

Dauphin County Cases

Direct Commitment Intake

Dauphin County Work Release Center

Defendant Full Name:

First: _____ **Middle:** _____ **Last:** _____

Report Date: ____ / ____ / ____ **Sentencing Judge:** _____

Docket #/Charge/Sentence: _____

Date of Birth: ____ / ____ / ____ **Social Security Number:** _____ - _____ - _____

DCP #: _____ **SID:** _____ **Sex:** Male Female **Religion:** _____

Defendant Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Defendant Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____

Distinguishing Marks: _____

Emergency Contact: _____ Relationship: _____

Address: _____ Apt. # _____

City: _____ State: _____ Zip: _____

Home Phone: (____) _____ - _____ Cell Phone: (____) _____ - _____

Employer: _____ **Job Title/Position:** _____

Supervisor Name & Job Title: _____

Supervisor Email: _____ **Phone:** (____) _____ - _____ **Ext.** _____

Employer Address: _____ **City:** _____ **State:** ____ **Zip:** _____

Rate of Pay: \$ _____ Per Hour Per Week & Length of Employment: _____

Were you ever in Work Release: Yes No (If Yes, When & Why): _____

Prior Work Release Violation: Yes No (If Yes, Why): _____

Are you current on Probation/Parole: Yes No (If Yes, Where & Why): _____

Notes: _____
