

Candidate Name	Last:	First:	Middle:
OMS#			
<b><u>EHIP Application</u></b>	<b>X</b>	<b><u>OSU Application</u></b>	

**REVIEWED BY**

	<b><u>Initial</u></b>	<b><u>Approved</u></b>	<b><u>Denied</u></b>	<b><u>Comments</u></b>
<b>MD. M. Broderick</b>				
<b>Sgt. J. Jones</b>				
<b>Lt. L. Thompson</b>				

**Inmate File Check-Off**

**File prepared by Deputy Broderick**

	Judge's letter (email <a href="mailto:ragardner@vacourts.gov">ragardner@vacourts.gov</a> GDC only).
	Urinalysis
	Court Order/Sentencing Card
	Application
	Rules and Regulations
	Employment Information Sheet /Business License (If Required)
	Criminal History Check
	Booking Card/Inmate Photo (OMS)
	Inmate violations
	Employment & Home map
	Brief overview with the inmate of what is and isn't allowed while on the program
	Warrant Check completed on the day of approval

**Miscellaneous notes:**

# OFFICE OF THE SHERIFF



City of Virginia Beach

To: EHIP Applicants

From: ASP Coordinators

Reference: Electric Home Incarceration Program

An initial background investigation indicates that you may be eligible for the Virginia Beach Sheriff's Office Electric Home Incarceration Program. Attached is an application for our program, please fill out the application in its entirety. Incomplete applications will not be accepted. There will be a daily fee of \$3.20 to participate on the program in accordance with your sentence. In addition, a basic home telephone or cell phone is required for participation. Participants agree to random drug and alcohol testing and must maintain employment.

Participants will have their sentenced calculated in accordance with VA state guidelines for the misdemeanor or felony charges listed on their court card.

Participants employment will be verified to ensure compliance.

Once application is filled out completely, please return for further consideration. This letter does not constitute acceptance into the program, all participants must have a verified employment, unless otherwise authorized.

Please submit an inmate request form to the ASP coordinators if you have any further questions.



**VIRGINIA BEACH CORRECTIONAL CENTER  
APPLICATION FOR ELECTRIC HOME INCARCERATION PROGRAM**

The Electronic Home Incarceration Program is designed to provide the opportunity for work, education or vocational training to those inmates who are fully sentenced and have been accepted into the program. If you are interested in participating, complete the application.

Last: \_\_\_\_\_ First: \_\_\_\_\_ Middle: \_\_\_\_\_  
SSN: \_\_\_\_\_ DOB: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital Status: \_\_\_\_\_ #of Children \_\_\_\_\_  
Weight: \_\_\_\_\_ Height: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_

Present Home Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Employer: \_\_\_\_\_  
Employer Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_  
Immediate Supervisor's Name: \_\_\_\_\_ Phone: \_\_\_\_\_  
Length of employment: \_\_\_\_\_ Last date worked: \_\_\_\_\_

How will you get to and from your job: \_\_\_\_\_  
Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color \_\_\_\_\_  
License Plate: \_\_\_\_\_ State: \_\_\_\_\_  
Driver: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

List two relatives living in the Tidewater area:  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip  
code: \_\_\_\_\_ Phone: \_\_\_\_\_  
Name: \_\_\_\_\_ Relationship: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip  
code: \_\_\_\_\_ Phone: \_\_\_\_\_

Have you ever had Probation or Parole Revoked: \_\_\_\_\_  
Current charge(s): \_\_\_\_\_ Sentence: \_\_\_\_\_  
Judge: \_\_\_\_\_ Attorney: \_\_\_\_\_

Are you currently taking any medication: \_\_\_\_\_ if yes, what kind: \_\_\_\_\_  
Pets? \_\_\_\_\_ If yes, what kind: \_\_\_\_\_  
Weapons in your home? \_\_\_\_\_ If yes, what kind: \_\_\_\_\_

