEDICAL HISTORY:**

Do you have any medical problems? NO \_\_\_\_ YES \_\_\_\_ . If yes, please explain:

Are you currently under the care of a physician? NO \_\_\_\_ YES \_\_\_\_ . If yes, whom?

Doctor Name: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Hospital / Medical Group: \_\_\_\_\_

Address / Location: \_\_\_\_\_

Are you currently taking any medication? NO \_\_\_\_ YES \_\_\_\_ .

If yes, please list the name of medication, frequency, and dosage:

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times Per Day: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times Per Day: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times Per Day: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times Per Day: \_\_\_\_\_

Name: \_\_\_\_\_ Dosage: \_\_\_\_\_ Times Per Day: \_\_\_\_\_

**If you are currently receiving medical treatment and/or medication, a letter from your current physician or doctor MUST be attached to this application. This letter should include your diagnosis and current status.**

**VEHICLE INFORMATION:**

Primary Owner: \_\_\_\_\_

MAKE: \_\_\_\_\_ MODEL: \_\_\_\_\_ YEAR: \_\_\_\_\_

LICENSE PLATE NUMBER: \_\_\_\_\_ STATE: \_\_\_\_\_ COLOR: \_\_\_\_\_

**DRIVERS LICENSE INFORMATION:**

Operators License Number: \_\_\_\_\_ Issuing State: \_\_\_\_\_

Status: Active: \_\_\_\_\_ \*Suspended: \_\_\_\_\_ ID Only: \_\_\_\_\_

**\*If suspended, list reason why and estimated date of return to active status:**







**RULES AND CONDITIONS GOVERNING PROBATION/PAROLE  
AND INTERMEDIATE PUNISHMENT (IP)  
MONTGOMERY COUNTY ADULT PROBATION AND PAROLE DEPARTMENT  
408 CHERRY STREET, PO BOX 311, NORRISTOWN, PA 19404**

House Arrest – Electronic Monitoring Supervision

I will abide by all of the following rules, conditions, and my specific case plan while under supervision.

1. I must remain in my place of residence during monitored hours as directed by my officer. The duration of my house arrest is from \_\_\_\_\_ to \_\_\_\_\_. I will only travel to locations approved by my officer. I will not enter into any areas that are defined as exclusion zones by my officer. Furthermore, I will report to my officer as directed. The responsibility to report falls upon me, the offender.
2. I must comply with all local, state, and federal criminal laws. I will notify my officer immediately if I am arrested by or if I am cooperating with any law enforcement agency. I will not enter into any agreement to act as a confidential informant for any law enforcement agency without permission from my officer. I will abide by the rules and conditions imposed by the Montgomery County Adult Probation and Parole Department. Furthermore, I will conduct myself in a manner that I will not create a danger to the community or myself. I will not participate in or condone illegal activity in my place of residence.
3. My officer will make supervision visits in my place of residence and/or employment. I will provide access to the dwelling in which I reside. This place of residence may not be changed without prior authorization from the Montgomery County Adult Probation and Parole Department. Firearms and/or lethal weapons are prohibited in my residence and/or on my property.
4. I will make every effort to obtain and maintain employment and support my dependent (s). I will submit a work schedule to my officer prior to being placed in the program. I will notify my officer within 72 hours of any change in my employment. Any changes in my work schedule or employer will be reported 72 hours prior to the change taking effect. Any changes in my work schedule or employer must be approved by the Montgomery County Adult Probation and Parole Department.
5. I must maintain a working phone that will allow me to respond to any and all communication attempt requests by my officer.
6. I will pay all fines, costs, and restitution in monthly installments as directed by the Court. Payments are to be sent to the **Clerk of Courts, Courthouse, P.O. Box 311, Norristown, PA 19404.** I am advised that all amounts over \$1,000 will cause a lien and filing fees to be placed against me. Further, my failure to pay my fine, costs, and restitution as directed by the Court may result in my account balance being submitted to a collection agency. An additional 25% collection charge will be added to my account balance.
7. I will cooperate and participate in any medical, psychological, and/or psychiatric examination, test, treatment and/or counseling as directed by the Court or my officer. If I enroll in treatment or counseling, I will immediately notify my officer and sign a confidential release with my treatment provider. I will remain in said program until released by my officer or until the satisfactory completion of said program.
8. I will abstain from the unlawful possession, use or sale of narcotics or other dangerous drugs and drug paraphernalia. I will abstain from the possession and/or consumption of alcohol. I will submit urine sample(s) and/or breathalyzer upon request of my probation/parole officer.
9. I will request that my prescription medication be non-narcotic and non-addictive and notify my officer prior to consuming and/or using any prescribed medication or any over the counter medication. If my physician requires me to take any prescribed narcotic, pain, and/or potentially addictive medication, I may have to obtain a doctor's note describing my need for such treatment. I will not take anyone else's prescribed medication. I will not consume diet pills. I will not use and/or possess any other mood altering or hallucinogenic substance.
10. I will not own, use, and/or possess any type of firearm, lookalike firearm, lethal weapon, explosives, and/or ammunition. Hunting is prohibited. I will notify my officer of any firearms registered to me.
11. I will wear the ankle bracelet at all times and will not tamper with or remove it for any reason. I will charge the ankle bracelet twice per day for a minimum of 1 hour each time. I understand that all ankle bracelet movement will be tracked and stored as official record.
12. Visitors in my place of residence are restricted to a maximum of two people per day.
13. In the event of a medical emergency, I can seek treatment immediately. I must notify my officer by the next working day, between 8:00 a.m. and 4:30 p.m., and provide medical documentation to verify treatment and time of treatment.

