



Residential Re-entry Center and Work Furlough

Eligibility Screening Form

Offender Information

Name: _____

Date of Birth: _____ Case Number: _____

Will the offender have at least 30 actual days of custody to serve? _____

If in Custody: Booking #: _____

Attorney's Name: _____

Attorney's Phone Number: (____) _____

If current offense listed below, offender is ineligible.

Any felony punishable by death/life

Assault with intent or on an officer (PC 220, 245(c)(d), 4500, 4501, 4503)

GBI (PC 12022.7)

Manslaughter (PC 191.5, 192)

Personal use of deadly weapon (PC 12022.7, 12022(b))

Robbery (PC 211) including bank robbery

Selling furnishing drugs to minor (HS11353 (b), HS 11380, PC667 (e) limitation)

Rape/other sex crimes (PC 261, 286, 286 (c), 286 (d), 288.5, 288a(c), 288 a(d), 289 (a))

Arson PC 451

Exploding device (PC 12303.3, 12308, 12319 (b))

Holding hostage by prisoner

Kidnapping (PC 207, 208, 209)

Mayhem (PC 203, 205)

Murder (PC 187)

Grand theft firearm (PC 487.3-firearm)

Attempt of any listed crime except assaults

Current conviction Penal Code and a brief summary of the facts of the offense (If drug related offense, please list quantity involved):

Empty rounded rectangular box for providing current conviction details.

Please answer each question. No single response will determine eligibility. A complete screening will be conducted by a probation supervisor based on this information.

1. Is the instant offense a felony or misdemeanor?
2. Is or will the defendant be under supervision of the Probation Department?
3. Does offender have active felony warrant/hold?
4. Does offender have active misdemeanor warrant/hold?
5. Is offender employed?

If yes, Name of Employer:

Address:

Phone Number:

6. Does offender have GED/High School diploma?
7. Does offender have work experience?
8. Does offender have trade/vocational training?
9. Does offender have significant mental/behavioral health issues?

If yes please explain:

10. Does offender have significant medical issues?

If yes please explain:

11. Is offender a PC 290 Registrant:

If yes please explain:

12. Is offender a US citizen or legal resident?

Resident card number:

13. Significant criminal history:

List significant priors

Name of person screening this case:

Date:

Title:

Telephone Number:

Official Use Only:

Authorizer:

Date:

Authorizers Signature: