When Completed email: SaraTangen <u>Stangen@att.net</u> (214) 621-8612 or Mail: Sara Tangen PO Box 224741 Dallas, TX 75222-4741

DALLAS COUNTY SHERIFF'S DEPARTMENT INMATE PROGRAMS

APPLICATION FOR JAIL PROGRAMS ADMITTANCE Name: _____ (last) (first) (middle) Race: _____ Sex: ____ Height: _____ Weight: _____ Date of Birth: _____ Drivers License Number: State: Type: Social Security Number: ______Home Address: _____ Phone: Name of Agency Represented: ALCOHOLICS ANONYMOUS Sobriety Date & Home Group: Recommended by: Have you ever been arrested? Y or N If yes, have you been incarcerated in any jail, state or federal prison? Y or N If yes, name of jail or prison and dates of incarceration: _____ If yes, describe the terms and conditions of your probation or parole: ________ Are you now on probation or parole? Y or N If yes, describe terms and conditions of your probation or parole: Name/phone number of your probation or parole officer: ______ Type of Program applied for: New issue Renewal _____GED PROGRAM _____CHEMICAL DEPENDENCY _____AA_____NA ____COLLEGE PROGRAM ____STUDENT INTERN_____VIDEO SERVICES ____OTHER I certify that the above information is true and correct to the best of my knowledge Signature: _____ Date: ___ **OUTSIDE AGENCY JAIL VISITATION RULES** IT IS MY RESPONSIBILITY TO COMPLY WITH THE OUTSIDE AGENCY VISTATION RULES AT ALL TIMES. I UNDERSTAND THAT FAIL-URE TO COMPLY WITH THE RULES WILL RESULT IN MY DENIAL OF ACCESS TO ANY JAIL FACILITY IN THE DALLAS COUNTY SHER-IFF'S DEPARTMENT JAIL SYSTEM. DATE:____ SIGNATURE: EXPIRATION DATE: ____ DO NOT WRITE IN THIS AREA: APPROVED/DISAPPROVED

Director, Inmate Programs

Date