

**SANTA CLARA COUNTY-DEPARTMENT OF CORRECTION
PRISONER'S PROPERTY RELEASE FORM**

PRINT LEGIBLY	PRINT LEGIBLY
PERSON REQUESTING PERSONAL ITEMS Name: _____ Address: _____ Phone# _____ DLN/ID # _____	INFORMATION ABOUT PRISONER Housing Unit: _____ Date: _____ Last Name _____ First Name _____ Bkg. # <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> PFN <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

PERSONAL ITEMS REQUESTED	
<input type="checkbox"/> Personal Property <input type="checkbox"/> Cell Property <input type="checkbox"/> Clothing <input type="checkbox"/> Vehicle Release For Personal Clothing Yes <input type="checkbox"/> No <input type="checkbox"/> Confirm Prisoner is going to CDC Officer's Initials _____ Badge # _____	<input type="checkbox"/> MONEY: \$ _____ County Check # _____

COURT DRESS OUT <input type="checkbox"/> Dress Shirt <input type="checkbox"/> Blouse <input type="checkbox"/> Trouser <input type="checkbox"/> Dress / Skirt <input type="checkbox"/> Sport Coat <input type="checkbox"/> Slip <input type="checkbox"/> Jacket <input type="checkbox"/> Stocking/Pantyhose <input type="checkbox"/> Shoes (for CCW only)	<input type="checkbox"/> SELF BAIL: Court = _____ Amount = _____ County Check # _____
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FOR FRIENDS OUTSIDE ONLY
Check Issued by: _____ Date of Check: _____ Check Number: _____ Amount: _____

SIGNATURES REQUIRED FOR RELEASE			
<input type="checkbox"/> <i>Approved</i> <input type="checkbox"/> <i>Disapproved</i>	_____ Signature of Prisoner	_____ Signature of Person Accepting Property	
_____ Signature of Witnessing Officer	_____ Badge #	_____ Signature of Witnessing Officer	_____ Badge #