ARAPAHOE COUNTY SHERIFF'S OFFICE
ALTERNATIVE SENTENCING PROGRAM'S
WORK RELEASE & HOME DETENTION
PRESENTENCE REVIEW FORM
FAX: (720) 874-3319 OFFICE: (720) 874-3302

NAME:_____ DATE:_____/_____/_____
LAST FIRST MIDDLE MONTH DAY YEAR

ADDRESS:_____ CITY:_____STATE:_____ZIP:_____

HOME PHONE #:(_____)_____ CELL PHONE #:(_____)_____

DOB:_____/_____/_____ AGE:_____S.S. #_____-_____-_____RACE:_____SEX:____

HEIGHT:_____ WEIGHT:_____HAIR COLOR:_____EYE COLOR:_____

CHARGES:_____ CASE #:_____

ARRESTING AGENCY:_____COUNTY:_____

REVIEW FOR: WORK RELEASE _____ HOME DETENTION_____ MOP _____ INITIAL FUNDS REQUIRED FOR WORK RELEASE AND HOME DETENTION IS **$190.00** AND MOP IS **$280.00**

$30.00 OF THESE REQUIRED FUNDS IS FOR THE INITIAL BOOKING FEE.

CAN DEFENDANT PROVIDE INITIAL FUNDS WHEN BOOKED INTO THE PSDF? YES:____ NO:____

EMPLOYER:_____PHONE #:(_____)_____

ADDRESS:_____CITY:_____STATE:_____ZIP:_____

OCCUPATION:_____ LENGTH OF EMPLOYMENT:_____

TRANSPORTATION USED TO AND FROM WORK:_____

MEDICAL CONDITIONS:_____

LIST PRESCRIPTION DRUGS:_____

COMMENTS:_____

COURT ROOM:_____ SENTENCING DATE:_____JUDGE:_____

IS THIS PRESENTENCE REVIEW RECOMMENDED BY THE D.A.'S OFFICE? YES:_____ NO:_____

D.A. INVOLVED IN THIS CASE_____ D.A. PHONE #:(_____)_____

COURT PHONE #:(_____)_____ COURT FAX #:(_____)_____

RESULTS OF PRESENTENCE REVIEW NEEDED BY:_____/_____/_____/_____
MONTH DAY YEAR TIME

PRESENTENCE REVIEW REQUESTED BY:_____
Please underline your title: Private Attorney, Public Defender, Defendant: can request only if other county sentence

ATTORNEY'S OFFICE PHONE #:(_____)_____ FAX #(_____)_____

Fill out entire form then fax to the above fax number