**Judicial Options.Com**

*GPS Supervised Offender-Paid Electronic Monitoring For Non-Violent, Employed Persons*

Application Form

**Fax Application and Documents to**

**1(951)380-8635**

PLEASE NOTE: NO CASH OR PERSONAL CHECKS ALLOWED. ALL PAYMENTS MUST BE MADE TWO WEEKS IN ADVANCE WITH MONEY ORDERS OR CASHIER’S CHECKS. ALL EQUIPMENT MUST BE RETURNED AND INVOICES MUST BE PAID IN FULL BEFORE THE *LETTER OF COMPLETION* CAN BE FORWARDED TO THE JUDGE IN YOUR CASE. NO EXCEPTIONS!

**Applicant must provide the following documentation prior to enrollment:**

* **Application Assessment Fee $150.00\***
* **Provide copy of Photo Identification (Driver’s License or State-issued Identification Card**
* **Utility Bill with current address (verification of residence) or any document with the residential address such as a Cell Phone Bill or Credit Card with your name on it.**
* **Court Documents describing Charges**
* **Private Attorney or Public Defender’s Address, Telephone and Fax Number include Zip Code**
* **Probation Information if assigned a Probation Officer include address, telephone number and Fax number**
* **Proof of Income (check stub or Benefits’ Award Letter**
* **Alcohol Education, Drug Education information (AA, NAA or any other Court-Ordered Program if mandated by the Court**

**Mailing Address for All Payments**

**Judicial Options.Com – P.O. Box 731 – Hemet, CA 92546-0731 (888) 942-7770 – Office – 1(951) 380-8635**

**Website:** [**www.judicialoptions.com**](http://www.judicialoptions.com/) **–** **E-Mail: bahiawilson@gmail.com**

***HEALTH INFORMATION:***

Current Physical Condition:

Mental Condition:

Current Medications being Taken:

***CURRENT COURT CASE INFORMATION:***

Case Number:

Current Offense (s) Charge(s):

List of Prior Offenses:

Judge’s Name/Department #:

Court Address include Zip Code:

Length of Sentence:

Report to Jail Date:

Probation Officer’s Name (if assigned)

Address include Zip Code:

Telephone Number include Area Code:

***PRIVATE ATTORNEY INFORMATION:***

Private Attorney’s Name:

Address include Zip Code:

Telephone Number include Area Code:

**Mailing Address for All Payments**

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***PUBLIC DEFENDER INFORMATION:***

Public Defender’s Name

Address include Zip Code:

Telephone Number include Area Code:

***EMERGENCY CONTACT INFORMATION:***

Name & Relationship:

Address include Zip Code:

Telephone Number include Area Code:

Name & Relationship:

Address include Zip Code:

Telephone Number include Area Code:

**Applicant Signature:**

**Date:**

**Your E-Mail Address:**

Failure to provide accurate information and the requested documents could result in the denial of your enrollment into our GPS Offender-Paid, Supervised Electronic Monitoring *(House Arrest)* Program.

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Today’s Date:

***PERSONAL INFORMATION:***

Full Legal Name:

Date of Birth:

Home Phone Number include Area Code:

Cell Phone Number include Area Code:

Permanent Residential Street Address:

State and Zip Code:

Name of Spouse or Significant Other:

Phone Number include Area Code:

List of Persons Living in the Home and their Relationship to You:

***EMPLOYMENT INFORMATION:***

Name of Employer:

Address include Zip Code:

Telephone Number include Area Code:

How Long Employed? Title/Position

Hourly/Salary: