

Washington County Jail **Electronic Home Detention Application**



Name:			Da	te:	
Other Names:			Date of Birth:		Age:
Booking Number:		JID Number	:		
Race: Height:	Weight:	Eye Color: _		Sex: M	F
Your Address:					
Street		(City	Sta	ate Zip Code
How long at above address?	Telephone num	ber □ Home	e □ Cell:		
Do you own or rent?	Owner's or renter's	name if not y	you:		
Years of School Completed:	Marital Status:	□ Married	☐ Single ☐] Divorced	☐ Separated
List the people who live at this ad	dress with you:				
<u>Name</u>	<u>Date of Birt</u>	<u>h</u> <u>Sex</u>	Ra	<u>ce</u>	<u>Relationship</u>
EMPLOYMENT					
Occupation/Position/Job Title:					
Employer's Name (Note if self em	ployed:				
Employer's Address:					
Telephone Number:	Is th	e work site a	address differe	ent? Y	N
Do you intend on notifying your e	mployer of Home Detent	ion? Y	N		
Hourly Wage: \$ or N	Monthly Salary: \$	Pa	ıyday Schedul	e:	
WORK SCHEDULE					
Circle workdays: Mon	Tue Wed Thurs	Fri :	Sat Sun		
Work Hours Per Day: Wor	rkday Start Time:		. Workday Er	nd Time:	

TREATMENT SCHEDULE (Including AA)
Location (Address):
Circle treatment days: Mon Tues Wed Thurs Fri Sat Sun
Time In: Time Out:
ELECTRONIC HOME DETENTION HISTORY
Have you ever been on electronic home detention before? YN
If yes, when and where:
Did you complete it successfully? Y N
PROBATION
Probation Status: Y N Department:
Name of PO: Telephone Number:
Name of PO: Telephone Number:
Are you in good standing with your PO? Y N
TRANSPORTATION
What type of transportation to you use to get around?
Drivers License #: State Issued: Expiration Date: Status: ☐ Suspende ☐ Revoked
MEDICAL CONDITIONS
Do you have any medical conditions (such as tuberculosis, hepatitis, or heart problems, etc.)? Y N
If yes, please describe:
List all medications you take (both prescription and over the counter):