

**ALBEMARLE-CHARLOTTESVILLE-NELSON REGIONAL JAIL**

160 Peregory Lane  
Charlottesville, Virginia 22902

**Col. Martin E. Kumer, Superintendent**

Phone: (434) 977-6981

Phone: (434) 977-6981 ext. 213

**Work Release Department**

Fax: (434) 977-3173

**APPLICATION FOR PROGRAMS**

**The information collected in this application will be used to evaluate your eligibility for the program you are applying for. Please read and answer all questions thoroughly and completely. If a question does not apply to you, write N/A ( not applicable )in the answer blank provided for the question. If you do not know the answer to a question, write unknown. If you need additional space, please use the space provided at the end of this application. If you do not complete this application in full you will not be evaluated for the program. APPLICATION PROCESS IS APPROXIMATELY [2] WEEKS**

**Which program are you applying for: \_\_\_\_\_ Work Release \_\_\_\_\_ Home Incarceration**

Have you ever applied for or participated in a Work Release or Home Incarceration program: \_\_\_\_\_yes \_\_\_\_\_no

If yes, where did you apply or participate:

Facility name: \_\_\_\_\_

Facility Address: \_\_\_\_\_

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

When did you participate: From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_  
Month Year Month Year

**PERSONAL HISTORY**

Name: \_\_\_\_\_  
Last First Middle Suffix (Sr. Jr. II III, etc.)

Current address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Home telephone number:(\_\_\_\_)\_\_\_\_\_ Work Telephone number:(\_\_\_\_)\_\_\_\_\_

Revised 02/17

**PERSONAL HISTORY Continued.**

Date of birth: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Age: \_\_\_\_\_

Social security number: \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Where were you born: City: \_\_\_\_\_ State: \_\_\_\_\_

Marital status: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Male \_\_\_\_\_ Female

**RESIDENTIAL HISTORY**

How long have you lived at your present address: \_\_\_\_\_

Who else lives with you at this address and what is their relationship to you:

Name	Relationship
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Where have you lived for the past five years; prior to your current address:

From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Address: \_\_\_\_\_  
Month Year    Month Year                      Street (No P. O. Boxes)    Apt. or building #  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Address: \_\_\_\_\_  
Month Year    Month Year                      Street (No P. O. Boxes)    Apt. or building #  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

From \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ To \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_ Address: \_\_\_\_\_  
Month Year    Month Year                      Street (No P. O. Boxes)    Apt. or building #  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**MARITAL HISTORY**

Present spouse=s name: \_\_\_\_\_  
Last First Middle

Date of marriage to present spouse: \_\_\_\_/\_\_\_\_/\_\_\_\_  
Month Day Year

Present spouse's address: \_\_\_\_\_  
(if different than yours) Street (No Post Office boxes) Apt. or building #

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

Present spouse's Home telephone number:(\_\_\_\_) \_\_\_\_\_  
Work Telephone number:(\_\_\_\_) \_\_\_\_\_

Prior spouse=s names: \_\_\_\_\_  
Last First Middle

Prior spouse's address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Prior spouse's Home telephone number:(\_\_\_\_) \_\_\_\_\_  
Work Telephone number:(\_\_\_\_) \_\_\_\_\_

**DEPENDANTS INFORMATION**

\_\_\_\_\_  
Child's Last First Middle Age Full name of legal guardian, if not you

Legal guardian's address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Legal guardians telephone number:(\_\_\_\_) \_\_\_\_\_



**FAMILY INFORMATION Continued.**

Mother=s name: \_\_\_\_\_  
Last First Middle

Address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Home telephone number:(\_\_\_\_) \_\_\_\_\_ Work Telephone number:(\_\_\_\_) \_\_\_\_\_

Sibling=s name: \_\_\_\_\_  
Last First Middle Suffix (Sr. Jr. II III, etc.)

Address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Home telephone number:(\_\_\_\_) \_\_\_\_\_ Work Telephone number:(\_\_\_\_) \_\_\_\_\_

Sibling=s name: \_\_\_\_\_  
Last First Middle Suffix (Sr. Jr. II III, etc.)

Address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Home telephone number:(\_\_\_\_) \_\_\_\_\_ Work Telephone number:(\_\_\_\_) \_\_\_\_\_

Sibling=s name: \_\_\_\_\_  
Last First Middle Suffix (Sr. Jr. II III, etc.)

Address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Home telephone number:(\_\_\_\_) \_\_\_\_\_ Work Telephone number:(\_\_\_\_) \_\_\_\_\_

**REFERENCES**

Name: \_\_\_\_\_  
Last First Middle Suffix (Sr. Jr. II III, etc.) Relationship

Address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Home telephone number:(\_\_\_\_) \_\_\_\_\_ Work Telephone number:(\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Suffix (Sr. Jr. II III, etc.) Relationship

Address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Home telephone number:(\_\_\_\_) \_\_\_\_\_ Work Telephone number:(\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Suffix (Sr. Jr. II III, etc.) Relationship

Address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Home telephone number:(\_\_\_\_) \_\_\_\_\_ Work Telephone number:(\_\_\_\_) \_\_\_\_\_

Name: \_\_\_\_\_  
Last First Middle Suffix (Sr. Jr. II III, etc.) Relationship

Address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Home telephone number:(\_\_\_\_) \_\_\_\_\_ Work Telephone number:(\_\_\_\_) \_\_\_\_\_

**HEALTH AND MEDICAL HISTORY**

What is your current health status: \_\_\_\_\_Excellent\_\_\_\_\_ Good\_\_\_\_\_ Fair\_\_\_\_\_ Poor

