

SOCORRO COUNTY  
BOARD OF COUNTY COMMISSIONERS  
RESOLUTION № 2012-58  
ESTABLISHING A HOME DETENTION PROGRAM

**WHEREAS**, NMSA 1978, Section 33-3-1 (1984) requires that the control of common jails be vested in the County, consequently counties may offer a program under which minimum security inmates and low-risk offenders committed to a county jail may voluntarily participate in a home detention program; and

**WHEREAS**, NMSA 1978, Section 33-3-8 (1984) authorizes the Board of County Commissioners to prescribe reasonable rules and regulations under which the home detention program may operate; and

**WHEREAS**, the Board of County Commissioners has established a home detention program and approved rules, regulations and administrative policies; and


**NOW THEREFORE, BE IT RESOLVED**, by the Socorro County Board of County Commissioners that the attached Socorro County Detention Center Home Detention Program, the terms of which are effective immediately, is hereby enacted.

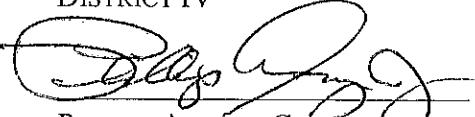
**BE IT FURTHER RESOLVED** that the Detention Center Administrator is authorized to amend if necessary Exhibits A, B, and C to reflect non-substantive changes in the administration of the home detention program.

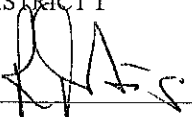
**APPROVED, ADOPTED, AND PASSED** on this 14<sup>th</sup> day of June, 2012.


**BOARD OF COUNTY COMMISSIONERS OF THE COUNTY OF SOCORRO**

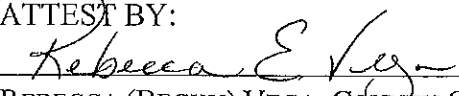
  
\_\_\_\_\_  
DANIEL P. MONETTE, CHAIR  
DISTRICT IV

  
\_\_\_\_\_  
PAULINE JARAMILLO, VICE-CHAIR  
DISTRICT I

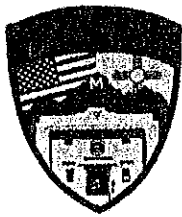
  
\_\_\_\_\_  
PHILLIP ANAYA, COMMISSIONER  
DISTRICT III

  
\_\_\_\_\_  
RUMALDO J. GRIEGO, COMMISSIONER  
DISTRICT II

  
\_\_\_\_\_  
JUAN JOSE GUTIERREZ, COMMISSIONER  
DISTRICT V

ATTEST BY:  
  
\_\_\_\_\_  
REBECCA (BECKY) VEGA, COUNTY CLERK





# Socorro County Detention Center Home Detention Program

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*Effective: June 14, 2012*

## **I. Purpose**

The Home Detention Program of Socorro County is a Jail Diversion Program. Its primary goal is to ease overcrowding in the County jail by allowing people sentenced to jail the opportunity to serve their jail time by electronic monitoring. This is accomplished via computer and several pieces of equipment placed in the client's home that monitor the client's location.

## **II. Equipment**

Field Monitoring Device (FMD): A box which attaches to the phone line in the client's home and communicates with the ankle bracelet and computer. **A client must have a land line available at home.**

Transmitter: This is the ankle bracelet that the client wears to let the FMD know if the client is in range (at home).

GPS Tracking: This equipment monitors the client's location on a 24/7 basis. Clients have to wear an ankle bracelet and carry a cell transmitter which communicates the client's location once every minute.

## **III. Service Area**

Our service area consists of all of Socorro County.

## **IV. Cost**

The cost of this program is based on your hourly rate of pay if employed. Clients must also pay a one-time \$25.00 setup fee and \$5.00 per urine test administered while on the program. We have indigent rates for clients that are unable to work. Clients must provide proof of income or unemployment for rate determination otherwise the highest rate will be applied.

Prior to beginning the program, clients must pay the determined monthly amount, the setup fee and one urinalysis fee. The client must then pay the monthly and one testing fee every thirty days.

Rates are as follows:

Wages	Setup Fee	Daily Rate	Monthly Amount	Urinalysis Testing
<\$7.50/hour or unemployed*	\$10.00	\$3.00	\$90.00	\$5.00/Test
\$7.50-\$10/hour	\$25.00	\$5.00	\$150.00	\$5.00/Test
\$10.01-\$15/hour	\$25.00	\$8.00	\$240.00	\$5.00/Test
\$15.01-\$20/hour	\$25.00	\$12.00	\$360.00	\$5.00/Test

\*Any person applying for this indigent rate must provide a copy of their last tax return, proof of low wage or proof of unemployment.

## V. Work Release

If you intend to work while on home detention, you must take a **work release agreement** to your employer to have it signed. As long as your employer agrees to the terms you can work. You can work any hours required by your employer up to 10 hours per day (including travel) 5 days a week.

## VI. Eligible Participants

A Socorro County Detention Center inmate can qualify for the Ankle Bracelet Program by meeting the following criteria:

- Participation must be ordered by the District or Magistrate Judge.
- Participation must be approved by a Socorro County Detention Center Supervisor based on internal criteria.
- Program participant must agree to pay the prepaid amount prior to release.

## VII. Required Documents

Participant must complete all required forms as follows:

- Conditions of Release Form. Standard Conditions of Release associated with the Socorro County, Sierra County and the Torrance County Magistrate Courts. The Conditions of Release are to be signed by the inmate, ensuring that the inmate understands the conditions of release.
- The inmate shall examine the "Self Executing Arrest Order for Conditions of Release Form". (Signed by the presiding District or Magistrate Judge)
- Socorro County Detention staff will take the Self Executing Arrest Order for Conditions of Release Form to the District Attorney's Office. The form must be signed by the A.D.A. assigned to the inmate's case.

