



Henrico County Sheriff's Office

Alternative Sentencing Client Application



APPLICANT INSTRUCTIONS

Fill in all spaces completely. If an area does not apply, write N/A in the space. If more space is needed, make additional copies of this application in whole or part and attach to original or write on a separate sheet of paper and attach to application. Type or legibly print application and personally deliver, mail, or fax to:

**Henrico County Sheriff's Office
Alternative Sentencing Office
P.O. Box 27032
Richmond, Va. 23273
(804) 501-4576
Fax (804) 501-5756**

PERSONAL INFORMATION

Name:		SSN:	Date of Birth:		Attorney:
Home Address:		City:	State:	Zip:	Phone #:
Drivers License #:		Drivers License: Chauffeurs License:	State of Issue:		License Expiration Date:
Is license restricted:	If so, explain restrictions:				
Vehicle Make:	Model/Description:	License #	State:	Other transport:	
Vehicle Make:	Model/Description:	License #	State:		
Name of any person providing transport for you:	Address:		Operators License #:	Relationship:	Phone #:

Offense 1:	Jurisdiction:	Circuit Court: General District Court: Juvenile/Domestic Court:	Court Date:
Offense 2:	Jurisdiction:	Circuit Court: General District Court: Juvenile/Domestic Court:	Court Date:
Offense 3:	Jurisdiction:	Circuit Court: General District Court: Juvenile/Domestic Court:	Court Date:

OTHER COURT INFORMATION

List any other court cases still pending or where you are serving a current sentence from any other jurisdiction

Offense 1:	Jurisdiction:	Circuit Court: General District Court: Juvenile/Domestic Court:	Court Date:
Offense 2:	Jurisdiction:	Circuit Court: General District Court: Juvenile/Domestic Court:	Court Date:
Offense 3:	Jurisdiction:	Circuit Court: General District Court: Juvenile/Domestic Court:	Court Date:



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WORK INFORMATION

List employment history starting with current job and work back

Are you Self Employed?	If you are self employed, do you have a valid business license ?	Business License #	Issuing jurisdiction:
Yes No	Yes No		

If you are self-employed, you will be required to produce a valid business license in effect prior to conviction. You must also show receipts for taxes paid and have an established list of clients that your business serves.

Current Employer:	Address:	Phone #:
Job Title/ Duties:	Immediate Supervisor Name:	Supervisors Work Phone #:
		Supervisors Home Phone #:

List any particular skills or equipment proficiencies you possess:

Work Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Travel Time One Way
Start								
End								

FAMILY INFORMATION

List below all family members to include: Father, Mother, Brothers, Sisters
Place a check mark by all names living within your household

	Full Name	Address	Relationship	Phone

The Alternative Sentencing Office of the Henrico County Sheriff's office will process all applications received. However, the application process does not guarantee acceptance into any Alternative Sentencing program. Pursuant to 53.1-131 of the Code of Virginia, should the defendant be approved for or otherwise authorized by the Court and found to meet the requirements of the Sheriff, they may be eligible to participate in the Alternative Sentencing Program under the supervision of the Office of the Sheriff. The Sheriff shall supervise the program pursuant to the aforesaid Code Section and shall report immediately to the Court any administrative termination of the defendant from the program.

In order to expedite the application process, you should forward this application fully completed to the Alternative Sentencing Office of the Henrico County Sheriff's Office either prior to your court date or as soon as possible following conviction. Failure to provide complete information in all areas will only delay the processing of this application and subsequently delay your possible acceptance into any program available.

By my signature subscribed below, I hereby certify that the information contained on this application is true, complete and accurate to the best of my knowledge. Furthermore, I acknowledge that I will notify the Alternative Sentencing Staff immediately should there be any change in any of the information contained herein. Failure to do so constitutes a violation of the Alternative Sentencing Rules and Regulations and may result in removal from any or all Alternative Sentencing program(s). In the event of any change of information or status, this application must be completed in its entirety reflecting any and all changes.

Applicant Signature

Date

Investigator

Date



Henrico County Sheriff's Office

Alternative Sentencing Client Application Educational Addendum



EDUCATIONAL INFORMATION

If you are making this application for educational release, complete the additional below information

Indicate school you will be attending:	School address:	Phone #:
Principal or Director Name:	List any alternate location instruction will be conducted:	Phone #:

Class Schedule	Monday	Tuesday	Wednesday	Thursday	Friday	Saturday	Sunday	Travel Time One Way
Start								
End								

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Place a check mark by all names living within your household

	<u>Full Name</u>	<u>Address</u>	<u>Relationship</u>	<u>Phone</u>

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Applicant Signature

Date

Investigator

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