



# 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?			
If female, are you currently pregnant? (if so how far along)			

By signing I agree to follow 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 \$131 per day of my sentence, upfront, before starting my sentence.

**NOTE:** Payments for outside agency commitments will be made via Allpaid 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 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: _____
----------------------------	------------------