

REQUIREMENTS OF THE ALTERNATIVE CUSTODY PROGRAM

CDCR 1516-ACP (06/11)

You have volunteered to participate in the Alternative Custody Program (ACP) until transitioned to parole or discharged. You shall be subject to electronic monitoring. You shall remain within the interior premises of your residence from _____ pm to _____ am. Your person, residence and any property under your control may be searched or seized by any peace officer any time of the day or night with or without a warrant, with or without cause, as set forth in Penal Code section 1170.05(g)(2). You waive extradition to the State of California from any state or territory of the United States or from the District of Columbia and you will not contest any effort to return you to the State of California. If another jurisdiction has lodged a detainer against you, you may be released to the custody of that jurisdiction. Should the detainer not be exercised, you are to immediately contact the nearest Division of Adult Parole Operations Unit for instructions from your assigned agent. Should you violate the requirements of this program or your individualized Treatment and Rehabilitation Plan (ITRP), you may be subject to arrest, return to institution, and/or disciplinary action. You understand you may be removed from ACP and returned to prison to serve the remainder of your original sentence for any reason, with or without cause.

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1. SPECIAL REQUIREMENTS MUST: a) Relate to the crime for which you were convicted, b) Relate to conduct which is criminal, or, c) Prohibit conduct which may be related to future criminality. You are subject to the following special requirements:

Unit Supervisor's Signature

Date Signed

_____ I acknowledge my special requirements for participating in the ACP.
Participant's Initials

- 2. RELEASE AND REPORTING:** Unless other arrangements are approved in writing, you will report to your assigned agent on the first working day following your release to the ACP. Any change of residence shall be reported to your assigned agent in advance. You will inform your assigned agent within 72 hours of any change of employment status, to include a change in location, employer, work hours, or termination of employment.
- 3. RESIDENCE AND TRAVEL:** You will not travel outside of your county of residence or more than 50 miles from your residence without prior written approval of your assigned agent. You will not leave the State of California. Your residence of record shall be free of any aggressive animals, as determined by your agent, and have unobstructed access by law enforcement.
- 4. ASSIGNED AGENT INSTRUCTIONS:** You shall adhere to and comply with all instructions of your assigned agent and the ITRP.
- 5. CRIMINAL CONDUCT:** You shall not engage in conduct prohibited by law (state, federal, county or municipal). You shall immediately inform your assigned agent of any law enforcement contact including felony or misdemeanor arrests and citations. Conduct prohibited by law may result in a return to prison even though no criminal conviction occurs.
- 6. WEAPONS:** You shall not own, use, have access to, or have under your control: (a) any type of firearm or instrument or device which a reasonable person would believe to be capable of being used as a firearm or any ammunition which could be used in a firearm; (b) any weapon defined in state or federal statutes or listed in California Penal Code Section 12020 or any instrument or device which a reasonable person would believe to be capable of being used as a weapon as defined in Penal Code Section 12020; (c) any knife with a blade longer than two inches, except kitchen knives, which must be kept in your residence and knives related to your employment which may be used and carried only in connection with your employment; or (d) a crossbow of any kind.
- 7. APPEAL:** You have the right to appeal the special requirements pursuant to California Code of Regulation (CCR), Section 3084.1.

I have read, or have had read to me and understand and agree to the requirements of the ACP as they apply to me.

CDC Number:	Inmate/Parolee Printed Name(Last, First, MI):	Inmate/Parolee Signature:	Date Signed:
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STAFF ISSUANCE/OBSERVATION

I have reviewed the Disability and Effective Communication System and the Field File (Parole Staff) or C-File (Institution Staff) for disability and effective communication source documents.

I have informed this inmate/parolee of this notice and have determined that he/she:

- Appears to understand*
- Appears to have difficulty understanding*

Effective Communication Method Used: (please circle)

Foreign Language Interpreter Sign Language Interpreter Read/Spoke Slowly Assistive Device Used(specify) _____
 Other (please write): _____

After providing assistance, inmate/parolee: *Explained the conditions in his/her own words.* *Does not appear to understand.*

Comments:

Staff Printed Name/Title/Badge #:	Staff Signature:	Date Signed:
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