OUTSIDE AGENCY COMMITMENT APPLICATION

NAME: Last **First** **Middle** **Date of Birth** **Sex**

Address **Phone**

Court **Court Case #** **Charge** **Length of Sentence**

Court E-mail Contact

Emergency Contact # **Relationship**

	NO	YES	If Yes, Explain
Do you have any ongoing medical conditions? (If yes, do you require any special accommodations?)			
Do you take any medications?			
Do you have any dietary needs, special diets or allergies?			
Is there a possibility of drug or alcohol withdrawal during your sentence?			
Is work release authorized for your sentence? (A separate application must be filled out as well)			
If female, are you currently pregnant? (if so how far along)			

By signing I agree to follow any and all rules outlined by the Kirkland Jail. I acknowledge that failure to follow these rules may result in the termination of my sentence and a letter will be written to the sentencing jurisdiction of my failure to complete the sentence. I understand that I will be strip searched as part of the booking process. I agree to pay $80 per each day of my sentence, upfront, before starting my sentence. If participating in the work release program I agree to make payments of $80 per day, on a weekly basis. NOTE: Payments for outside agency commitments will be made via GovPay only by use of a credit card, which has an added service charge. An e-mail address for the sentencing court's clerk/judge MUST be provided in order to be accepted. This application must be filled out IN ITS ENTIRETY and turned into Kirkland Corrections PRIOR to being scheduled with a commitment date.

Defendant Signature: _____ Date: _____

Official Use Only:

Approved by: Scheduled date and time:

On _____ Inmate_____ Served _____ days in Kirkland jail to complete the jail commitment for case #(s) _____

For. _____

Corrections Officer: Date/Time:

KPD-2016-036