

Incarceration and Conviction Alternatives Network (“ICAN”) APPLICATION

Defendant: _____
Docket Number: _____
Charges: _____
Assigned PSO: _____
Defense Counsel: _____

Release Date: _____
Assigned District Judge: _____
City of Residence: _____
AUSA: _____

Conditions of Release:

- | | | |
|--|--|---|
| <input type="checkbox"/> Alcohol Abstinence | <input type="checkbox"/> Alcohol Treatment Only | <input type="checkbox"/> Reentry Center - Full-Time |
| <input type="checkbox"/> Computer Search | <input type="checkbox"/> No Excessive Alcohol Use | <input type="checkbox"/> Search Seizure |
| <input type="checkbox"/> Drug Treatment | <input type="checkbox"/> Computer Internet Restrictions | <input type="checkbox"/> Travel Restrictions |
| <input type="checkbox"/> Location Monitoring Program | <input type="checkbox"/> Mental Health Evaluation | <input type="checkbox"/> Stand-Alone Monitoring |
| <input type="checkbox"/> Location Monitoring - Other | <input type="checkbox"/> Mental Health Treatment | <input type="checkbox"/> Surrender Passport |
| <input type="checkbox"/> No Illegal Use of Controlled Substance | <input type="checkbox"/> No Possession of Pornographic Materials | <input type="checkbox"/> Weapons Restriction |
| <input type="checkbox"/> Obtain No new Passport | <input type="checkbox"/> Obtain and Maintain Employment | <input type="checkbox"/> Restitution |
| <input type="checkbox"/> Report Contact w/ Law Enforcement | <input type="checkbox"/> No Contact with Minors | <input type="checkbox"/> Other Conditions |
| <input type="checkbox"/> Residential Requirements/Restrictions | <input type="checkbox"/> No Contact with Victim /Witness | <input type="checkbox"/> Other Treatment/Training/Education |
| <input type="checkbox"/> Association Restrictions | <input type="checkbox"/> Substance Abuse Evaluation | <input type="checkbox"/> Other Services Obligations |
| <input type="checkbox"/> Employment Requirements/Restrictions | <input type="checkbox"/> Substance Abuse Testing | <input type="checkbox"/> Other Financial Obligations |
| <input type="checkbox"/> Other Location/Employment/Association Restriction | <input type="checkbox"/> No Tampering with Substance Abuse Testing | |
| <input type="checkbox"/> Report Change of Address | <input type="checkbox"/> Third Party Custody | |
| <input type="checkbox"/> Pretrial Services Supervision | <input type="checkbox"/> Reentry Center - Part-Time | |

Defendant’s Personal History:

Defendant’s Prior Criminal History:

Defendant’s Role in Offense:

Substance Abuse, Mental Health, and/or Life Skills Issues:

Factors Demonstrating Suitability for ICAN Program:

Compliance While On Release:

Upcoming Court Dates:

Any Other Relevant Information:

Form Completed By: _____ Date: _____

Submit completed application to: USAAZ.ICAN@USDOJ.GOV