

**U.S. Probation/Pretrial Services Office
District of Alaska**

**APPLICATION FOR THIRD-PARTY CUSTODY
AND
AUTHORIZATION TO RELEASE INFORMATION**

Defendant's Name: _____

Proposed Custodian's Name: _____

I consent to being interviewed by a United States Probation/Pretrial Services Officer regarding personal information that supplements and/or expands on the answers I provided in the attached application for third-party custody. I also authorize the release of that information by the United States Probation/Pretrial Services Officer, to the Court, to law enforcement agencies, to the attorney for the Government, and to the attorney for person whose release I am requesting.

Further, I authorize others to release any information about me to the United States Probation/Pretrial Services Office which is deemed necessary by such office during the course of the investigation for my application as a third-party custodian. This authorization for release of information is for verification purposes only.

Signature of proposed third-party custodian

Signature of witness and/or USPO

Date

Date

I believe this person is an appropriate candidate for referral to the United States Probation/Pretrial Services Office for further investigation as a proposed third-party custodian.

Signature of Defense Attorney

Date

I. PERSONAL INFORMATION

- A. Name _____
- B. Other Names Used _____
- C. Birth Date _____
- D. Birth Place _____
- E. Social Security Number _____
- F. Driver's License Number and State _____
- G. Is your driver's license valid? _____
- H. Do you have valid automobile insurance? _____
- I. Do you have reliable transportation? If so, list vehicle year, model, and license number. _____

- J. How long have you lived in Alaska? _____
- K. List **ALL** states you have lived in and provide time frames: _____

II. BACKGROUND INFORMATION

- A. What is your relationship to the defendant? _____
- B. How did you meet the defendant? _____

- C. How long have you known the defendant? _____
- D. How often do you see the defendant and in what context? _____

- E. Are you aware of the charges against the defendant? _____
- F. Describe what you believe the charges are? _____

G. What is the proposed release plan? _____

III. RESIDENTIAL INFORMATION

A. Current address _____

B. Do you rent or own? _____

C. If renting, from whom do you rent? _____

D. How long have you been at this address? _____

E. What type of residence? _____ Single-family _____ Apartment _____ Condo
_____ Mobile home _____ Duplex _____ Other

F. Number of bedrooms _____

G. Are you receiving housing assistance? If so, what kind _____

H. If so, are you aware that having the defendant living at your residence may adversely affect your housing status? _____

I. Are you proposing that the defendant reside at this address? _____

J. If not, where? Provide address and phone number and explain the proposed living situation. _____

K. Home phone number _____

L. Cell phone number _____

M. Do you have a land-line installed at your residence? _____

N. Does the land-line have features, i.e. call forwarding, call waiting, etc.? _____

O. Are you willing to have those features removed from your land-line if the Court orders electronic monitoring? _____

- P. If you do not have a land-line, would you be willing, at your expense, to have a feature-free land-line installed if the Court orders electronic monitoring?_____
- Q. Would you be willing to sign a release of information form so that U.S. Probation/Pretrial Services Office can confirm the installation of a feature-free land-line?_____
- R. Would you be willing to pay for electronic monitoring if so ordered by the Court - the cost is approximately \$100 a month? _____
- S. Would it cause a financial hardship to have the defendant live with you?_____
- T. Besides yourself, how many people live at your residence?_____
- U. Please list those people living at your residence:

NAME	DATE OF BIRTH	RELATIONSHIP TO YOU	SOCIAL SECURITY NUMBER (IF OVER 18)

- V. Is there alcohol in the residence?_____
- W. Are you willing to remove the alcohol if ordered to do so by the Court?_____
- X. Are there firearms or other weapons in the residence?_____
- Y. Please list firearms and/or weapons (next page):

TYPE OF FIREARM/WEAPON	CALIBER OR OTHER DESCRIPTION	OWNER

Z. Are you willing to remove the firearms/weapons if ordered to do so by the Court?

AA. If ordered by the Court to remove the firearms/weapons, where and with whom would they be stored?_____

BB. Please provide the name, phone number, and address of the individual with whom the firearms/weapons would be stored for future verification by the U.S. Probation/Pretrial Services Office._____

IV. EMPLOYMENT

A. Are you currently employed?_____

B. If so, where do you work?_____

C. What are your normal working days/hours?_____

D. How long have you been at this job?_____

E. What is your work phone number?_____

F. Are you proposing that the defendant attend work with you?_____

G. If so, please provide the name and phone number of your supervisor for future verification by the U.S. Probation/Pretrial Services Office._____

H. If you are not employed, when was the last time you were employed?_____

- I. If you are a student, where do you attend school? _____
- J. What is your current class schedule? _____

- K. Do you receive any type of public assistance, e.g. welfare, Medicaid, Medicare?____

- L. Do you have a social worker? _____
- M. If so, please provide name and phone number. _____

- N. Are you aware that having the defendant living at your residence may adversely affect your status on public assistance? _____

V. CRIMINAL AND OR CIVIL JUSTICE CONTACTS

- A. As an adult (age 18 or older), have you ever been cited for, arrested, charged with, or convicted of any crime, including driving while intoxicated or under the influence of alcohol or drugs, or driving while your license to drive was suspended?
Yes _____ No _____

- B. If so, please list.

YEAR	OFFENSE	CITY & STATE	SENTENCE

- C. Are you currently on probation, parole, supervised release, or any other conditional release from **ANY** court or administrative agency, including the office of U.S. Immigration and Customs Enforcement? _____

- D. If so, please describe. _____

- E. Have you even been a victim of domestic violence? _____
- F. If so, when and by whom? _____
- G. Have you ever had a restraining order against you? _____

- H. If so, when, by whom, and explain. _____

- I. Has anyone living at your residence ever been convicted of a crime? _____
- J. If so, who and what offense? _____

VI. DRUGS AND ALCOHOL

- A. Have you ever received treatment for drug and/or alcohol abuse? _____
- B. If so, when and where? _____

- C. Have you ever used any form of non-prescribed controlled substances or narcotic drugs? _____
- D. If so, please list.

DRUG	DATE LAST USED	FREQUENCY OF USE
Marijuana		
Cocaine/Crack		
Opiates		
Heroin		
Methamphetamine		
Other (specify)		

VII. OBLIGATIONS

- A. Have you ever been appointed by a Court as a third-party custodian?_____
- B. If so, please list.

Defendant Name	Type of Case	Time Frame	Case Number	Describe Any Problems/Successes

- C. Will you be able to transport the defendant to court hearings, the U.S. Probation/Pretrial Services Office, or other places as ordered by the Court?_____
- D. If the defendant is placed in your custody, are you willing to report all violations of the release conditions to the Pretrial Services officer, U.S. Marshal, or U.S. Attorney?_____
- E. Are you aware that if you do not report violations by the defendant that you can be held criminally liable?_____

A false statement by the proposed third-party custodian on this form or statements made to a United States Probation/Pretrial Services Officer may be grounds for prosecution and punishment by fine and/or imprisonment pursuant to Title 18 United States Code § 1001.

I certify under penalty of perjury that the information stated above is true and correct to the best of my knowledge.

Signature of proposed third-party custodian

Date