

Judicial Options.Com
*GPS Supervised Offender-Paid Electronic Monitoring
For Non-Violent, Employed Persons*

Application Form

Fax Application and Documents to
(951)844-3019

PLEASE NOTE: NO CASH OR PERSONAL CHECKS ALLOWED. ALL PAYMENTS MUST BE MADE TWO WEEKS IN ADVANCE WITH BANK TRANSFERS, 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:

1. **Provide copy of Photo Identification (Driver's License or State-issued Identification Card)**
2. **Utility Bill with current address (verification of residence)**
3. **Court Documents describing Charges**
4. **Private Attorney or Public Defender's Address, Telephone and Fax Number include Zip Code**
5. **Probation Information if assigned a Probation Officer include address, telephone number and Fax number**
6. **Proof of Income (check stub or Benefits' Award Letter)**
7. **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 –(951) 844-3019 - Fax
Website: www.judicialoptions.com – E-Mail: bahiawilson@gmail.com

Revised 01-01-2025

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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: _____

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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: _____

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