- A Personal Data Form (Exhibit A) must be completed by the inmate.
- An Agreement Form must be signed by the inmate (Exhibit B)
- After completion of the above required approvals, if not on strict house arrest, the inmate will fill out a plan of his/her daily routine. Inmate is informed by Socorro County Detention Center personnel of conditions of release, restricted areas, etc. (if any).
- Inmate will be required to provide a money order in the amount of the **monthly fee, setup fee and one urine test** made payable to Socorro County to secure the use of the ankle bracelet for the first month.
- The money order and a completed check list signed by the Socorro County Detention Center Administrator will be submitted to the County Manager's office for final approval.

## **IX. Violation of Program**

- Participants found by a court of competent jurisdiction or the Detention Center Administrator to have violated their conditions of release relating to this program shall forfeit any funds paid for this program and shall not be eligible to re-apply for the program .

# Exhibit A - Ankle Bracelet Program Checklist

Inmate Name: \_\_\_\_\_

Identification Number: \_\_\_\_\_

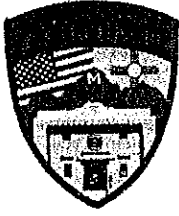
- 1. Judge's Consent Form
- 2. SCDC has reviewed and approved inmate for program
- 3. The Rules, Regulations, and Agreement Form
- 4. A Magistrate Court Condition of Release Form
- 5. A Self Executing Arrest Order for Conditions of Release Form
- 6. A Personal Data Form
- 7. Inmate's Daily Routine Plan
- 8. SCDC has informed inmate of all conditions of release, restricted areas, etc. (If any).
- 9. Proof of income for rate determination is attached
- 9. Money Order in the amount of \$ for first month (rate approved by Manager: \_\_\_\_\_)
  - \$110.00 & \$95.00 each subsequent month
  - \$180.00 & \$155.00 each subsequent month
  - \$270.00 & \$245.00 each subsequent month
  - \$390.00 & \$365.00 each subsequent month

\_\_\_\_\_  
SCDC Administrator

\_\_\_\_\_  
Date

\_\_\_\_\_  
Finance Office

\_\_\_\_\_  
Date



## Exhibit B - Personal Data Form

### Socorro County Home Detention Program

**PLEASE COMPLETE THIS FORM AND PRESENT IT TO THE JUDGE**

**PLEASE PRINT**

LAST NAME: \_\_\_\_\_

FIRST NAME: \_\_\_\_\_ MIDDLE INITIAL: \_\_\_\_\_

HOME ADDRESS: \_\_\_\_\_  
(Street/Apartment/Space Number)

\_\_\_\_\_  
(City/State/Zip Code)

MAILING ADDRESS: \_\_\_\_\_  
(If Different From Home Address)

TELEPHONE NUMBER: (Home) \_\_\_\_\_ (Work) \_\_\_\_\_  
(Include Area Code) (Include Area Code)

DATE OF BIRTH \_\_\_\_\_ SOCIAL SECURITY # \_\_\_\_\_

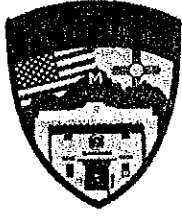
HEIGHT \_\_\_\_\_ FT \_\_\_\_\_ IN WEIGHT: \_\_\_\_\_ LBS

EYE COLOR: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_

**I declare the foregoing is true and correct under the penalty of perjury**

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE



## Exhibit C - Electronic Monitoring Agreement

### Socorro County Home Detention Program

P.O. BOX 598 SOCORRO, NM 87801

I understand I have been ordered, as a condition of my sentencing, to comply with the Electronic Monitoring Program as administered by the agency. I understand that my failure to comply with the rules and regulations as outlined below could result in my arrest and subsequent detainment by the Agency pending further legal proceedings. I further understand that any damage to the equipment outlined on the Electronic Monitoring Property Receipt will result in a report being filed through the Agency. Said report would request that Criminal Damage to Property charges be filed.

I agree to abide by the following rules and requirements of the Electronic Monitoring Program as administered by the Agency.

1. I will not disconnect, tamper with or attempt to alter the transmitter device (ankle bracelet).
2. I will not tamper with the personal Tracking Unit (PTU) or the charger in any manner.
3. I agree to provide a schedule of my request leave times at schedule office visit. I further understand the leave request must be in writing prior to meeting with the supervising officer(s).
4. I understand the PTU must be on the charger whenever I am in my residence.
5. I understand that I must carry the PTU with me every time I leave my residence.
6. I understand that the PTU must be exposed (right side up) to the sky and may not be covered up (in a coat pocket, in a purse etc...).
7. Should I fail to carry the PTU on my person, in the correct manner, or fail to place the PTU on the charger every time I enter my residence, I understand these will be considered violations of my release and the Electronic Monitoring Program.
8. Accessing this program is a privilege allowed by the County of Socorro and is not an implied right. By the decision of the County of Socorro I have been placed on the community monitoring program and as a condition of this program I will have to pay \$\_\_\_\_\_ for the first month and \$\_\_\_\_\_ each subsequent month in the Program, no matter whether or not that month of alternative incarceration is completed through the program.

I have read, or had these requirements and rules read to me, and fully understand these requirements and rules. I agree to abide by the terms and conditions as set forth in this Electronic Monitoring Agreement. I also understand the possible consequences of any failure on my part to follow these rules and regulations.

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SIGNATURE

DATE

You are directed to make payment to: Socorro County Manager's Office, 210 Park Street, Socorro NM.