

ALBEMARLE-CHARLOTTESVILLE-NELSON REGIONAL JAIL

160 Peregrory Lane
Charlottesville, Virginia 22902

Col. Martin E. Kumer, Superintendent

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Work Release Department

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APPLICATION FOR PROGRAMS

The information collected in this application will be used to evaluate your eligibility for the program you are applying for. Please read and answer all questions thoroughly and completely. If a question does not apply to you, write N/A (not applicable)in the answer blank provided for the question. If you do not know the answer to a question, write unknown. If you need additional space, please use the space provided at the end of this application. If you do not complete this application in full you will not be evaluated for the program. APPLICATION PROCESS IS APPROXIMATELY [2] WEEKS

Which program are you applying for: _____ Work Release _____ Home Incarceration

Have you ever applied for or participated in a Work Release or Home Incarceration program: _____yes_____no

If yes, where did you apply or participate:

Facility name: _____

Facility Address: _____

City: _____ State: _____ Zip Code: _____

When did you participate: From _____/_____/_____ To _____/_____/_____
Month Year Month Year

PERSONAL HISTORY

Name: _____
Last First Middle Suffix (Sr. Jr. II III, etc.)

Current address: _____
Street (No Post Office boxes) Apt. or building #

City: _____ State: _____ Zip Code: _____

Home telephone number:(____)_____ Work Telephone number:(____)_____

Revised 02/17

PERSONAL HISTORY Continued.

Date of birth: _____/_____/_____ Age: _____

Social security number: _____/_____/_____

Where were you born: City: _____ State: _____

Marital status: _____ Race: _____ Sex: ___ Male ___ Female

RESIDENTIAL HISTORY

How long have you lived at your present address: _____

Who else lives with you at this address and what is their relationship to you:

Name	Relationship and Contact Number
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Where have you lived for the past five years; prior to your current address:

From _____/_____/_____ To _____/_____/_____ Address: _____
Month Year Month Year Street (No P. O. Boxes) Apt. or building #
City: _____ State: _____ Zip Code: _____

From _____/_____/_____ To _____/_____/_____ Address: _____
Month Year Month Year Street (No P. O. Boxes) Apt. or building #
City: _____ State: _____ Zip Code: _____

From _____/_____/_____ To _____/_____/_____ Address: _____
Month Year Month Year Street (No P. O. Boxes) Apt. or building #
City: _____ State: _____ Zip Code: _____

MARITAL HISTORY

Present spouse=s name: _____
Last First Middle

Date of marriage to present spouse: ____/____/____
Month Day Year

Present spouse's address: _____
(if different than yours) Street (No Post Office boxes) Apt. or building #

City: _____ State: _____ Zip Code: _____

Present spouse's Home telephone number:(____) _____
Work Telephone number:(____) _____

Prior spouse=s names: _____
Last First Middle

Prior spouse's address: _____
Street (No Post Office boxes) Apt. or building #

City: _____ State: _____ Zip Code: _____

Prior spouse's Home telephone number:(____) _____
Work Telephone number:(____) _____

DEPENDANTS INFORMATION

Child's Last First Middle Age Full name of legal guardian, if not you

Legal guardian's address: _____
Street (No Post Office boxes) Apt. or building #

City: _____ State: _____ Zip Code: _____

Legal guardians telephone number:(____) _____

FAMILY INFORMATION Continued.

Mother=s name: _____
Last First Middle

Address: _____
Street (No Post Office boxes) Apt. or building #

City: _____ State: _____ Zip Code: _____

Home telephone number:(____) _____ Work Telephone number:(____) _____

Sibling=s name: _____
Last First Middle Suffix (Sr. Jr. II III, etc.)

Address: _____
Street (No Post Office boxes) Apt. or building #

City: _____ State: _____ Zip Code: _____

Home telephone number:(____) _____ Work Telephone number:(____) _____

Sibling=s name: _____
Last First Middle Suffix (Sr. Jr. II III, etc.)

Address: _____
Street (No Post Office boxes) Apt. or building #

City: _____ State: _____ Zip Code: _____

Home telephone number:(____) _____ Work Telephone number:(____) _____

Sibling=s name: _____
Last First Middle Suffix (Sr. Jr. II III, etc.)

Address: _____
Street (No Post Office boxes) Apt. or building #

City: _____ State: _____ Zip Code: _____

Home telephone number:(____) _____ Work Telephone number:(____) _____

REFERENCES

Name: _____
Last First Middle Suffix (Sr. Jr. II III, etc.) Relationship

Address: _____
Street (No Post Office boxes) Apt. or building #

City: _____ State: _____ Zip Code: _____

Home telephone number:(____) _____ Work Telephone number:(____) _____

Name: _____
Last First Middle Suffix (Sr. Jr. II III, etc.) Relationship

Address: _____
Street (No Post Office boxes) Apt. or building #

City: _____ State: _____ Zip Code: _____

Home telephone number:(____) _____ Work Telephone number:(____) _____

Name: _____
Last First Middle Suffix (Sr. Jr. II III, etc.) Relationship

Address: _____
Street (No Post Office boxes) Apt. or building #

City: _____ State: _____ Zip Code: _____

Home telephone number:(____) _____ Work Telephone number:(____) _____

Name: _____
Last First Middle Suffix (Sr. Jr. II III, etc.) Relationship

Address: _____
Street (No Post Office boxes) Apt. or building #

City: _____ State: _____ Zip Code: _____

Home telephone number:(____) _____ Work Telephone number:(____) _____

HEALTH AND MEDICAL HISTORY

What is your current health status: _____Excellent_____ Good_____ Fair_____ Poor

Are you now or have you ever been addicted to alcohol: _____yes_____no

Are you now or have you ever been addicted to illegal drugs: _____yes_____no

Were you under the influence of alcohol or illegal drugs when you committed the offense for which you will be incarcerated: _____yes_____no

