

# Dauphin County Cases

## Direct Commitment Intake

### Dauphin County Work Release Center

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**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:** \_\_\_\_\_

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