Los Angeles County Sheriff's Department

Application for Access to Custody Facilities

PLEASE READ CAREFULLY BEFORE FILLING OUT THIS APPLICATION

All applications will be denied for the following reasons:

- Untruthful or incomplete statements on applications;
- Illegal use of drugs within the past five years;
- Any convictions for drug sales;
- Applicant is currently on Parole/Probation;
- Incarcerated in any prison (4571 PC);
- Incarcerated in jail within the last (5) years;
- Have been convicted for any of the following: sex crimes (other than misdemeanor prostitution), weapons law violations, felonious assault or spousal abuse;
- Outstanding warrants.

If any of the above applies to you, please provide additional details on the "ATTACHMENT." All information will be verified by a CRIMINAL BACKGROUND CHECK. If the application is denied, only the applicant will be afforded a reason as to why he/she was denied clearance. Please initial here: _____

Name_____ Social Security #_____

Home Address_____
Street City Zip Code

C.D.L. / I.D. #_____ Date of Birth _____ E-mail _____
(ATTACH COLOR COPY)

Home Phone #_____ Work #_____ Cell #_____

Sex_____ Race_____ Hair_____ Eyes_____ Height_____ Weight_____

Occupation_____ Employer_____

Work Address _____
Street City Zip Code

Requesting Unit_____ **Program Name** _____

Non-Escort____ **Escort**____ **Atty. Room**____ **Facility Access**_____

Sheriff's Sponsor_____ **Date** _____

Approved / Disapproved_____ **Date** _____

CONTACT IN CASE OF EMERGENCY:

Name_____ Relationship_____

Address_____
Street City Zip Code

Telephone #_____ Cell #_____

AFFILIATION:

Name of Organization/Unit_____

Telephone #_____ E-mail_____

What service will you provide?_____

_____ How often?_____

ENTRY CRITERIA:

If you answer **YES** to any question, please provide additional details on the "ATTACHMENT."

1. When was the last time you used drugs?_____
2. Are you currently on Parole/Probation?_____
3. Have you been arrested within the last five years? (Prison/Jail/Youth Authority/Camp)_____
4. Have you ever been in State or Federal Prison? _____
5. Do you have any relatives/friends incarcerated within the Los Angeles County Jail system? If yes, provide the following information:_____

   _____
   Name of Inmate Booking # Facility Relationship
6. Have you ever been acquainted with a member(s) of a criminal organization or street gang?_____
7. Have you ever previously applied for or been denied access to a custody facility?_____

Revision 01/28/09

Please read carefully before signing:

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. I will be expected to obey all Rules, Regulations and Security Procedures. My failure to do so will result in forfeiture of my clearance with the Los Angeles County Sheriff's Department.

Signature:_____ Date:_____

ATTACHMENT

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