

**INFORMATION/RELEASE AND CONSENT**

Name: First \_\_\_\_\_ Middle \_\_\_\_\_ Last \_\_\_\_\_

Alias Name(s): \_\_\_\_\_

Social Security #: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Race: \_\_\_\_\_ Sex: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair: \_\_\_\_\_ Eyes: \_\_\_\_\_ Education (last grade): \_\_\_\_\_

Identifying Scars/Marks/Tattoos: \_\_\_\_\_

Disabilities: \_\_\_\_\_

Place of Birth (city and state): \_\_\_\_\_ Primary Language: \_\_\_\_\_

US Citizen:  Yes  No Driver's License # and State: \_\_\_\_\_

Marital Status: \_\_\_\_\_ Spouse's Name and Contact#: \_\_\_\_\_

---

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Cell Phone: \_\_\_\_\_ Cell Carrier: \_\_\_\_\_ Home Phone: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Emergency Contacts:

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone#: \_\_\_\_\_

---

Employer: \_\_\_\_\_

Employer Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Telephone: \_\_\_\_\_

---

Other than for the present offense(s), have you ever been arrested? \_\_\_\_\_

Are you currently on probation or parole elsewhere? \_\_\_\_\_

If yes, supervising officer and contact number?: \_\_\_\_\_

Have you ever been arrested for/convicted of/on probation for a felony offense? \_\_\_\_\_

Are you now, or have you ever been, a registered sexual offender? \_\_\_\_\_ State: \_\_\_\_\_

I hereby authorize Cherokee Probation to receive information pertaining to me which may be in the files of any state or local criminal justice agency. I affirm that all the information given is true and correct to the best of my knowledge. I hereby authorize Cherokee Probation and/or its agents to release information to and communicate with third party providers and agencies with which I am working to complete conditions of probation.

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

Probation Representative: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY**

Judge: \_\_\_\_\_

Intake: \_\_\_\_/\_\_\_\_/\_\_\_\_ at \_\_\_\_:\_\_\_\_ AM/PM PO: \_\_\_\_\_

Payment Rate: fines/restitution/attorney fees \_\_\_\_\_ + PF \_\_\_\_\_ + VCF \_\_\_\_\_ = \_\_\_\_\_

	Date	Initials	
Intake Clerk:	_____	_____	Sentence/Agreement, all other required paperwork signed and explained
	_____	_____	Firearms Acknowledgement signed if DV case or otherwise ordered
	_____	_____	Photo taken

Account Tech: \_\_\_\_\_ All information entered accurately into offender management system

Intake PO:	_____	_____	All case and probationer information verified as accurate and complete
	_____	_____	All general and special conditions explained
	_____	_____	Instructions/paperwork given on how to complete all conditions
	_____	_____	Photo uploaded to offender management system
	_____	_____	All paperwork needed for supervision signed and in file

Comments: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_