



Huntington Beach Police Department Pay-to-Stay Program Application

Jail Unit (714) 536-5691



APPLICANT INFORMATION

LAST NAME: FIRST: M.I.:

STREET ADDRESS:

CITY: STATE: ZIP:

EMAIL ADDRESS:

PHONE (HOME): PHONE (CELL):

PHONE (WORK): PHONE (OTHER):

DATE OF BIRTH: AGE: SEX:

RACE: HAIR COLOR: EYE COLOR:

HEIGHT: WEIGHT:

DRIVER LICENSE # STATE OF LICENSE ISSUE



EMERGENCY CONTACT

Family member or friend to contact in case of an emergency

NAME:

STREET ADDRESS:

CITY: STATE: ZIP:

PHONE : RELATIONSHIP:



EMPLOYMENT

OCCUPATION:

EMPLOYER:

STREET ADDRESS:

CITY:

STATE:

ZIP:



CASE INFORMATION

CASE NUMBER:

COURT OF
SENTENCE:ARRESTING
AGENCY:

OFFENSE:

LENGTH OF
SENTENCE:REQUESTED
START DATE:NATURE OF THE
SENTENCE:WORK RELEASE
STRAIGHT TIME

ATTORNEY NAME:

PHONE (WORK):

PHONE (FAX):



MEDICAL INFORMATION

DO YOU HAVE ANY
MEDICAL PROBLEMS?

NO

YES

IF YES, PLEASE
DESCRIBE

ARE YOU TAKING
PRESCRIPTION
MEDICATIONS?

NO
YES

IF YES, LIST
MEDICATIONS

ADDITIONAL
INFORMATION

Complete the application and submit it to the HUNTINGTON BEACH CITY JAIL

E-mail: jail-pcdec@hbpd.org

Fax: (714) 536-5698