All statements have been answered truthfully and to the best of my ability. I understand that if any of the answers listed above prove false or incomplete, this can constitute grounds for my application to be rejected.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**VIRGINIA BEACH SHERIFF'S OFFICE  
ELECTRONIC HOME INCARCERATION PROGRAM  
RULES AND REGULATIONS**

PARTICIPANTS NAME \_\_\_\_\_  
(PLEASE PRINT)

As a participant in the Virginia Beach Sheriff's Office Electronic Home Incarceration Program (EHIP), you are hereby required to abide by the following rules and regulations. Failure to comply with these rules and regulations will result in your termination from the program. Additionally, you may face the possibility of added criminal and/or civil charges. \_\_\_\_\_INITIALS

As an Electronic Home Incarceration Program (EHIP) participant:

1. I acknowledge that I am required to have access to a cell phone. I further acknowledge this phone is to remain in my possession and turned on 24 hours a day/7 days a week while I am participating in the EHIP. I acknowledge that I must provide the telephone number to the EHIP staff for monitoring purposes. \_\_\_\_\_INITIALS
2. I acknowledge that I am required to maintain the EHIP monitoring device. This includes payment of monthly bills as well as any required maintenance. I acknowledge random visits by the EHIP staff will be made to inspect the monitoring equipment. I acknowledge that if the staff finds my phone turned off that I will immediately be returned to the Virginia Beach Correctional Center until service is restored. \_\_\_\_\_INITIALS
3. I acknowledge that I am fully responsible for any damage, theft, or loss of the EHIP monitoring equipment. I acknowledge that tampering with the monitoring device will constitute a violation of program rules and will result in immediate termination from the program. \_\_\_\_\_INITIALS
4. I acknowledge the requirement to obey all City, State, and Federal laws. I further acknowledge that a violation of my employer's policy, which could be construed as a violation of City, State, and/or Federal law will result in my termination from the Program. \_\_\_\_\_ INITIALS
5. I acknowledge that I am responsible for charging my EHIP monitoring equipment. Keep a sufficient charge at all times and carry my charger in case of an emergency. I further acknowledge that I will immediately contact the EHIP staff if the monitoring equipment is malfunctioning. \_\_\_\_\_INITIALS
6. I acknowledge the requirement to comply with the orders of the EHIP staff at all times. \_\_\_\_\_ INITIALS
7. I acknowledge that I must carry with me at all times the issued identification card. I further acknowledge that in the event I am approached by a Law Enforcement Officer, I am to immediately identify myself as an inmate of the Virginia Beach Correctional Center participating in the Virginia Beach Sheriff's Office Electronic Home Incarceration Program. \_\_\_\_\_ INITIALS

8. In the event I am involved in a traffic accident in route to or from work, educational or rehabilitative program, I acknowledge that I must identify myself to the Law Enforcement Officer as stated in Rule #6 and must further request of the officer to contact the Virginia Beach Sheriff's Office in order to notify the Sheriff's Office of the situation at hand. \_\_\_\_\_ INITIALS
9. I acknowledge I am not permitted to leave the pre-established electronic home incarceration program perimeter of my home except during the designated time frames for employment, rehabilitative and/or approved educational programs. \_\_\_\_\_ INITIALS
10. I acknowledge the only exception to Rule #8 is an emergency situation. Given an emergency situation, I acknowledge that I must first contact an EHIP staff member at the main Virginia Beach Correctional Center telephone number and provide to the Sheriff's Office staff member the following information:
- a. The nature of the emergency;
  - b. My current location;
  - c. The telephone number and address of the location to which I am going; and
  - d. The time I am expected to return home;
- \_\_\_\_\_ INITIALS
11. I acknowledge that if the nature of the emergency requires that I am taken to a hospital for medical treatment that I must provide EHIP staff with appropriate paperwork from the hospital to include a signed statement from a doctor or a nurse. \_\_\_\_\_ INITIALS
12. I acknowledge that I will be permitted to leave my home at a pre-determined time in order to report to my place of employment. I further acknowledge I will also have a pre-determined time to return to my home. In the event I am delayed in reaching my destination within the specified time, I acknowledge that I must contact an EHIP staff member immediately and verbally notify them of the nature of my delay. If there is no answer at the EHIP Office telephone number, I will contact either the main Virginia Beach Correctional Center telephone number at (757)385-4402 or (757)385-4915 and verbally inform them of the delay. I understand that if I cannot be accounted for, I will be considered an escapee and appropriate action will be taken.  
\_\_\_\_\_ INITIALS
13. I acknowledge that if I leave, without proper authority, the area to which I have been assigned to work or attend a rehabilitation program or leave my vehicle route of travel involved in my going to or returning from such place, I shall be guilty of a violation of these rules and regulations and shall be terminated from the program. \_\_\_\_\_ INITIALS
14. I acknowledge that if I fail to report to my home at the designated time period, or I fail to stay within the established electronic home incarceration perimeter, I shall be considered an escaped inmate. \_\_\_\_\_ INITIALS
15. I acknowledge that I will work according to a predetermined schedule. Overtime and/or work outside of the normal work schedule will not be permitted without an employer's request which must be made at least 48 hours prior to the adjusted or additional work hours. \_\_\_\_\_ INITIALS

