



## CITY OF GLENDALE, CALIFORNIA

Police Department  
Custody Bureau

131 North Isabel Street  
Glendale, California 91206-4382  
(818) 548-3124/3125  
[www.police.ci.glendale.ca.us](http://www.police.ci.glendale.ca.us)

### GLENDALE CITY JAIL

#### “Pay-to-Stay Weekender Program”

The Glendale City Jail offers a Pay-to-Stay Program for qualified men and women who have been sentenced to serve time in jail.

The Pay-to-Stay Program offers an alternative to serving time in the Los Angeles County Jail. With the approval of the sentencing magistrate, men and women can serve their jail sentence in our modern, clean, and efficiently operated jail facility. Program participants will be housed in separate sleeping quarters from all other inmates and will have access to day room areas, showers and inmate phones. Males and Females will be housed separately in housing units. Participants may be required to work in our inmate laundry and janitorial service within the jail facility.

Participants in this program must serve their sentences consecutively and will be imposed a daily fee of \$90.00 due on the first day of commitment. Individuals wishing to participate in the Pay-to-Stay Program must undergo a prescreening for suitability review in order to determine that all of the established conditions of the program are met.

#### Participants must meet the following mandatory conditions:

It is the applicant's responsibility to ensure that the following documents are received by the Police Department's Custody Bureau at least five (5) days prior to the check-in/surrender date.

1. Payment of \$90.00 per day must be paid in full on the check-in/surrender date and must be made in the form of a Personal Check, Cashiers Check, Money Order, or Credit Card. Checks must be made payable to:

**“THE CITY OF GLENDALE”**

**\*\*CASH IS NOT ACCEPTED\*\***

2. Participants that fail to keep their scheduled commitment/surrender/check-in date and do not serve their sentence will forfeit any paid fees. If they desire to reschedule, new fees will be required. If the sentence is not completed as ordered, the Court will be duly notified.
3. Must have verification of a recent Tuberculosis (TB) Screening test with negative results.
4. Return of this form signed by the applicant.
5. Court Commitment Order – Specifying number of days to be served and articulation that the sentence can be served at the Glendale City Jail.

6. Participants are expected to report at the time agreed upon by the approving Custody Supervisor and be prepared to stay the full term of the commitment. A picture I.D. will be required at the time of surrender.
7. Participants must obey all laws and jail facility rules and regulations during their incarceration in the Glendale City Jail.
8. Participants will not leave the Police Department Property while serving their sentence unless accompanied by a Police Officer or Custody Officer. Leaving the premises unaccompanied and without authorization is a violation of Section 4532 of the California Penal Code, (Escape from Custody.)
9. All articles of personal hygiene: soap, toothbrush and towels will be furnished to you. Participants may bring the following items:
  - Comfortable clothing and shoes (No baseball caps, or belts)
  - One additional clean t-shirt
  - One additional clean pair of socks
  - One change of underwear
  - Photo identification
  - No jewelry
  - One book or bible

(All other items will be considered contraband and may result in the immediate removal from the program)

10. Any illness or injury will be reported to the Custody Officers immediately.
11. Public parking is available in the Civic Center Parking Structure located on Wilson Street east of the Police Department. The security of your vehicle is your responsibility.
12. Verification for time served will be provided at the conclusion of your commitment. It is your responsibility to retain and show proof of completion to the Court.
13. All visitations are conducted via video visitation daily between the hours of 1pm to 4pm.
14. The Glendale City Jail cannot accommodate persons with medical problems requiring the administration of medication.

I certify that I have read, understand, and will comply with the above listed rules and terms.

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Applicants Printed Name

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Applicants Signature

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Date

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Custody Officer

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I.D. #