



CITY OF KIRKLAND POLICE DEPARTMENT

Alternative Sentencing Requirements

The following will be grounds for automatic denial from participating in the Jail Alternative Programs;

- Any conviction for;
 - A felonious violent offence.
 - Any sex offense.
 - Any felony drug offense.
 - Reckless burning.
 - Assault 3rd degree as defined in RCW 9A.36.031.
 - Assault of a child.
 - Unlawful imprisonment.
 - Harassment as defined in RCW 9A.46.020.
 - Violation of no contact/protection/harassment order.
- Any previous denial or revocation from any Kirkland Jail Alternative Programs.
- Failure to turn in a completed application within 7 days of their commitment date.
- Any previous failure to report for commitments (*not including subjects who have previously arrived late for commitment*).
- Any active warrants issued by any agency, extraditable or non-extraditable.
- Any active no contact/protection/harassment orders stemming from a criminal charge.
- Subjects who live outside Pierce, King, and Snohomish Counties.
- Subject's unable to pay the rate program fee.

The following will be grounds for automatic revocation from the Jail Alternative Programs;

- Any confirmed alcohol or non-prescribed drug use, including marijuana.
- For subjects sentenced to 30 days or less;
 - 2 unexcused violations.
 - Inmates will be given 1 warning and on a second violation they will be revoked from the program.
- For subjects sentenced to 31 days or more;
 - 3 unexcused violations within 30 days.
 - No more than 7 total violations during the sentence.
- If a subject fails to report to the Kirkland Jail when instructed to have EHD/ GPS/PTAT/Soberlink equipment maintenance issues rectified.
- Any occurred new law violations in any jurisdiction.
- Failure to provide a breath, urine, or saliva sample upon request by a law enforcement officer.

EHD ONLY

If any subject needs an exception to their allotted time outside of their residence (such as, but not limited to; Doctor appointments or treatment) they must contact an assigned EHD officer 24 hours prior to when the exception occurs. Failure to provide 24-hour notice will result in denial of the exception. Subjects must also provide verification of their exception within 24 hours.

Subjects must have a set work schedule and will be allowed to have 1 schedule change every 30 days which must be verified with their employer by and EHD officer.

Subject Signature: _____ Date: _____

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CITY OF KIRKLAND POLICE DEPARTMENT

Employment/School Verification - Alternative Sentencing Program

***** This form is to be completed by the Employer Only *****

Employee's Name: _____

Company Name: _____

Company Address: _____

Supervisor's Name: _____

Company Phone #: _____ Supervisor's Phone #: _____

Work Schedule:

Supervisor Initials	From:	To:
_____ Monday	_____	_____
_____ Tuesday	_____	_____
_____ Wednesday	_____	_____
_____ Thursday	_____	_____
_____ Friday	_____	_____
_____ Saturday	_____	_____
_____ Sunday	_____	_____

Is the employee required to drive a vehicle on the job? No: Yes:

The employee is limited to working a total of fifty (50) hours in total, with a total of sixty-five (65) hours when factoring in travel distance. Any overage of this limitation must be cleared prior to your employee's start date with a Corrections' Supervisor. Additionally, The City of Kirkland expects that the employer contacts the Kirkland Jail, at **(425) 587-3465** and speak with any available Corrections Officer if any of the following occur:

- The employee fails to report to work
- The employee arrives late or leaves early from work without prior authorization
- The employer views the employee consuming alcohol or illegal drugs
- The employer suspects the employee of consuming alcohol or illegal drugs

As the employer and or supervisor I agree to work with and notify The City of Kirkland should I observe or become aware of any of the above listed violations. I understand that the Kirkland Jail may wish to contact me in regard to my employee's work status and agree to release pertinent information in regard to their employment status.

Supervisor's Signature: _____ Date: _____

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CITY OF KIRKLAND POLICE DEPARTMENT

Guide and Consent to Search Form - Alternative Sentencing Program

The Kirkland Police Department offers several Alternative Sentencing options facilitated through the Kirkland Jail. The programs were created as alternatives to being held in custody in jail on either a commitment or bail. The Alternative Sentencing programs are privileges granted by the Kirkland Municipal Court however are approved and administered by the Kirkland Jail. The following provides information for those looking to enroll in an alternative sentencing program.

