

Redondo Beach Police Department Jail Unit

Fee Paying—Court Committal Application

OFFICE USE ONLY-DO NOT FILL IN

Date/Time	Inc #	Booking #	DR #
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Applicant's Name _____
(Last) (First) (Middle)

Aliases: _____

Address _____
Number Street City State Zip Code

Birth Date _____ Age _____ Sex _____ Race _____ Hair _____ Eyes _____ Height _____ Weight _____

Driver License Number _____ State _____ Social Security Number _____

Home Phone (_____) _____ Work Phone (_____) _____

Cellular Phone (_____) _____ Other (_____) _____

Employer Name & Address _____

Occupation _____ Health Care Provider _____

In Case of Emergency, Notify: Name/Relationship _____

Home Phone (_____) _____ Work Phone (_____) _____

Do you have any medical problems? _____ If yes, explain _____

Are you taking prescription medication? _____ If yes, type and dosage _____

List all arrests within the past five (5) years: *(List in order- Date, City of arrest and Offense)*

What were you convicted of in this matter? _____ How much time do you have to serve? _____

When would you like to start serving your sentence? _____

Applicant Signature _____ Date _____

**Complete this application and bring it along with a copy of your
COURT COMMITMENT DOCUMENTS and **T.B. MEDICAL CLEARANCE** to:*

Redondo Beach Police Department – Jail Unit
ATTN: Jail Manager
401 Diamond Street
Redondo Beach, CA 90277
(310) 379-2477 x2302