

PRE-DISPOSITION HOME DETENTION APPLICATION

APPLICATION MUST BE COMPLETED & SUBMITTED BY DEFENDANT'S ATTORNEY

This form is only to be used in when it is anticipated home detention will be served in lieu of a jail sentence. It is not to be used if home detention will be served as a condition of bond! Contact ACS for clarification.

DATE: _____ CASE #(S): _____ CHARGES: _____

NAME: _____ AGE: _____ RACE: _____ SEX: _____

DATE OF BIRTH: _____ SOCIAL SECURITY #: _____

ADDRESS: _____ APT #: _____

CITY: _____ STATE: _____ ZIP: _____

COUNTY: ☐ **BOONE:** HOUSING AUTHORITY OR SECTION 8 RESIDENCES USUALLY NOT ELIGIBLE; CONTACT CHA AND ACS FOR FURTHER DETAIL.

☐ **OTHER: STOP!** FOR RESIDENCES OUTSIDE OF BOONE COUNTY DETAILED INFORMATION REGARDING POTENTIAL
3RD PARTY VENDOR MUST BE PROVIDED PRIOR TO SUBMISSION OF REPORT; CONTACT ACS FOR FURTHER INSTRUCTION

* **WHOSE NAME IS THE RESIDENCE LISTED UNDER?** NAME: _____ #: _____

THIS PERSON MUST GIVE VERBAL CONSENT TO ADULT COURT SERVICE FOR THIS HOME PLAN TO BE APPROVED FOR HOME DETENTION.
CONSENT MUST BE OBTAINED PRIOR TO A REPORT BEING SENT TO THE COURT REGARDING HOME DETENTION.

* **CELL PHONE NUMBER:** _____ **HOME PHONE:** _____

→ALL DEFENDANTS MUST MAINTAIN TELEPHONE SERVICE WHILE ON HOME DETENTION.

***PLACE OF EMPLOYMENT:** _____ **WORK #:** _____

ADDRESS: _____ CITY: _____ STATE: _____

SUPERVISOR'S NAME: _____ PHONE NUMBER: _____

* **HOURLY RATE/ SALARY:** \$ _____ ***ATTACH CURRENT PAY STUB TO THIS APPLICATION.***

FIRST 2-WEEKS OF FEES ARE DUE WHEN HOME DETENTION IS STARTED. FEES ASSESSED FOR HOME DETENTION ARE BASED ON VERIFIED INCOME. IF EMPLOYED YOU MUST PROVIDE EVIDENCE OF EMPLOYMENT. IF SELF-EMPLOYED YOU MUST PROVIDE A COPY OF A VALID BUSINESS LICENSE AND A COPY OF FEDERAL INCOME TAXES FROM THE PRIOR YEAR. QUARTERLY TAX STATEMENTS MAY ALSO BE REQUIRED. NOTE: SOME SELF EMPLOYMENT SITUATIONS MAY NOT BE ACCEPTABLE FOR THE HOME DETENTION PROGRAM.

HOURS OF EMPLOYMENT: MONDAY _____ TUESDAY _____ WEDNESDAY _____

THURSDAY _____ FRIDAY _____ SATURDAY _____ SUNDAY _____

* **ARE YOU CURRENTLY ATTENDING SCHOOL?** NO _____ YES _____ *ATTACH CURRENT CLASS SCHEDULE*

* **NEXT COURT DATE:** _____ **# DAYS TO SERVE:** _____ **BEGINNING:** _____

→ACS RECOMMENDS SUBMITTING THIS APPLICATION 2-3 WEEKS PRIOR TO SENTENCING.

ATTORNEY NAME: _____ **PHONE NUMBER:** _____

PROSECUTOR: _____ **OPPOSED / NOT OPPOSED**

WHAT'S NEXT? Within 48 hours of attorney submitting this application defendant MUST call Adult Court Services (573-886-4180) and speak with the home detention officer that is completing this report. Failure to contact this office within two days of submitting this application **MAY** result in denial of home detention.