



sitemap contact us search:

Go

home > government > departments > pd > > online services

## Pay & Stay Program

### PAY-N-STAY INMATE WORKER PROGRAM

The HUNTINGTON BEACH POLICE DEPARTMENT offers a Pay-N-Stay program for individuals given the opportunity to serve their sentence in an alternate sentencing program. This is a fee-based program available to qualified men and women who have been convicted and sentenced for a misdemeanor offence to serve time in a city jail.

The Pay-N-Stay Program is an opportunity for men and women to work or attend school in the community while serving their sentences at night and weekends. Checkout times are established for morning releases and return for check-in in the evening based on the individual sentence. Work Release inmates may also participate in Court ordered treatment in the community during their stay.

Pay-N-Stay Inmate Worker Program is an alternative to serving a sentence in a County Jail. With the permission of the sentencing Court, men and women may select to serve their sentence in the Huntington Beach City Jail as inmate workers. Sentences are served on consecutive days, to include weekends.

Pay-N-Stay inmates are housed separate from all other inmates and will have minimal contact with the non-sentenced inmates. Pay-N-Stay inmates will assist with minor chores during their stay. These chores include cleaning, laundry, trash removal, etc. Applicants to these programs that are unable or unwilling to follow the rules and instructions given by jail staff will be transferred to the Orange County Jail.

The Huntington Beach City Jail is limited in size and ability to house all types of inmates. Due to these limitations, we do have some restrictions. In order to ensure that we are able to meet the inmate needs, all applicants need to submit an application, complete a medical questionnaire, and be interviewed prior to receiving approval to enroll in one of our programs. Once an application is received, the Jail Staff will contact the applicant and schedule an interview to discuss the programs.

The Pay-N-Stay Worker programs cost \$125.00 for the first day and \$75.00 for each day for the remainder of the sentence. Accepted applicants will be required to make the first week's payment prior to starting their sentence. Inmates that have sentences beyond one week will be required to make payments the 1st and 15th of each month until all payments are collected. Once the sentence is successfully completed and all payments are collected the inmate will receive a letter of completion.

If you are interested in applying for the PAY-N-STAY alternate sentencing programs, print the Sentence Application, (requires Adobe Acrobat) complete the application, and fax it to the

HUNTINGTON BEACH CITY JAIL at (714) 536-5698. If you have further questions, you may call (714) 374-5395.

[home](#) | [residents](#) | [visitors](#) | [business](#) | [government](#)

[site map](#) | [terms of use/privacy statement](#) | [contact us](#)

© Copyright 2002-08 City of Huntington Beach. All rights reserved. Surf City USA is a registered trademark of the Huntington Beach Conference and Visitors Bureau.

# HUNTINGTON BEACH POLICE DEPARTMENT JAIL UNIT SENTENCE APPLICATION

APPLICANT'S NAME:

LAST

FIRST

MIDDLE

ADDRESS:  
NUMBER

STREET

CITY

STATE

ZIP CODE

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

PAGER TELEPHONE NUMBER

CELLULAR TELEPHONE NUMBER

DATE OF BIRTH

AGE

SEX

RACE

HAIR COLOR

EYE COLOR

HEIGHT

WEIGHT

STATE DRIVER'S LICENSE NUMBER

STATE OF LICENSE ISSUE

SOCIAL SECURITY NUMBER

OCCUPATION

EMPLOYER

EMPLOYER'S ADDRESS:

ADDRESS:  
NUMBER

STREET

CITY

STATE

ZIP CODE

NAME OF FAMILY MEMBER OR FRIEND TO CONTACT IN CASE OF AN EMERGENCY

RELATIONSHIP

TELEPHONE NUMBER

ADDRESS: ADDRESS NUMBER STREET CITY STATE ZIP CODE

CASE NUMBER COURT OF SENTENCE LENGTH OF SENTENCE REQUESTED START DATE OFFENSE

NATURE OF THE SENTENCE: WORK RELEASE STRAIGHT TIME WEEKENDS

DO YOU HAVE ANY MEDICAL PROBLEMS: YES NO IF YES, PLEASE DISCRIBE:

ARE YOU TAKING PRESCRIPTION MEDICATION? YES NO IF YES, NAME OF MEDICINE: SIGNATURE OF APPLICANT: DATE:

Print the Sentence Application, complete the application, and fax it to the HUNTINGTON BEACH CITY JAIL at fax (714) 536-5698.