

EXHIBIT D

**ENTRY APPLICATION FOR
CUSTODY FACILITIES**

**EDUCATION SERVICES FOR ADULT OFFENDERS
IN LOS ANGELES COUNTY JAILS**

Application Number (CSS Use Only)

Los Angeles County Sheriff's Department

Application for Access to Custody Facilities

Date Received (CSS Use Only)

All information provided on this application, including all attachments and supporting documents, will be reviewed and verified. A criminal background check will be conducted on all applicants. Failing to provide or disclose all requested information or misrepresenting or concealing any requested information, may cause this application to be delayed or denied. Print legibly.

SECTION 01 – APPLICANT (TO BE COMPLETED BY ALL APPLICANTS)

Applicant's Last Name			First Name			Middle Name			Suffix		
Gender	Race	Date Of Birth	Hair Color	Eye Color	Height	Weight	Driver License or Identification Number	State	Social Security Number		
Applicant's Address							City		State	Zip Code	
Applicant's Phone Number			Alternate Phone Number			Email Address					
Applicant's Employer					Employee Title			Employee Number			
Employer's Address							City		State	Zip Code	
Employer's Phone Number			Alternate Phone Number			Email Address					
Emergency Contact's Last Name				First Name			Middle Name			Relationship to Applicant	
Emergency Contact's Address							City		State	Zip Code	
Emergency Contact's Phone Number			Alternate Phone Number			Email Address					

ANSWER EACH QUESTION

- Have you ever used another name, nickname, moniker, or maiden name? No Yes (If yes, provide additional details below)
- Have you ever used another date of birth? No Yes (If yes, provide additional details below)
- Have you ever used another social security number or other identifying number? No Yes (If yes, provide additional details below)
- Have you ever served in the military? No Yes (If yes, provide additional details below)
- Have you ever been a member of a criminal organization or street gang? No Yes (If yes, provide additional details below)
- Have you ever been acquainted with a member of a criminal organization or street gang? No Yes (If yes, provide additional details below)
- Have you ever been arrested? No Yes (If yes, provide additional details below)
- Have you ever been convicted of a misdemeanor or a felony? No Yes (If yes, provide additional details below)
- Do you have a friend or relative who is currently incarcerated? No Yes (If yes, provide additional details below)
- Have you ever previously applied for or been denied access to a custody facility? No Yes (If yes, provide additional details below)

PROVIDE ADDITIONAL DETAILS AS INDICATED

I request the specified access and certify, under penalty of perjury, that the information provided by me in this application, including all attachments and supporting documents, is accurate, complete and true. I understand that failing to provide or disclose all requested information or misrepresenting or concealing any requested information, may cause this application to be delayed or denied.

Applicant's Signature

Date

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SECTION 02 – ACCESS REQUEST (TO BE COMPLETED BY REQUESTING UNIT OR ORGANIZATION AND SHERIFF'S DEPARTMENT UNIT OPERATIONS SUPERVISOR FOR ALL APPLICANTS)

Applicant's Last Name		First Name	Middle Name	Suffix
Unit or Organization Requesting Access				
Reason For Request				
Unit or Organization Representative's Last Name		First Name	Relationship to Applicant	
Representative's Address			City	State Zip Code
Representative's Phone Number	Alternate Phone Number	Email Address		

I request the specified access and certify, under penalty of perjury, that the information provided by me in this application, including all attachments and supporting documents, is accurate, complete and true. I understand that failing to provide or disclose all requested information or misrepresenting or concealing any requested information, may cause this application to be delayed or denied.

Unit or Organization Representative's Signature _____ Date _____

Sheriff's Department Unit Operations Supervisor's Last Name		First Name	Rank
Supervisor's Phone Number	Alternate Phone Number	Email Address	

CHECK ALL THAT APPLY

- All Facilities
- All PDC
- MCJ
- NCCF
- IRC
- North
- TTCF
- South
- Jail Ward
- East
- CRDF
- Mira Loma

CHECK ALL THAT APPLY

- Visiting
- Grounds
- Escort
- Non-Escort
- Employee
- Other: _____

SELECT ONE

- 1 Day
- 2 Days
- 1 Month
- 6 Months
- 1 Year
- Other: _____

SELECT ONE

- DMH
- Program
- Tour
- Vendor
- Volunteer
- Other: _____

SELECT ONE

- Routine
- Expedite
- Emergency
- Other: _____

SPECIFY

Date Required: _____

I request the specified access and certify, under penalty of perjury, that the information provided by me in this application, including all attachments and supporting documents, is accurate, complete and true. I understand that failing to provide or disclose all requested information or misrepresenting or concealing any requested information, may cause this application to be delayed or denied.

Sheriff's Department Unit Operations Supervisor's Signature _____ Date _____

REVIEW AND DISPOSITION (CSS USE ONLY)

- Photocopy of DL /ID Received
- Fingerprints Submitted
- CII Number: _____
- Level 1
- Level 2
- Level 3
- Other: _____
- Approved
- Denied
- Comments: _____

CSS Reviewer's Signature _____ Date _____

CSS Supervisor's Signature _____ Date _____

Chief's Signature _____ Date _____

CSS Unit Commander's Signature _____ Date _____

Chief's Signature _____ Date _____