

ALTERNATIVE INCARCERATION BRANCH PROGRAM APPLICATION

10520-B Judicial Drive
Fairfax, Virginia 22030
703-246-2208

**TO ALL APPLICANTS: THIS FORM MUST BE FILLED OUT COMPLETELY.
Failure to complete the form as instructed may slow down the screening of your case.
Falsified answers will be cause for denying your application. You may ask for
assistance.**

General Information:

Name: _____ Alias: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Date of Birth: _____ Place of Birth: _____ Age: _____ Sex: _____

Social Security #: _____ Phone #: _____

Living Arrangements:

Name: _____ Relationship: _____ Date of Birth: _____

Address: _____ City: _____ State: _____

Home Phone #: _____ Other Phone: _____

Occupation: _____ Employer: _____

Nearest family member (not living with you):

Name: _____ Relationship: _____ Age: _____

Address: _____ City: _____ State: _____

Home Phone # _____ Other Phone: _____

Emergency Contact (Name): _____ Phone# _____

Transportation:

Drivers License # _____ State: _____ Valid: () Yes () No

Current Legal Information:

Court: () J&DR () General District () Circuit

Current Offense(s): _____

Court Date(s): _____

Child Support Payment(s): _____

Court in other jurisdiction: () Yes () No

Jurisdiction(s): _____

Charge(s): _____ Court Date(s): _____

Attorney Information:

Name: _____ Phone: _____

Address: _____

Legal Work Status:

Do you have legal authorization to work in the U.S.? () Yes () No

() Work Visa () Alien Resident Card () Employment Authorization Card () US Passport

Expiration date: _____

Education:

School: _____ Location: _____

Type of Training: _____ Completed: () Yes () No

Highest grade completed: _____

What do you do in your spare time?

Do you belong to social or volunteer groups? _____

Employment History (List current or most recent job first):

What is your Occupation? _____

Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Job Title: _____ Date Started: _____ Date Left: _____

Rate of Pay: _____ Reason for Leaving: _____

Employer: _____ Supervisor: _____

Address: _____ Phone: _____

Job Title: _____ Date Started: _____ Date Left: _____

Rate of Pay: _____ Reason for Leaving: _____

Institutional Performance/Adjustment:

Have you had any Jail/Prison write-ups? () Yes () No When? _____

Reason: _____ Results: _____

Reason: _____ Results: _____

Have you had any disciplinary hearings? () Yes () No When? _____

Reason: _____ Results: _____

Reason: _____ Results: _____

Have you ever served time in disciplinary segregation? () Yes () No

When? _____ Reason: _____ How many days? _____

When? _____ Reason: _____ How many days? _____

Have you ever been transferred in the Jail/Prison for an incompatibility? _____

Have you ever been a Jail/Prison Trusty? () Yes () No

When: _____ Where: _____ Job: _____

Have you ever been on Work Release? () Yes () No Successfully Completed ()

Location: _____ Job: _____

What Jail/Prison programs have you attended/completed?

Health:

() Good () Fair () Poor Explain: _____

If you require ADA accommodation, explain: _____

Mental Health:

Have you had mental Health Treatment now, or in the past? () Yes () No

When? _____ Why? _____

Type of Mental Health treatment: () In-Patient () Out-Patient

Treatment was: () Voluntary () Court ordered Explain: _____

Are you currently taking medication for Mental Health? () Yes () No

Name of the medication(s): _____

Therapist name: _____

Names of all Mental Health facilities and dates:

Suicide attempt(s) in the past? Yes () No Date(s) Explain:

Past thoughts of suicide? () Yes () No Explain: _____

Have you attended Anger Management class? () Yes () No () Voluntary () Court Ordered

History of Substance Use/Abuse

Describe your drug use: () None () Daily How Often? _____ Age at first use: _____

Location and Date(s) of Drug Treatment:

Type of Drugs Used: () Hallucinogens () Heroin () Opiates () PCP

() Inhalants () Cocaine () Marijuana () Amphetamines () Methadone

() Barbiturates () Sedatives () Oxy/Vicodin () Prescription: _____

Drug(s) of Choice: _____ Amount: _____

Describe alcohol use: () None () Daily () Social Amount: _____ Age at first use: _____

Location and Dates of Alcohol Treatment:

Have you ever gone through withdrawals? () Yes () No Date(s): _____

From what? _____

I certify that I have filled out this application form to the best of my ability. I further understand that if I have falsified any information on this form, that I will be denied participation in any AIB Program. My applying for AIB Programs is voluntary.

Applicant's Signature

Date

**I certify that this form has been completed for me by _____
I further state that the information given by me for filling out this form is correct to the best of my ability. I further understand that if I have falsified information in completing this form, I will be denied participation in any AIB Program. My applying for AIB Programs is voluntary.**

Applicant's Signature

Date

Preparer's Signature