



**ALTERNATIVE INCARCERATION UNIT:
HOUSE ARREST**

NAME: Last _____ First _____ Middle _____

Date of Birth _____ Age _____ Race _____ Sex _____

Height _____ Weight _____ Eyes _____ Hair _____

Social Security # _____ Place of Birth _____

Home Address _____

City _____ State _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

DRIVERS LICENSE: State _____ Number _____

Make and Model of your vehicle _____

License Plate # _____ State licensed in _____

List any other vehicle that you may have access to _____

LIST ANY AND ALL ALIAS OR A.K.A. YOU HAVE EVER USED: _____

LIST ALL SCARS, MARKS AND TATTOOS: _____

EMPLOYMENT HISTORY: Current or Past Employer _____

Address _____

City _____ State _____ Zip _____

Occupation / Title _____

Date of Hire _____ Hourly / Monthly / Wage _____

Supervisor _____ Work Phone _____

How will you get to and from work _____

CRIMINAL HISTORY:

Are you currently named in a restraining order of any kind? YES _____ NO _____

List current and past criminal history, including any arrests whether convicted or not:

Do you have any pending criminal charges? YES _____ NO _____

If yes, give full details: _____

Your attorney's name: _____ Phone # _____

Parole / Probation Officer's name: _____

Have you ever been on House Arrest before? _____ If yes, who with _____

REFERENCES:

List three (3) people who you are not related to and have known you for at least one (1) year.

Name _____ Occupation _____

Address _____ Phone # _____

Relationship _____

Name _____ Occupation _____

Address _____ Phone # _____

Relationship _____

Name _____ Occupation _____

Address _____ Phone # _____

Relationship _____

EMERGENCY CONTACT: (List Cohabitant who lives with you)

Name _____ Date of Birth _____

Address _____ Phone # _____

Race ____ Sex ____ Height ____ Weight ____ Eyes ____ Hair ____

Place of Birth _____ Relationship _____

I hereby certify that the statements and information herein are true and correct. I realize that falsification may result in the denial of this application for the any and all Programs offered.

Participant Signature

Date