

HUNTINGTON BEACH POLICE DEPARTMENT

JAIL UNIT

SENTENCE APPLICATION

APPLICANT'S NAME:

LAST	FIRST	MIDDLE
<input type="text"/>	<input type="text"/>	<input type="text"/>

ADDRESS:#	STREET	CITY	STATE	ZIP
<input type="text"/>				

HOME PHONE NUMBER	WORKPHONE NUMBER	CELLULAR PHONE NUMBER	OTHER CONTACT NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

DATE OF BIRTH	AGE	SEX	RACE	HAIR COLOR
<input type="text"/>				

EYE COLOR	HEIGHT	WEIGHT
<input type="text"/>	<input type="text"/>	<input type="text"/>

STATE DRIVER'S LICENSE NUMBER	STATE OF LICENSE ISSUE	SOCIAL SECURITY NUMBER
<input type="text"/>	<input type="text"/>	<input type="text"/>

OCCUPATION	EMPLOYER
<input type="text"/>	<input type="text"/>

EMPLOYER'S ADDRESS:

NUMBER	STREET	CITY	STATE	ZIP
<input type="text"/>				

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

RELATIONSHIP	TELEPHONE NUMBER
<input type="text"/>	<input type="text"/>

EMERGENCY CONTACT ADDRESS:

NUMBER	STREET	CITY	STATE	ZIP
<input type="text"/>				

CASE NUMBER

COURT OF SENTENCE

LENGTH OF SENTENCE

ARRESTING AGENCY

OFFENSE

ATTORNEY CONTACT : NAME

ATTORNEY PHONE #

ATTORNEY FAX:

NATURE OF THE SENTENCE:

WORK RELEASE

STRAIGHT TIME

REQUESTED START DATE:

UNITED STATES CITIZEN:

YES

NO

IF NO, RESIDENT ALIEN NUMBER:

DO YOU HAVE ANY MEDICAL PROBLEMS:

YES

NO

IF YES, PLEASES 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.