



MENDOCINO COUNTY SHERIFF'S OFFICE

Corrections Division

Alternative Custody Program

463-4092

Applicant – Do not fill in shaded box			
Offense: _____ Sentence: _____ Surrender Date: ____/____/____			
Court: _____ Court #: _____			
Last Name:		First Name:	Middle Initial:
Enter the address and phone number of where you plan to live if on home detention:			
Street Address:			Apt #:
City:		State:	Zip Code:
Home Phone:()		Cell Phone:()	
Birthdate (mm/dd/yyyy):	Birth City:	State:	Country:
Gender: <input type="checkbox"/> M <input type="checkbox"/> F	Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced		
Height:	Weight:	Hair Color:	Eye Color:
Driver's License #:	State:	Exp. Date (mm/dd/yyyy):	
Social Security #:			
Vehicle Make:	Model:	Year:	
Vehicle Color:	License Plate #:	State:	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Employer:		Job Title:
Work Address:		City, State, Zip Code:	
Primary Physician's Last Name:	First Name:	Title:	
Work Phone:()		Fax:()	
List all prescribed medications (attach additional sheets if more space is needed):			
1. Prescription Name:		Dosage:	
2. Prescription Name:		Dosage:	
3. Prescription Name:		Dosage:	

CONTINUE TO PAGE TWO FOR HOME DETENTION

List all of the cohabitants that you plan to live with while on home detention (attach additional sheets if more space is needed):			
1. Full Name (Last, First, MI):	Relationship:	Contact Number: ()	
2. Full Name (Last, First, MI):	Relationship:	Contact Number: ()	
3. Full Name (Last, First, MI):	Relationship:	Contact Number: ()	
List all immediate family members (i.e. mother, father, brother, sister, husband, wife, son, daughter, etc.) that <u>DO NOT</u> live with you (attach additional sheets if more space is needed):			
1. Last Name:	First Name:	Middle Initial:	Relationship:
Street Address:			Apt #:
City:		State:	Zip Code:
Home Phone: ()	Cell Phone: ()		
2. Last Name:	First Name:	Middle Initial:	Relationship:
Street Address:			Apt #:
City:		State:	Zip Code:
Home Phone: ()	Cell Phone: ()		
3. Last Name:	First Name:	Middle Initial:	Relationship:
Street Address:			Apt #:
City:		State:	Zip Code:
Home Phone: ()	Cell Phone: ()		

I hereby declare that the statements on this application are true. Any false answers may result in the denial of my application.

Applicant's Signature

Date (mm/dd/yy)

ACCEPTED BY: _____

Date: _____

Commitment Order Removed: _____ SID# _____ FBI# _____