16. I acknowledge that if I change my location, or leave my normal place of employment during the workday, I must notify the EHIP staff with the specific address of my new work location. \_\_\_\_\_INITIALS
17. I acknowledge that in the event I am released from work earlier than my normal scheduled time, that I must notify the EHIP staff immediately upon my release from work. \_\_\_\_\_ INITIALS
18. I acknowledge that I must verbally notify the EHIP staff immediately if for any reason there is a change in work status. \_\_\_\_\_ INITIALS
19. I acknowledge that I am subject to random visits by an EHIP staff member. \_\_\_\_\_ INITIALS
20. I acknowledge that I am prohibited from possessing or using alcohol and/or drugs (this is to include the use of CBD in any form). I further acknowledge that I must provide to the EHIP staff a copy of any prescription on the prescribing physician's letterhead any time I am taking a prescription drug. \_\_\_\_\_ INITIALS
21. I acknowledge that I am subject to random urinalysis testing and that failure to submit to such testing will result in my immediate termination from the program. \_\_\_\_\_ INITIALS
22. I acknowledge that I will refrain from eating any food or food substance containing poppy seeds as the ingestion of any food or food substance containing poppy seeds can possibly cause my drug screening to show positive for opiates. I further acknowledge that in the event I test positive for drugs or alcohol, I will be subject to immediate removal from the program. \_\_\_\_\_ INITIALS
23. I acknowledge that I am required to provide for my own medical needs while participating in the EHIP. \_\_\_\_\_ INITIALS
24. I acknowledge that I will be required to pay \$3.20 per day for participation in the program. I acknowledge that all program fees must be paid in advance and that payment may be in the form of cash, money order, certified funds or credit card (5% convenience fee and card holder must be present) at the Collection's window from 0800-1630, except for legal holidays. Payment by phone or internet payments are not accepted. \_\_\_\_\_ INITIALS
25. I acknowledge that payments must be made in advance. Payments can be made weekly, weeks in advance, or in full. Payments may be mailed however all payments must be received by the Collections Office by 4:30 pm each Friday. I acknowledge that I will be removed from the program if I fail to maintain my payment schedule. \_\_\_\_\_ INITIALS
26. I authorize my employer to submit funds from my salary for any fees still owed to EHIP in the event I am removed from the program. I further authorize any money owed to be automatically debited from my canteen account for my room and board fees. \_\_\_\_\_ INITIALS
27. I acknowledge that I will be required to pay any outstanding court debts or support for legal dependents according to a schedule established by the courts. \_\_\_\_\_INITIALS

28. I acknowledge that failing to report changes in my status or report unusual circumstances may result in termination from EHIP. I further acknowledge that in the event I am terminated from the program due to rule violations, that I will be subject to lose all accrued good time and face the possibility of additional charges. \_\_\_\_\_INITIALS

