

# HUNTINGTON BEACH POLICE DEPARTMENT

## JAIL UNIT

### SENTENCE APPLICATION

APPLICANT'S NAME:

LAST

FIRST

MIDDLE

--	--	--

ADDRESS#  
CODE

STREET

CITY

STATE

ZIP

--	--	--	--	--

HOME TELEPHONE NUMBER

WORK TELEPHONE NUMBER

MOBILE TELEPHONE NUMBER

OTHER CONTACT

--	--	--	--

DATE OF BIRTH

AGE

SEX

RACE

HAIR COLOR

EYE COLOR

HEIGHT

WEIGHT

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

STATE DRIVER'S LICENSE NUMBER

STATE OF LICENSE ISSUE

SOCIAL SECURITY NUMBER

CITY AND STATE/COUNTRY OF BIRTH

--	--	--	--

OCCUPATION

EMPLOYER

--	--

EMPLOYER'S ADDRESS:

ADDRESS:

NUMBERSTREET

CITY

STATE

ZIP CODE

--	--	--	--	--

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

RELATIONSHIP

TELEPHONE NUMBER

ADDRESS:

NUMBERSTREET

CITY

STATE

ZIP CODE

CASE NUMBER

COURT OF SENTENCE

#DAYS SENTENCED

REQUESTED START DATE

OFFENSE(S)

NATURE OF THE SENTENCE:

FULL TIME IN CUSTODY:

WORK RELEASE:

DO YOU HAVE ANY MEDICAL PROBLEMS:

YES

NO

IF YES, DISCRIBE:

ARE YOU TAKING PRESCRIPTION MEDICATION?

YES

NO

IF YES, NAME OF MEDICINE:

ANY ADDITIONAL COMMENTS:

Print the Sentence Application, complete the application, and fax it to the HUNTINGTON BEACH CITY JAIL at fax (714) 536-5698.