



# MENDOCINO COUNTY SHERIFF'S OFFICE

Corrections Division

Alternative Custody Program

**463-4092**

<b>Applicant – Do not fill in shaded box</b>			
Offense: _____ Sentence: _____ Surrender Date: ____/____/____			
Court: _____ Court #: _____			
Last Name:		First Name:	Middle Initial:
<b>Enter the address and phone number of where you plan to live if on home detention:</b>			
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:(        )	
<b>List all prescribed medications (attach additional sheets if more space is needed):</b>			
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 <b><u>DO NOT</u></b> 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# \_\_\_\_\_