29. I agree to waive my FOURTH AMENDMENT rights while participating in the program. \_\_\_\_\_INITIALS

30. I acknowledge that I have read or have had read to me and fully understand the rules and regulations of the Electronic Home Incarceration Program. \_\_\_\_\_INITIALS

31. Permission will be given on a case by case basis for residency and employment outside of the city of Virginia Beach by the Sheriff of one of his designees in relation to the EHIP program. \_\_\_\_\_INITIALS

32. You must be fully sentenced, with no pending court cases. \_\_\_\_\_INITIALS

33. All participants must secure employment within 30 days of release. \_\_\_\_\_INITIALS  
Start date \_\_\_\_\_ 30 days to secure a job by \_\_\_\_\_. \_\_\_\_\_INITIALS

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ASP COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_



# OFFICE OF THE SHERIFF



City of Virginia Beach

## PROPERTY SEARCH

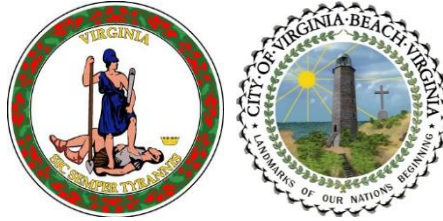
**Searches of Homes will be conducted at random. A search will be conducted in connection with the investigation of an incident or in the event that there is reasonable suspicion that a violation of program rules or a violation of the law has occurred.**

I \_\_\_\_\_, hereby give the Sheriff of Virginia Beach or any of his legal representatives, permission to search the house and/or any structure on the property at the address: \_\_\_\_\_, City; \_\_\_\_\_, State: \_\_\_\_\_, Zip Code: \_\_\_\_\_ while I am a participant on the Electronic Home Incarceration Program.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ASP COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

# OFFICE OF THE SHERIFF



City of Virginia Beach

## ELECTRONIC HOME INCARCERATION PROGRAM INVENTORY/ACCOUNTABILITY

The Electronic Home Monitoring Equipment was placed on \_\_\_\_\_  
Participants Name

By \_\_\_\_\_ on \_\_\_\_\_  
ASP Coordinator Date

I agree to accept **full responsibility** for all Electric Home Monitoring Equipment listed below. I further agree that in the event the below equipment is damaged, destroyed, lost, or tampered with in any manner, I will be held responsible for all monetary compensation to the Virginia Beach Sheriff's Office. I also agree to allow the Virginia Beach Sheriff's Office permission to inspect or retrieve the equipment listed below at their discretion.

The participant will return the checked items below and agrees to pay the invoiced total within 30 days of the date of the invoice if the equipment is not returned in good condition. This includes **lost, damaged, destroyed, and stolen equipment.**

### Assigned Equipment Serial Numbers

	Equipment	Serial Number
	3M Two-Piece GPS Offender Tracking Device	
	3M Body Attached Bracelet	

### Equipment Price Detail

	Equipment	Cost
	3M Two-Piece GPS Offender Tracking Device	\$925.00
	3M Body Attached Bracelet	\$100.00

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ASP COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

# OFFICE OF THE SHERIFF



City of Virginia Beach

## MEMORANDUM

TO: Participants of the Electric Home Incarceration Program

FROM: Alternative Sentencing Staff

SUBJECT: Jail fee balances

Per order of the Sheriff of Virginia Beach in order to participate in the Alternative Sentencing Program (ASP) all balances from any previous inmate accounts will need to be satisfied prior to being allowed to participate. Anyone sentenced to ASP and requests to be on EHIP must pay this balance prior to beginning their sentence.

**Reminder-payments must be received prior to serving your first day.**

Name \_\_\_\_\_

(PRINT)

(SIGNATURE)

If you have questions about your balance please contact the Collections Office at 385-2054.

