



# OUT OF COUNTY SENTENCE

## Request to serve in the Clark County Jail

This form is a request to serve your sentenced time in the Clark County Jail instead of the city or county of the originating charges. Your request will be taken into consideration in accordance to the safety and security of our facility. Approval or denial of your request is based on the safety and security of our facility.

**Instructions:** You will need to fill out the "Requesting Individual's Information" section completely and accurately. Any undisclosed or conflicting information at your arrival may result in your approved request being revoked.

The completed request is to be returned to the Clark County Jail for approval/denial. You can fax the form to (360) 397-6010 or mail to:

Clark County Sheriff's Office  
Attn: Chief Jail Deputy  
PO Box 410  
Vancouver, WA 98666

If approved:

- You will need to report as scheduled, failure to do so may result in a warrant for your arrest.
- You will pay a fee for each day of your stay in our facility. The current daily amount is \$110.64 per day.
- While in our custody, you are expected to follow all rules of our facility detailed in the inmate handbook.
- Prior to your arrival you are invited to familiarize yourself with the inmate handbook on our website [www.clark.wa.gov/sheriff/documents/index.html](http://www.clark.wa.gov/sheriff/documents/index.html)

You will need to bring:

***Payment for total fee of \$0.00  
Only exact cash will be accepted.  
Additional minimal money (optional).  
You may purchase a \$5 intake pack at booking. Includes personal hygiene items.  
Government issued photo ID.  
Your court paperwork.  
This completed and approved form.***

You will need to report at the scheduled date and time assigned: \_\_\_\_\_ at \_\_\_\_\_ .

Report to: Clark County Sheriff's Office  
Reception/Front Desk  
707 W 13<sup>th</sup> St  
Vancouver, WA 98668

**Please retain this sheet for your reference.**

<b>Requesting Individual's Information:</b> Fill out this section completely and accurately			
Name: Last		First	Middle
Address:		City:	State: Zip:
Email Address:		Home Phone:	Cell Phone:
Date of Birth:	Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female	Sentence County/City:	Select preference to serve: <input type="checkbox"/> Weekday <input type="checkbox"/> Weekend
Do you have a special diet? If yes, what _____	<input type="checkbox"/> No <input type="checkbox"/> Yes	Are you currently taking any medications? If yes, please list _____	<input type="checkbox"/> No <input type="checkbox"/> Yes
Are you currently being treated for any health/mental issues? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please list _____ _____			
Do you have any other special circumstances which would affect your serving time in our facility? <input type="checkbox"/> No <input type="checkbox"/> Yes If yes, please explain _____ _____			
Charges: _____		# Days to serve: _____	
Charges: _____		# Days to serve: _____	

I swear the information above is complete and accurate. I acknowledge the approval or denial of my request will be based on the Clark County Jails facility safety and security. If my request is approved, I agree to abide by all laws, rules and regulations set forth by the Clark County Sheriff's Office and the Jail and the State of Washington while in the facility. I will obey all instructions and commands given me by Sheriff's Office and Custody staff.

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

**For office use only**

<b>Request Approval/Denial (only by Chief or Commander)</b>			
Approved <input type="checkbox"/>	Denied <input type="checkbox"/>	Signed by: Printed Name: Signature: _____	Date: _____
Date to report	Time to report:	Number of Days @ \$110.64/day	Total Fee: \$0.00

<b>Reception/Front Desk processing:</b>			
Date Reported _____	Time reported: _____	Total Dollar Amount Paid: _____	
Processed by: _____	PSN# _____	Date: _____	

<b>Jail Property Officer processing:</b>			
Date Sentence completed: _____	Sentencing County Notified of completion: _____		
Processed by: _____	PSN# _____	Date: _____	