

Incarceration and Conviction Alternatives Network ("ICAN") and Youthful Conviction Alternatives Network ("YOUCAN") APPLICATION

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

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

Conditions of Release:

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

Defendant's Personal History:

Defendant's Prior Criminal History:

Defendant's Role in Offense:

Empty text box for Defendant's Role in Offense.

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

Empty text box for Substance Abuse, Mental Health, and/or Life Skills Issues.

Factors Demonstrating Suitability for ICAN/YOUCAN Program:

Empty text box for Factors Demonstrating Suitability for ICAN/YOUCAN Program.

Compliance While On Release:

Empty text box for Compliance While On Release.

Upcoming Court Dates:

Any Other Relevant Information:

Form Completed By: _____ Date: _____

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