

# ALTERNATIVE SENTENCING

All information must be complete. Failure to provide accurate information may be grounds for denial.  
Refer to court paperwork as needed for details requested.

Court Date: \_\_\_\_\_

Name \_\_\_\_\_ Birth date \_\_\_\_\_  
LAST FIRST MIDDLE

Case#(s) \_\_\_\_\_ Charge(s) \_\_\_\_\_

Sentenced To: \_\_\_\_\_ Days,(cts \_\_\_\_\_) Stay Of Execution Date: \_\_\_\_\_

Any Pending Case(s)? \_\_\_\_\_ Any previous arrests or Convictions? \_\_\_\_\_

Home Address \_\_\_\_\_  
STREET CITY ZIP CODE

Mailing Address (if different) \_\_\_\_\_  
STREET/P.O. BOX CITY ZIP CODE

Home/Cell Phone: \_\_\_\_\_ City and State of Birth \_\_\_\_\_

Social Security # \_\_\_\_\_ CDL/ID# \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Color Eyes \_\_\_\_\_ Color Hair \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

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## EMPLOYER / SCHOOL INFORMATION

Employer/School \_\_\_\_\_

Address \_\_\_\_\_  
STREET CITY ZIP CODE

Employer Phone# \_\_\_\_\_ Employer Cell Phone# \_\_\_\_\_

Reason to be accepted on the program: \_\_\_\_\_

\_\_\_\_\_

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## MEDICAL INFORMATION

Are you under a doctor's care at this time? \_\_\_\_\_ YES NO

Are you taking medication at this time? \_\_\_\_\_ YES NO

Explain any YES answers \_\_\_\_\_

Your Signature \_\_\_\_\_

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FOR DEPARTMENTAL USE ONLY

CII# \_\_\_\_\_ FBI# \_\_\_\_\_

LS# \_\_\_\_\_

W/E start date and time: \_\_\_\_\_

Reviewed by Officer: \_\_\_\_\_ Date: \_\_\_\_\_

Rules Given To Inmate: YES NO