Participation may have various restrictions and or requirements and may not be the same as simply spending time in custody in jail. Compliance with the specific programs will be monitored by the Kirkland Jail and then relayed to the Kirkland Municipal Court regarding the subject's level of compliance.

Associated Costs

Participation costs for the program shall be set at a daily rate of \$15.00 unless provided with financial documents indicating a financial hardship. A financial hardship is only allowed for those currently in pre-trial status and does not apply to post-conviction sentences. Financial documents must include a debt to income ratio documenting the subject's income as well as a complete list of monthly expenses. Upon receipt of financial documents, a Corrections Supervisor will review the documents and may adjust the daily rate on a sliding scale accordingly.

Payment needs to be current and remain current throughout the duration of the program. For your current balance or to inquire into your amount owed contact any Corrections Officer at the Kirkland Jail. Valid forms of payment are cash, cashier's check, money order, or payment via debit or credit card using the GovPayNet service. If you cannot pay in full and would like additional time to make payments, you must contact the Kirkland Jail.

Failure to pay at the completion your program or have a payment plan in effect will result in additional late penalties and/or a bench warrant. Additionally, the matter will be referred to a collection agency per RCW 19.16.500, and you will be liable for any and all costs of collection.

Defendant's Signature: _____ Date: _____

Program Overview

The participant is personally responsible for the care, security, and overall condition of the provided equipment. The issued equipment must only be used as directed and the ankle bracelet will be worn at all times and not tampered with. The electrical power and or telephone required to operate the equipment will not be disconnected or tampered with in any fashion. If changing primary residence five days' notice is required prior to the date of move. The participant must have approval prior to completing a move unless it is an emergency.

If contacted by the Kirkland Jail and requested to report to the Kirkland Jail for the purpose of inspection of equipment, sobriety requirements, urinalysis, or other such purposes as may be reasonable justified you will report within two hours from the time contacted.

Participation in the program is reliant upon regular transmissions of data stored on the ankle bracelet. Subjects are expected to be within range, fifty feet of the base unit, once daily within that twenty-four-hour window. Extensive periods with no data transmitted will result in a report being submitted to the Kirkland Municipal Court indicating the inability to properly monitor the subject's compliance with the program.

Equipment is issued as either a landline unit which operates off a subject's landline phone or a cellular unit. Landline units must be connected to a non-cordless phone while the cellular unit relies on an internal cellular connection.

The participant agrees to answer their phone when contacted by the Kirkland Jail. It will also be the participant's responsibility to contact the Kirkland Jail if there is an interruption in their phone service or regular method of contact. Extensive periods without contact with the participant will result in a report being submitted to the Kirkland Municipal Court indicating the inability to properly monitor or maintain contact with the subject enrolled in the program.

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Guide and Consent to Search Form - Alternative Sentencing Program

I, _____, in consideration for the privilege of being allowed into the Alternative Sentencing program authorized by the Kirkland Municipal Court do consent to allow the Kirkland Police Department to search my premises at any time without a warrant.

Address: _____

This search will be for the purpose of ensuring my compliance with the agreement and expectations that I have executed with the Kirkland Police Department. This search may be made without probable cause. I understand that I have a constitutional right to not have my premises searched by law enforcement without a search warrant or probable cause, but I voluntarily and knowingly waive that right for the period that I am participating in the program facilitated by Kirkland Police Department.

Refusal to allow the search of my premises is cause for my immediate termination from the program.

Printed Name: _____ Date: _____ Signature: _____

Applicant must present the following to each person living at the listed residence

Each of you has a constitutional right to not have your premises searched without a warrant or probable cause. However, in consideration of having _____ participate in the Alternative Sentencing program, each of you, by signing below, waives those rights for the duration of _____'s participation in the program. Further, by signing below, each of you acknowledges that you have read this provision and waive your rights knowingly and voluntarily.

