

**HUNTINGTON BEACH POLICE DEPARTMENT
JAIL UNIT
SENTENCE APPLICATION**

APPLICANT'S NAME:

LAST

FIRST

MIDDLE

--	--	--

ADDRESS:

NUMBER

STREET

CITY

STATE

ZIP CODE

--	--	--	--	--

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

PAGER TELEPHONE NUMBER

CELLULAR TELEPHONE NUMBER

--	--	--	--

DATE OF BIRTH

AGE

SEX

RACE

HAIR COLOR

EYE COLOR

HEIGHT

WEIGHT

--	--	--	--	--	--	--	--

STATE DRIVER'S LICENSE NUMBER

STATE OF LICENSE ISSUE

SOCIAL SECURITY NUMBER

--	--	--

OCCUPATION

EMPLOYER

--	--

EMPLOYER'S ADDRESS:

ADDRESS:

NUMBER

STREET

CITY

STATE

ZIP CODE

--	--	--	--	--

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

RELATIONSHIP

TELEPHONE NUMBER

--	--	--

ADDRESS:

NUMBER

STREET

CITY

STATE

ZIP CODE

CASE NUMBER

COURT OF SENTENCE

LENGTH OF SENTENCE

REQUESTED START DATE

OFFENSE

NATURE OF THE SENTENCE:

WORK RELEASE

STRAIGHT TIME

DO YOU HAVE ANY MEDICAL PROBLEMS:

YES

NO

IF YES, PLEASE 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.