Do you now or have you ever had any mental or physical disabilities: _____yes_____no

Describe any disability and list any medications or treatments you are using or have used to treat the disability in the space provided below:

Are you now or have you attended any program dealing with (AA) Alcoholics Anonymous, (NA) Narcotics Anonymous, Anger Management or other: _____yes_____no

Program name: _____

Counselor's name: _____
Last First Middle

Counselor's address: _____

City: _____ State: _____ Zip Code: _____

Program name: _____

Counselor's name: _____
Last First Middle

Counselor's address: _____

City: _____ State: _____ Zip Code: _____

EDUCATION

Did you graduate from school: _____yes_____no

If you answered no, then what was the highest grade you completed:_____

Did you receive a G. E. D.:_____yes_____no

Last High School attended:_____

Address:_____

Street (No Post Office boxes)

City:_____ State:_____ Zip Code:_____

Last College attended:_____

Address:_____

Street (No Post Office boxes)

City:_____ State:_____ Zip Code:_____

List any degrees, certificates and licenses:

MILITARY HISTORY

Have you served in the military:_____yes_____no

Branch of service:_____

Were you on active duty or reserve:_____

Dates of service (including reserve duty): From_____/_____/ To:_____/_____/

Month Year Month Year

Type of Discharge:_____ Service number: _____

EMPLOYMENT HISTORY

List the Employer or Company you will work for while on Work Release, was this a previous employer: _____ YES _____ NO

Employer or Company name: _____

Address: _____

Street (No Post Office boxes)

Apt. or building #

City: _____ State: _____ Zip Code: _____

Supervisor=s name: _____ Telephone number:(____) _____

Position: _____ Dates you were employed: From _____ / _____ To Present
Month Year

Pay rate:\$ _____ per _____ How many hours a week did you work on average _____

List your employment history for the last five years, begin with your LAST employer:

Employer or Company name: _____

Address: _____

Street (No Post Office boxes)

Apt. or building #

City: _____ State: _____ Zip Code: _____

Supervisor=s name: _____ Telephone number:(____) _____

Position: _____ Dates employed: From _____ / _____ To _____ / _____
Month Year Month Year

Pay rate:\$ _____ per _____ How many hours a week did you work on average _____

Employer or Company name: _____

Address: _____

Street (No Post Office boxes)

Apt. or building #

City: _____ State: _____ Zip Code: _____

Supervisor=s name: _____ Telephone number:(____) _____

Position: _____ Dates employed: From _____ / _____ To _____ / _____
Month Year Month Year

Pay rate:\$ _____ per _____ How many hours a week did you work on average _____

CURRENT LEGAL INFORMATION

Attorney's name: _____
Last First Middle

Attorney's address: _____

City: _____ State: _____ Zip Code: _____

Attorneys telephone number:(____) _____

Attorney's name: _____
Last First Middle

Attorney's address: _____

City: _____ State: _____ Zip Code: _____

Attorneys telephone number:(____) _____

List your current offense or offenses; include which court you were sentenced out of, your total sentence for each offense and your total fines and court costs for each offense.

First offense: _____

Court you were sentenced out of: _____

Total sentence: _____/_____/_____ Total fines and court costs:\$ _____
Days Months Years

Date you are to report to the jail to begin serving your sentenced:_____/_____/_____
Month Day Year

Second offense: _____

Court you were sentenced out of: _____

Total sentence: _____/_____/_____ Total fines and court costs:\$ _____
Days Months Years

Date you are to report to the jail to begin serving your sentenced:_____/_____/_____
Month Day Year

CURRENT LEGAL INFORMATION Continued.

Third offense: _____

Court you were sentenced out of: _____

Total sentence: _____ / _____ / _____ Total fines and court costs: \$ _____
Days Months Years

Date you are to report to the jail to begin serving your sentenced: _____ / _____ / _____
Month Day Year

Do you have any additional criminal charges pending against you that you have not listed above: ____yes ____no

If you answered yes, list them here:

Pending criminal charge: _____

In what court is the charge pending in : _____

When is your court date: _____ / _____ / _____
Month Day Year

Have you ever been or are you currently on Probation or Parole: ____yes ____no

Probation/Parole Location: _____

Probation/Parole officer name: _____
Last First Middle

Probation/Parole officer address: _____

City: _____ State: _____ Zip Code: _____

Have you ever had Probation or Parole revoked: ____yes ____no

Have you ever jumped bail: ____yes ____no

FINANCIAL INFORMATION

Are you currently paying child support: _____yes _____no

What agency are payments currently deducted by: _____ Court _____D.C.S.E

Court or Agency : _____

Court or Agency address: _____

City: _____ State: _____ Zip Code: _____

Court or Agency : _____

Court or Agency address: _____

City: _____ State: _____ Zip Code: _____

Do you currently have any deductions being taken out of your check for any other reason besides normal tax deductions: _____yes _____no.

Reason: _____

Agency making deduction: _____

Agency address: _____

City: _____ State: _____ Zip Code: _____

Reason: _____

Agency making deduction: _____

Agency address: _____

City: _____ State: _____ Zip Code: _____

