



# CITY OF KIRKLAND POLICE DEPARTMENT

## Alternative Sentencing Requirements

### The following will be grounds for automatic denial from participating in the Jail Alternative Programs;

- Any conviction for;
  - A felonious violent offence.
  - Any sex offense.
  - Any felony drug offense.
  - Reckless burning.
  - Assault 3<sup>rd</sup> degree as defined in RCW 9A.36.031.
  - Assault of a child.
  - Unlawful imprisonment.
  - Harassment as defined in RCW 9A.46.020.
  - Violation of no contact/protection/harassment order.
- Any previous denial or revocation from any Kirkland Jail Alternative Programs.
- Failure to turn in a completed application within 7 days of their commitment date.
- Any previous failure to report for commitments (*not including subjects who have previously arrived late for commitment*).
- Any active warrants issued by any agency, extraditable or non-extraditable.
- Any active no contact/protection/harassment orders stemming from a criminal charge.
- Subjects who live outside Pierce, King, and Snohomish Counties.
- Subject's unable to pay the rate program fee.

### The following will be grounds for automatic revocation from the Jail Alternative Programs;

- Any confirmed alcohol or non-prescribed drug use, including marijuana.
- For subjects sentenced to 30 days or less;
  - 2 unexcused violations.
    - Inmates will be given 1 warning and on a second violation they will be revoked from the program.
- For subjects sentenced to 31 days or more;
  - 3 unexcused violations within 30 days.
    - No more than 7 total violations during the sentence.
- If a subject fails to report to the Kirkland Jail when instructed to have EHD/ GPS/PTAT/Soberlink equipment maintenance issues rectified.
- Any occurred new law violations in any jurisdiction.
- Failure to provide a breath, urine, or saliva sample upon request by a law enforcement officer.

### EHD ONLY

If any subject needs an exception to their allotted time outside of their residence (such as, but not limited to; Doctor appointments or treatment) they must contact an assigned EHD officer 24 hours prior to when the exception occurs. Failure to provide 24-hour notice will result in denial of the exception. Subjects must also provide verification of their exception within 24 hours.

Subjects must have a set work schedule and will be allowed to have 1 schedule change every 30 days which must be verified with their employer by and EHD officer.

Subject Signature: \_\_\_\_\_ Date: \_\_\_\_\_

♦ INTEGRITY ♦ HONOR ♦ COURAGE

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# Kirkland Police Corrections

(Please Print)

Name \_\_\_\_\_ Appointment Date/Time \_\_\_\_\_  
Last First Middle

Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_ Work Phone \_\_\_\_\_

Address \_\_\_\_\_  
Street Apt. City Zip

Mailing Address (If different) \_\_\_\_\_  
Street Apt. City Zip

Court \_\_\_\_\_ Charge \_\_\_\_\_ Case # \_\_\_\_\_

Date of Birth (month/day/year) \_\_\_\_\_ SS # \_\_\_\_\_

## Employment:

Name of Employer/School \_\_\_\_\_

Immediate Supervisor \_\_\_\_\_ Contact Phone # \_\_\_\_\_

Eligibility requires that above person be contacted \_\_\_\_\_  
Signature to verify consent

Employer's Address \_\_\_\_\_  
Street City Zip

Work Days \_\_\_\_\_ thru \_\_\_\_\_ Hours of Work \_\_\_\_\_ Hourly Pay \_\_\_\_\_

Income Taxes/Social Security Taken Out of Paycheck Yes \_\_\_\_\_ No \_\_\_\_\_

Paid by Check: Yes \_\_\_\_\_ No \_\_\_\_\_ Scheduled Pay Day \_\_\_\_\_

If Self Employed: Business License # \_\_\_\_\_ Tax ID# \_\_\_\_\_

Total Monthly Living Expenses \_\_\_\_\_

## Family/Community Contacts:

Name Address (Street, Apt., City, Zip) Phone #

1. \_\_\_\_\_

2. \_\_\_\_\_

Spouse/Partner's Full Name (Maiden) \_\_\_\_\_ DOB \_\_\_\_\_

Please List any Arrests/Convictions for Spouse/Live-in Partner \_\_\_\_\_

## Others Who Live In Household (List Children/Roommates)

Full Name Age DOB Supported by Amount Paid

1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

Note: Any child support paid must be documented to be considered.

**Conviction History**

Year	Type of Charge	County/State

**Alcohol/Drug History**

Drug of Choice	Use more often than intended	Neglected responsibilities because of alcohol/drug use	Wanted to cut down on use of alcohol/drugs	Anyone object to your use of alcohol/drugs	Use alcohol/drugs to alleviate sadness	Date of last use
<input type="checkbox"/> Alcohol						
<input type="checkbox"/> Marijuana						
<input type="checkbox"/> Cocaine						
<input type="checkbox"/> Methamphetamine						
<input type="checkbox"/> Opiates (Heroin)						
<input type="checkbox"/> Prescription Drugs						
<input type="checkbox"/> Other						

Had Alcohol/Drug Assessment? Yes\_\_\_\_ No\_\_\_\_ When\_\_\_\_\_ Where\_\_\_\_\_

Current or Prior Treatment for:

☐ Alcohol/Drug Dependency

☐ Mental Health Needs

Treatment: Where\_\_\_\_\_ When\_\_\_\_\_ Completed: Yes\_\_\_\_ No\_\_\_\_

Previous Tx: Where\_\_\_\_\_ When\_\_\_\_\_ Completed: Yes\_\_\_\_ No\_\_\_\_

Previous Tx: Where\_\_\_\_\_ When\_\_\_\_\_ Completed: Yes\_\_\_\_ No\_\_\_\_

**Health Issues/Medications**\_\_\_\_\_

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**List Prescribed Medication(s)**

\*\*\* IF TAKING BENZOID/NARCOTICS WILL BE REVIEWED BY MEDICAL STAFF TO BE ALLOWED ON PROGRAM \*\*\*


Do you have any alcohol/drug dependency or mental health concerns now? Yes\_\_\_\_ No\_\_\_\_

Are you (or have you ever been) suicidal? Yes\_\_\_\_ No\_\_\_\_ When\_\_\_\_\_

**Interviewer Comments Below:**

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## **Kirkland Police Department – Work Release: Strip Searches**

I, \_\_\_\_\_, understand that as part of the work release program I am now subject to submitting to a strip search upon the return from work to the jail facility, each and every day. Furthermore, I understand that refusal to submit to a strip search will result in the immediate revocation of work release status and either;

### **Kirkland Municipal Court Subjects:**

- Termination of work release status and placement into segregation pending a disciplinary review for violation of Kirkland Jail rules – including possible sanctions on your good time and further time spent in segregation.

### **Outside Agency Subjects:**

- Immediate dismissal and release from the Kirkland Jail with paperwork being sent to your originating court notifying them of the violation and refusal to follow Kirkland Jail Policies.

**Inmate Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Officer Witness:** \_\_\_\_\_ **Date:** \_\_\_\_\_