

COURT REFERRAL TO CUSTODY ALTERNATIVE FACILITY

Contra Costa County Sheriff's Office
Custody Alternative Facility
1011 Las Juntas Street
Martinez, CA 94553

Court/Dept # _____

Docket # _____

NAME: _____ DL #: _____ SSN #: _____

DOB: _____ PLACE OF BIRTH: _____

RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____ HAIR: _____ EYES: _____

ADDRESS: _____ CITY: _____ ZIP: _____

HOME PH #: _____ WORK #: _____ CELL #: _____

EMERGENCY CONTACT

NAME: _____ PH#: _____

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PRE-TRIAL SCRAM (ALCOHOL MONITORING) and/or Electronic Home Detention (EHD)
Court to fax documents to CAF. Fax # (925) 313-4290

SAME DAY REFERRAL-Report immediately to the Custody Alternative Facility to enroll in Pre-Trial SCRAM. Bring all court documents with you. You MUST arrive before 2:00 PM. (925) 313-4260

NEXT DAY REFERRAL-Contact the Custody Alternative Facility immediately to make an appointment for the following morning. Bring all court documents with you. (925) 313-4260

FAILURE TO REPORT WILL RESULT IN YOUR FILE BEING RETURNED TO COURT FOR DISPOSITION.

Signature _____ Date _____ Witness _____ Date _____

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YOU HAVE BEEN SENTENCED TO JAIL!! THE COURT HAS REFERRED YOU TO THE OFFICE OF THE SHERIFF TO COMPLETE YOUR SENTENCE OUT OF CUSTODY, YOU MUST CONTACT THE CUSTODY ALTERNATIVE FACILITY TO SCHEDULE AN APPOINTMENT FOR ENROLLMENT. FAILURE TO CONTACT US OR KEEP YOUR APPOINTMENT WILL RESULT IN A WARRANT FOR YOUR ARREST.

PROMISE TO APPEAR

I hereby promise to contact the Custody Alternative Facility two weeks from today to schedule an appointment to enroll in the following program:

Work Alternative Program - 925-313-4251

Electronic home Detention - 925-313-4260

I understand that it is my responsibility to contact CAF and complete the enrollment process. Failure to do so is a violation of 4024.2(c) and /or 1203.016(c) and an order for my arrest will be issued. I understand that CAF programs are not free and I agree to pay all fees detailed on the back of this form.

I have read, understand, and agree to all of the terms/fees listed on both sides of this Promise to Appear.

DO NOT SIGN THIS FORM IF YOU DO NOT UNDERSTAND IT

Signature: _____ Date: _____

Witness: _____ Date: _____

DO NOT CONTACT THE COURT FOR PROGRAM INFORMATION