Additionally, by signing below, each of you affirmatively represents:

- That there are no other people living at this residence who have not signed below
- That no one else will be allowed to live in the residence without first signing this agreement
- That no one will be allowed to establish any form of temporary residence (i.e. visitors or guests) during the duration of the program.

Resident Name: _____ DOB: _____ Signature: _____

Supervisor's Signature: _____ Date: _____

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Waiver and Contact Information - Alternative Sentencing Program

I, _____, understand that the Alternative Sentencing programs offered by the City of Kirkland Police Department for the Kirkland Municipal Court are alternatives to spending time in-custody in jail. I understand that if I am to breach any rule set forth while on a program that I may be revoked, or a letter will be written and forwarded to the Kirkland Municipal Court of the non-compliance.

READ and INITIAL the Following:

- _____ I agree to abstain from the use of all alcoholic beverages and all non-prescription drugs to include, but not limited to, beer, wine, ale, liqueur, or hard liquor during the term of participation regardless of charge being served.
- _____ I agree not to tamper with or remove the ankle bracelet installed on my leg at any point in time unless due to a medical emergency.
- _____ I agree to make myself available, respond, and report to the Kirkland Jail when contacted by any Kirkland Corrections Officer within two hours.
- _____ I agree to keep current on payments and understand that the daily rate is \$15 per day. Additionally, I understand that if I am to fall behind on payment I may be revoked. Financial documents will need to be provided if unable to pay and must be provided for supervisor review and approval for those on pre-trial.
- _____ I understand that when first installing the base unit at my residence that I must refrain from using the phone, if a landline connection, or leaving the residence for no less than four hours.
- _____ I agree to commit no new law violations while participating on the program and understand that I will advise the Kirkland Jail if I do receive a new law violation.
- _____ I understand that I must be within range, fifty feet of the base unit, once daily within each twenty-four-hour window and failure to do so will not allow proper monitoring.
- _____ I agree that I have read, understand, and will abide by all rules and expectations set forth while on the program required by the Kirkland Municipal Court that I filled out, initialed, and signed.

Equipment Received:

The participant acknowledges receipt of the following equipment, which is leased to the participant by the City of Kirkland Police Department in accordance with the terms of this Agreement. The costs of such lease are included in the daily rate specified herewith:

- (a) Receiver Unit Number: _____ Replacement Cost - \$1,500.00
- (b) Transmitter Number: _____ Replacement Cost - \$650.00
- (c) Soberlink Number: _____ Replacement Cost - \$800.00

I have read and understand all rules detailed on this page as well as any rules and expectations explained to me by the Officer setting me up for my program as well as the Alternative Sentencing guide. I agree that I understand all that is expected of me during the duration of my time on the program and have had all questions answered. Violation of any of the terms or conditions may result in revocation.

Failure to pay at the completion your program or have a payment plan in effect will result in additional late penalties and/or a bench warrant. Additionally, the matter will be referred to a collection agency per RCW 19.16.500, and you will be liable for any and all costs of collection.

Defendant's Signature: _____ Date: _____

- EHD – Landline: TAD – Landline: PTAT – Landline: Outside Agency:
- EHD – Cellular: TAD – Cellular: PTAT – Cellular:

Officer's Signature: _____ Date: _____

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Waiver and Contact Information - Alternative Sentencing Program

Contact Information:

Name: _____
Address: _____
Home Phone: _____
Cell Phone: _____
Email Address: _____
Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____ Sex: _____
Driver's License: _____ Place of Birth: _____

Emergency Contacts:

Name: _____
Address: _____ Relationship: _____
Home Phone: _____
Cell Phone: _____

Name: _____
Address: _____ Relationship: _____
Home Phone: _____
Cell Phone: _____

Name: _____
Address: _____ Relationship: _____
Home Phone: _____
Cell Phone: _____

Work Contacts:

Name: _____
Address: _____ Relationship: _____
Home Phone: _____

Officer's Signature: _____ Date: _____

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