**(For Collections Office only – do not write below this line.)**

**Balance** \_\_\_\_\_

# OFFICE OF THE SHERIFF



City of Virginia Beach

## RELEASE OF INFORMATION WAIVER FORM

Date: \_\_\_\_\_

I \_\_\_\_\_, hereby give permission to the Sheriff of Virginia Beach or any of his legal representatives, to reveal information about me. This information may include my driving record, medical record, criminal record for any and all purposes which are deemed necessary and relevant to aid in the planning of my rehabilitation.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ASP COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**VIRGINIA BEACH SHERIFF'S OFFICE  
ELECTRONIC HOME INCARCERATION PROGRAM  
PROPER USE OF EHIP EQUIPMENT**

- Your Black Box (PTU) shall be with at all times while you are outside your house. The PTU will be on your person while you are at work or in your yard. **NO EXCEPTIONS**
- When you are home you must place your Black Box (PTU) in the charger. When you place the Black Box (PTU) in the charger make sure the “lightning bolt” icon shows up to make sure it is charging.
- If you're PTU does not get charged you are not to leave your house until it has been charged for at least eight (8) hours.
- It is important for the Black Box (PTU) get at least eight (8) hours of charge at night.
- It is important for the Black Box (PTU) must be in the charger base no later than 2100 (9 p.m.) each night unless you are scheduled to work.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ASP COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

**VIRGINIA BEACH SHERIFF'S OFFICE  
ELECTRONIC HOME INCARCERATION PROGRAM  
POSSESSION OF UNAUTHORIZED DRUGS/INTOXICANTS**

This to advise all Electric Home Incarceration Program participants/residents that possession or use of alcohol, non-narcotic drugs, unauthorized drugs or medication, and inhalants is **NOT ACCEPTABLE.**

This would include any unauthorized use of alcohol based over the counter products such as Nyquil or Listerine or any other alcohol based medication that may or may not affect the reading of a drug, Alcosenser or BAT test will **NOT** be an acceptable excuse for a positive drug or alcohol test.

Any violation of this rule is a punishable offense and could result n being removed from the Electric Home Incarceration Program.

PARTICIPANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

ASP COORDINATOR: \_\_\_\_\_ DATE: \_\_\_\_\_

NAME OF EHIP PARTICIPANT \_\_\_\_\_

Virginia Beach Sheriff's Office EHIP contact: 385-4470 (office)/ 385-6534 (fax)

**STATEMENT OF EMPLOYER**

I understand that the person I employ is an Electronic Home Incarceration Program (EHIP) inmate who is serving a sentence at the Virginia Beach Correctional Center and I agree to the following:

1. To provide a **weekly** affidavit stating that the employee has attended work each day, what their hours are and that they have been of good behavior.
2. To allow the EHIP staff to discuss an EHIP Participant's conduct and work performance with supervisory personnel.
3. Rates of pay and other conditions of employment will not be less than those paid or provided for work of a similar nature in the locality in which the work is being performed.
4. Employment will not result in the displacement of employed workers, or be applied in skills, crafts or trades in which in which there is a surplus of available gainful labor in the locality, or impair existing contracts for service.
5. Check which applies to the following conditions that have been met, where the employer has a federal contract.
  - a. Representatives of local union central bodies or similar labor union organizations have been consulted. Yes \_\_\_\_\_ No \_\_\_\_\_
  - b. Employment shall not result in the displacement of employed workers, or be applied in skills, crafts or trades in which there is a surplus of available gainful labor in the locality, or impair existing contracts for service. Yes \_\_\_\_\_ No \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Name and Address of Company:

\_\_\_\_\_

Employment working hours: Example: Monday-Friday 8 p.m. - 4p.m

**VIRGINIA BEACH SHERIFF'S OFFICE  
ELECTRONIC HOME INCARCERATION PROGRAM  
EMPLOYER INFORMATION SHEET**

**EHIP Participant:** \_\_\_\_\_

**Business Name:** \_\_\_\_\_

**Business Address:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Office Phone #:** \_\_\_\_\_

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

**Supervisor Phone/Cell #:** \_\_\_\_\_

**Business Fax #:** \_\_\_\_\_

**Days to Work:** \_\_\_\_\_

**Hours to Work:** \_\_\_\_\_

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

**Starting Date:** \_\_\_\_\_

**Comments:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_