Are you now or have you ever been addicted to alcohol: \_\_\_\_\_yes\_\_\_\_\_no

Are you now or have you ever been addicted to illegal drugs: \_\_\_\_\_yes\_\_\_\_\_no

Were you under the influence of alcohol or illegal drugs when you committed the offense for which you will be incarcerated: \_\_\_\_\_yes\_\_\_\_\_no

Do you now or have you ever had any mental or physical disabilities: \_\_\_\_\_yes\_\_\_\_\_no

Describe any disability and list any medications or treatments you are using or have used to treat the disability in the space provided below:

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**Are you now or have you attended any program dealing with (AA) Alcoholics Anonymous, (NA) Narcotics Anonymous, Anger Management or other: \_\_\_\_\_yes\_\_\_\_\_no**

Program name: \_\_\_\_\_

Counselor's name: \_\_\_\_\_  
Last First Middle

Counselor's address: \_\_\_\_\_

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

Program name: \_\_\_\_\_

Counselor's name: \_\_\_\_\_  
Last First Middle

Counselor's address: \_\_\_\_\_

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

**EDUCATION**

Did you graduate from school: \_\_\_\_\_yes\_\_\_\_\_ no

If you answered no, then what was the highest grade you completed:\_\_\_\_\_

Did you receive a G. E. D.:\_\_\_\_\_yes\_\_\_\_\_ no

Last High School attended:\_\_\_\_\_

Address:\_\_\_\_\_

Street (No Post Office boxes)

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

Last College attended:\_\_\_\_\_

Address:\_\_\_\_\_

Street (No Post Office boxes)

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

List any degrees, certificates and licenses:

\_\_\_\_\_  
\_\_\_\_\_

**MILITARY HISTORY**

Have you served in the military:\_\_\_\_\_yes\_\_\_\_\_ no

Branch of service:\_\_\_\_\_

Were you on active duty or reserve:\_\_\_\_\_

Dates of service (including reserve duty): From\_\_\_\_\_/\_\_\_\_\_/ To:\_\_\_\_\_/\_\_\_\_\_/

Month Year      Month Year

Type of Discharge:\_\_\_\_\_ Service number: \_\_\_\_\_

**EMPLOYMENT HISTORY**

List the Employer or Company you will work for while on Work Release, was this a previous employer: \_\_\_\_\_ YES \_\_\_\_\_ NO

Employer or Company name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Supervisor=s name: \_\_\_\_\_ Telephone number:(\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_ Dates you were employed: From \_\_\_\_\_ / \_\_\_\_\_ To Present  
Month Year

Pay rate:\$ \_\_\_\_\_ per \_\_\_\_\_ How many hours a week did you work on average \_\_\_\_\_

List your employment history for the last five years, begin with your LAST employer:

Employer or Company name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Supervisor=s name: \_\_\_\_\_ Telephone number:(\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Pay rate:\$ \_\_\_\_\_ per \_\_\_\_\_ How many hours a week did you work on average \_\_\_\_\_

Employer or Company name: \_\_\_\_\_

Address: \_\_\_\_\_  
Street (No Post Office boxes) Apt. or building #

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

Supervisor=s name: \_\_\_\_\_ Telephone number:(\_\_\_\_) \_\_\_\_\_

Position: \_\_\_\_\_ Dates employed: From \_\_\_\_\_ / \_\_\_\_\_ To \_\_\_\_\_ / \_\_\_\_\_  
Month Year Month Year

Pay rate:\$ \_\_\_\_\_ per \_\_\_\_\_ How many hours a week did you work on average \_\_\_\_\_



**CURRENT LEGAL INFORMATION Continued.**

Third offense: \_\_\_\_\_

Court you were sentenced out of: \_\_\_\_\_

Total sentence: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Total fines and court costs: \$ \_\_\_\_\_  
Days Months Years

Date you are to report to the jail to begin serving your sentenced: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Do you have any additional criminal charges pending against you that you have not listed above: \_\_\_\_yes \_\_\_\_no

If you answered yes, list them here:

Pending criminal charge: \_\_\_\_\_

In what court is the charge pending in : \_\_\_\_\_

When is your court date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Month Day Year

Have you ever been or are you currently on Probation or Parole: \_\_\_\_yes \_\_\_\_no

Probation/Parole Location: \_\_\_\_\_

Probation/Parole officer name: \_\_\_\_\_  
Last First Middle

Probation/Parole officer address: \_\_\_\_\_

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

Have you ever had Probation or Parole revoked: \_\_\_\_yes \_\_\_\_no

Have you ever jumped bail: \_\_\_\_yes \_\_\_\_no

**FINANCIAL INFORMATION**

Are you currently paying child support: \_\_\_\_\_yes \_\_\_\_\_no

What agency are payments currently deducted by: \_\_\_\_\_ Court \_\_\_\_\_D.C.S.E

Court or Agency : \_\_\_\_\_

Court or Agency address: \_\_\_\_\_

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

Court or Agency : \_\_\_\_\_

Court or Agency address: \_\_\_\_\_

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

Do you currently have any deductions being taken out of your check for any other reason besides normal tax deductions: \_\_\_\_\_yes \_\_\_\_\_no.

Reason: \_\_\_\_\_

Agency making deduction: \_\_\_\_\_

Agency address: \_\_\_\_\_

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

Reason: \_\_\_\_\_

Agency making deduction: \_\_\_\_\_

Agency address: \_\_\_\_\_

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

