



Sheriff's Office
 Alternative Sentencing Programs
 7375 So. Potomac St., Pod 2
 Centennial, Colorado 80112
 Phone: 720-874-3302
 Fax #: 720-874-3319

NOT IN CUSTODY; STAY OF EXECUTION DATE: _____ **ASP PRE-APPLICATION**

APPLICANTS NAME: _____ APPLICATION DATE: _____

DOB: _____ AGE: _____ RACE: _____ SEX: _____ HEIGHT: _____ WEIGHT: _____

HAIR COLOR: _____ EYES COLOR: _____ CASE NUMBER: _____

CHARGES: _____ ARRESTING AGENCY: _____

EMPLOYER: _____ PHONE #: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP: _____

HOME PHONE #: _____ CELL PHONE #: _____

SOCIAL SECURITY #: _____ LENGTH OF EMPLOYMENT: _____

OCCUPATION: _____ SUPERVISORS NAME: _____

SUPERVISORS TITLE: _____ SELF EMPLOYED: YES NO

SOLE PROPRIETOR: _____ CORPORATION: _____ PARTNERSHIP: _____ TAX ID #: _____

MEDICAL CONDITIONS: YES NO ON MEDICATIONS: YES NO

AMOUNTS REQUIRED TO GET STARTED FOR WORK RELEASE AND HOME DETENTION IS **\$190.00** AND MOP IS **\$280.00**. THESE AMOUNTS ARE REQUIRED AT THE TIME OF INITIAL BOOK-IN. **\$30.00** OF THESE REQUIRED FUNDS IS FOR THE INITIAL BOOK-IN/ PROCESS FEE.

THIS SECTION WILL BE COMPLETED BY THE ASP STAFF

CIRCLE SITE LOG LOCATION # 1 2 3 4 5 WORK MAP # _____ JURISDICTION _____

RATE OF PAY: \$ _____ PER: _____ ANNUAL INCOME: \$ _____

NUMBER OF WORK HOURS PER WEEK: _____ WORK HOURS FROM: _____ TO _____

PAY DAYS: WEEKLY _____ BI-MONTHLY _____ EVERY OTHER _____ MONTHLY _____

EARNED WAGES: PAYCHECK _____ DIRECT DEPOSIT _____ CASH _____ DAILY ASSESSED FEE \$ _____

METHOD OF TRANSPORTATION: VEHICLE YEAR: _____ MAKE: _____ MODEL: _____

PLATE #: _____ COLOR: _____ DRIVERS NAME: _____

RELATIONSHIP: _____ DRIVERS LICENSE NUMBER: _____

BICYCLE/MC YEAR: _____ MAKE: _____ MODEL: _____ COLOR: _____

OTHER TRANSPORTATION: RTD _____ WALK _____ TAXI _____

EMPLOYMENT VERIFIED BY ASP STAFF MEMBER: _____ STAR # _____

PERSON CONTACTED: _____ TITLE _____ DATE: _____ TIME: _____