

# Community Corrections Transfer Application

Transferring clients will be required to pay a fee of \$100.00 which must be paid prior to transfer.

## **Program transfer requested (circle option):**

In Home Detention /Work Release transfer request

## **Personal Information:**

First Name: \_\_\_\_\_ Middle: \_\_\_\_\_ Last Name: \_\_\_\_\_

SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_ / \_\_\_\_ / \_\_\_\_

**Race:** White Black Hispanic American Indian Asian Mixed Race Other **Military Veteran:** Yes or No

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Address: \_\_\_\_\_ Apt# \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

**Marital Status:** Single Married Divorced **Highest Level of Education Completed:** \_\_\_\_\_

## **License Information:**

Never obtained: \_\_\_\_\_

Active: \_\_\_\_\_ Driver's License Number: \_\_\_\_\_

Suspended: \_\_\_\_\_

Vehicle description: \_\_\_\_\_

## **Employment Information:**

Are you currently employed? \_\_\_\_\_ Full time/ Part Time Where? \_\_\_\_\_ **Receive W2** \_\_\_\_\_

Reason unemployed? \_\_\_\_\_

Employer's Address: \_\_\_\_\_ Work Hours: \_\_\_\_\_

Hourly rate: \_\_\_\_\_ Phone Number: \_\_\_\_\_ Immediate Supervisor: \_\_\_\_\_

## **Housing Information FOR IN HOME DETENTION ONLY:**

Name and relationship of all people living in your residence: \_\_\_\_\_

How long have you lived at current address? \_\_\_\_\_

**Medical Information:**

Do you currently receive: \_\_\_ Disability Benefits \_\_\_ Food Stamps \_\_\_ WIC \_\_\_ Other: \_\_\_\_\_

Do you have any disability or medical conditions (please explain)? \_\_\_\_\_

Mental health conditions: \_\_\_\_\_ Treatment: \_\_\_\_\_

Substance Abuse history: \_\_\_\_\_

Are you actively receiving treatment, if so, where? \_\_\_\_\_

Please List All Prescription Medications:

1) \_\_\_\_\_ 4) \_\_\_\_\_ 7) \_\_\_\_\_

2) \_\_\_\_\_ 5) \_\_\_\_\_ 8) \_\_\_\_\_

**Emergency Contact:**

Name of Contact: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_

**Criminal Information:**

Have you ever been sentenced to In Home Detention or Work Release? \_\_\_\_\_ which county? \_\_\_\_\_

Completed successfully/unsuccessfully? \_\_\_\_\_ Owe fees? \_\_\_\_\_

Are you currently being supervised on Probation in this County or any other County? \_\_\_\_\_

Name of the Probation Department and your assigned officer: \_\_\_\_\_

Are you currently being supervised on Parole? \_\_\_\_\_

Name of the Parole Agency and your assigned Parole Officer: \_\_\_\_\_

Do you have any pending criminal charges? \_\_\_\_\_ If so, where? \_\_\_\_\_

Do you have any Protective Orders against you? \_\_\_\_\_ Victims Name: \_\_\_\_\_

Have you ever been charged with a sex crime? \_\_\_\_\_

Have you ever been charged with Battery? \_\_\_\_\_

Have you previously been placed in the Indiana Department of Corrections? \_\_\_\_\_ When? \_\_\_\_\_

What was the offense? \_\_\_\_\_ Your DOC# \_\_\_\_\_

Have you served prison time in any other State? \_\_\_\_\_ State: \_\_\_\_\_ Year: \_\_\_\_\_

**I agree that the above information is true and accurate. I understand that any information that I failed to report, or provided in a manner that misled the Community Corrections Staff, may result in me being disqualified from consideration for the IHD or Work Release program. This may also result in further disciplinary action being taken against me.**

**I further understand that completion of this application does not guarantee that I will be accepted for the In Home Detention or Work Release program.**

\_\_\_\_\_  
Applicant's Signature

\_\_\_\_\_  
Date

Transfer Fee Paid: \_\_\_\_\_

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