Initials: Client \_\_\_\_\_ APO \_\_\_\_\_

14. The Montgomery County Adult Probation and Parole Department has the authority to search my person, place of residence, or vehicle without a warrant for any alcohol or illicit drugs, or upon reasonable suspicion of any criminal activity or violation of the conditions of my house arrest/electronic monitoring.
15. I will not operate a motor vehicle without a valid driver's license. I acknowledge that if I do, it will be a direct violation of my supervision and I am subject to being detained on a violation.
16. Other Special Conditions:

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**PROBATION/PAROLE AND INTERMEDIATE PUNISHMENT RIGHTS, WAIVER, AND ACKNOWLEDGEMENT:**

If I violate the rules and conditions of my probation/parole and intermediate punishment or am arrested on new criminal charges, the Montgomery County Adult Probation and Parole Department has the authority to arrest me as a probation/parole/IP violator, and either remand me to Montgomery County Correctional Facility or lodge a detainer against me if I am already incarcerated, pending appropriate hearings.

At that time, I am entitled to the following rights:

1. To be notified in writing at least three days prior to a hearing of the time and place, and of the specific violation(s) charged.
2. Representation at my hearings by counsel of my own choice or if I cannot afford counsel, one will be appointed free of charge.
3. A preliminary hearing (Gagnon I) must be held before the Court to determine whether there is probable cause to believe that a violation of probation/parole/intermediate punishment has occurred. (A preliminary hearing or a waiver of this hearing at the District Court level for a new offense will satisfy this requirement.)
4. A more comprehensive revocation hearing (Gagnon II) must be held before the Court where:
  - a.) The Adult Probation and Parole Department will disclose any evidence they have to support the alleged probation/parole/intermediate punishment violations.
  - b.) I can confront adverse witness(es) (unless the Court specifically finds good cause for not allowing confrontation).
  - c.) I can present evidence and favorable witness(es) on my behalf.

If the Court decides that I have violated one or more conditions of my probation/parole/intermediate punishment, I may be committed to prison for such time as may be specified by the Court, in accordance with statutes of the Commonwealth of Pennsylvania.

I understand that if I leave the Commonwealth of Pennsylvania at any time I may be directed to return to Pennsylvania. I know that I may have a constitutional right to insist that Pennsylvania extradite me from any state where I may be found. This is commonly called the right to extradition. I also understand and acknowledge that I agree to return to Pennsylvania when ordered to do so. Therefore, I agree that I will not resist or fight any effort by any state to return me to Pennsylvania and I AGREE TO WAIVE ANY RIGHT I MAY HAVE TO EXTRADITION. I WAIVE THIS RIGHT FREELY, VOLUNTARILY AND INTELLIGENTLY.

I hereby acknowledge that I have read, or have had read to me, the foregoing conditions of my probation/parole/intermediate punishment, and that I fully understand them and agree to follow them. I fully understand the penalties involved should I, in any manner, violate them.

Furthermore, if I believe my rights have been violated or are about to be violated by an employee of the Montgomery County Adult Probation and Parole Department, I may file a written complaint to their immediate supervisor, who will investigate the complaint and respond in writing to the complainant. If I feel the need for further appeal, I am to proceed in a similar fashion according to the chain of command in the department.

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Adult Probation Witness

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Signature of Probationer/Parolee/IP

Equipment: \_\_\_\_\_ Charger: \_\_\_\_\_  
 APO 1-2017

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Date