

**Court Services Bureau – Alternative Sentencing Division
Alternative Sentencing Programs Application****BIOGRAPHICAL INFORMATION**

First Name: _____ Middle Name: _____ Last Name: _____

Date of Birth: ____ / ____ / ____ Social Security #: _____ - _____ - _____ JID #: _____

City of Birth: _____ State of Birth: _____

Country of Birth: _____ Country of Citizenship: _____

Driver's License #: _____ Driver's License State: _____ Expiration Date: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Primary Phone #: _____ Secondary Phone #: _____

Email Address: _____

Marital Status: *Single Married Divorced Widowed*

Gender: _____ Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Race: _____

Highest Education (circle one): *None Elementary Junior/Middle Some High School High School Diploma**GED Some College Associate/Technical Bachelor's Degree Advanced Degree*Military Service (circle one): *Air Force Army Coast Guard Marine Navy N/A* Active (circle one): *Yes No*

Scars, Marks, and Tattoos (what & where): _____

Is this your first arrest/conviction (circle one)? *Yes No* Current age: *18-30 31-44 45+*How many times have you been arrested/convicted (circle one)? *0-3 4-9 10 or more*How old were you when you were first arrested/convicted (circle one)? *9-18 19-22 23+*Have you lived at your current residence longer than one year (circle one)? *Yes No*Have you been continuously employed for the past two years (circle one)? *Yes No***PROBATION/PAROLE INFORMATION**Supervision (circle one): *Misdemeanor Felony Unsupervised* Probation End Date: _____

Probation/Parole Officer: _____ Primary Phone: _____

EMPLOYMENT INFORMATION

Business Name: _____

Job Title: _____ Type of Business: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Supervisor's Name: _____ Primary Phone: _____

Hours worked per day: _____ Hours worked per week: _____ Days worked per week: _____

SECONDARY/EMERGENCY CONTACT

First Name: _____ Middle Name: _____ Last Name: _____

Relationship to you: _____ Primary Phone: _____

Address: _____

City: _____ State: _____ Zip Code: _____

MEDICAL INFORMATION

If you answer yes to any of the following questions, you must explain on the lines provided below

- Yes No 1) Are you on a special diet **prescribed** by a doctor?
- Yes No 2) Do you have any allergies? (Including medications, food, or insects?)
- Yes No 3) Do you have any physical condition that may limit your activities or movement?
- _____
- _____
- _____

Defendant's Signature:	Date:	Coordinator:	Ada:
------------------------	-------	--------------	------

CASE MANAGER NOTES:
