



S.E.C.P.

Riverside County Sheriff's Department

Supervised Electronic Confinement Program

1627 S. Hargrave Street • Banning, CA 92220

Phone: 951-922-7695 • Fax: 951-922-7374

Short Form Information:

NAME: _____ (Last, First Middle)	SS#:
	CDL/ID# _____ Exp. _____
	DOB: _____
	HOME PHONE # () _____
ADDRESS: _____ Street City State Zip	CELL# () _____
	ALT# () _____
LANGUAGES SPOKEN: English___ Spanish___ Other___	
MEDICAL CONDITIONS (circle all that apply): NONE Alcoholic Allergies Diabetic Drug Addiction Heart Condition Hepatitis HIV Pregnant Seizures TB VD Other: _____	
Do you have a medical Marijuana recommendation letter? Yes No	

Emergency Information:

Emergency contact who DOES NOT live with you	
NAME: _____ (Last, First Middle)	RELATIONSHIP: _____
	PHONE # () _____
	CELL# () _____
	ALT# () _____
ADDRESS: _____ Street City State Zip	

Employer Information:

Are you currently employed? YES___ NO___	
EMPLOYER NAME: _____ ADDRESS: _____ Street City State Zip	PHONE # () _____
	SUPERVISOR NAME: _____
AWARE OF SECP? YES NO	
HOURLY WAGE: _____ Hours worked per week: _____	HIRE DATE: _____
JOB TITLE: _____	
OTHER INCOME OR SUPPORT (disability, retirement, investment income, alimony, child support, welfare, etc): _____	

*** All Information is true and correct to the best of my knowledge: _____
 (Participant's Signature)