



Arapahoe County Sheriff's Office  
 Alternative sentencing Programs  
 7375 S Potomac St. Centennial CO 80112  
 Office: (720) 874-3302 Fax: (720)874-3319

Email completed form to  
 ASPSchedule@arapahoegov.com

APPLICATION FOR: WORK RELEASE  MOPS  IN-HOME DETENTION  JHA

**JHA applicants complete this box only – All others complete this box and entire application**

Sentencing Date: \_\_\_\_\_ Sentence start date (SOE): \_\_\_\_\_ Today's Date: \_\_\_\_\_

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_  
Last First Middle Month Day Year

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Court Case Number: \_\_\_\_\_ Charge: \_\_\_\_\_ Arresting County: \_\_\_\_\_

Home Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Land-line phone number: (\_\_\_\_) \_\_\_\_\_ Cell phone number (\_\_\_\_) \_\_\_\_\_ WI-FI: Yes  No

A **\$200.00 Initial** deposit in your inmate account at book-in is required for all programs. An additional one-time \$30.00 booking fee is required and will be deducted from your account at book-in. Fees will be deducted daily from the remaining \$170.00. It will be your responsibility to maintain a positive account for the duration of your program. **JHA** program requires a \$150.00 initial deposit, no booking fee is charged in this program.

Employer Name: \_\_\_\_\_ Employer phone number: (\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Occupation: \_\_\_\_\_ Supervisor's name: \_\_\_\_\_

Hourly rate of pay: \$ \_\_\_\_\_ Annual Salary \$ \_\_\_\_\_ Self Employed tax ID: \_\_\_\_\_

School / Therapy name: \_\_\_\_\_ Phone number :(\_\_\_\_) \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ ZIP: \_\_\_\_\_

Vehicle make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Driver's license number: \_\_\_\_\_ Auto Insurance Company: \_\_\_\_\_

Vehicle License Plate number: \_\_\_\_\_ Drivers Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

\*\*\*\*\***ASP OFFICE USE ONLY BELOW THIS LINE**\*\*\*\*\*

Employment / School / Therapy Verified by: \_\_\_\_\_ Star Number: \_\_\_\_\_ Daily Fees: \_\_\_\_\_

Person Contacted: \_\_\_\_\_ Title: \_\_\_\_\_ Date: \_\_\_\_\_ Time: \_\_\_\_\_