

MICHIANA COMMUNITY CORRECTIONS SCREENING FORM

Attorney or Court: Cause #:		Attorney address:	
Applicant Name:		Applicant Phone#:	
Address:			
City:	State:	Zip:	
SSN#:	Date of Birth:	Age:	
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Divorced		Number of Dependents:	
Do you have a valid driver's license: If no what is your license status:	License #:		Exp. Date:
Highest Grade of School Completed:		Year Graduated:	
Do you have a G.E.D.:		Are you interested in a G.E.D.:	
Employment Status: <input type="checkbox"/> FT <input type="checkbox"/> PT <input type="checkbox"/> Unemployed <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Retired If unemployed do you have the ability to pay weekly programming fees? Yes No			
Name of Employer:			
Employer Address:			
Work Start Date:	Work Schedule:	# of Hours per Week:	

Hourly Wage:		Pay Frequency:		Gross Earnings: Annual Income:;	
Are You taking prescription medication's: If yes, list medications prescribed to you:			Are you currently attending an AA or NA program: If yes, where and when:		
Chemically Dependent:	Yes:	No:	Drug/s of Choice:		
What offense(s) are you currently charged with:					
Are you currently on Probation or Parole: If yes, who is your Probation or Parole Officer: Phone#:			Do you have any pending charges/cases: If yes, explain:		
Wife / Significant Other Name:		Address:		Phone#:	
Why would you be a good candidate for Home Detention:					
I certify that the information I have provided is true and correct. Submission of this application signifies my request to be a Participant in the Home Detention Program.					
Signature of Applicant:				Date:	

**PROVIDING FALSE INFORMATION WILL DISQUALIFY YOU FROM ANY
CONSIDERATION FOR HOME DETENTION**