## **Torrance Police Department "Pay to Stay – Inmate Worker Program" Application**

First	First Name			Middle Name		
es ever used - AKA	A's, Monikers	s, Nicknar	nes etc.			
ty, State and Coun	try					
Home Address: Number - Street - City - State – Zip						
Age Sex M/F	Race	Hair	Eyes	Ht.	Wt.	
State	Soc	Social Security #				
Work Phone	Cel	l Phone	Pager #			
	Occupation					
ess: Number - Stree	et - City - Sta	ite - Zip				
Doctor's Phone			City			
medical problems?	? Yes / No -	lf yes, wh	at?			
escription medicat	ion? Yes / I	No - If yes	, what? _			
you convicted of?						
	es ever used - AKA ty, State and Coun umber - Street - Ci Age Sex M/F State Work Phone work Phone	es ever used - AKA's, Monikers ty, State and Country umber - Street - City - State – Z Age Sex M/F Race State Soc Work Phone Cell Uss: Number - Street - City - Sta Doctor's Phone medical problems? Yes / No -	es ever used - AKA's, Monikers, Nicknan ty, State and Country umber - Street - City - State – Zip Age Sex M/F Race Hair State Social Securit Work Phone Cell Phone Occupa ss: Number - Street - City - State - Zip Doctor's Phone medical problems? Yes / No - If yes, wh escription medication? Yes / No - If yes	es ever used - AKA's, Monikers, Nicknames etc. ty, State and Country umber - Street - City - State – Zip Age Sex M/F Race Hair Eyes State Social Security # Work Phone Cell Phone Pa Occupation ess: Number - Street - City - State - Zip Doctor's Phone City medical problems? Yes / No - If yes, what?	es ever used - AKA's, Monikers, Nicknames etc. ty, State and Country umber - Street - City - State – Zip Age Sex M/F Race Hair Eyes Ht. State Social Security # Work Phone Cell Phone Pager # Occupation ess: Number - Street - City - State - Zip Doctor's Phone City	

How much time are you required to se	erve? _	
When do you want to start serving yo	our time	?
Emergency Contact: name and phone	e #, inc	luding cell phone #:
Applicant's Signature	_	Date
Mail this completed application with a copy of your Court Commitment Order (CR57) to:		Fax this completed application and Court Commitment Order (CR57) to:
Torrance Jail Supervisor Pay to Stay – Inmate Worker Program Torrance Police Department 3300 Civic Center Drive Torrance, CA 90503	OR	Torrance Jail Supervisor Pay to Stay – Inmate Worker Program (310) 618-5660

If you have any questions, please contact the Torrance Jail Supervisor at (310) 618-5638.