

SULLIVAN COUNTY COMMUNITY CORRECTIONS
INTAKE INFORMATION

Name: _____ MI _____ Last _____ Date: _____

Current Address: _____
City: _____ St _____ Zip _____

Address while on SCCC : _____
(if different than current)
City: _____ Zip Code _____

Land Line Phone # _____ Cell Phone: _____

Sullivan County Resident YES / NO

If you do not live in Sullivan County you may not qualify for SCCC

If 'NO' can you reside within the County while on this program YES / NO

Date of Birth: _____ Age: _____ SSN: _____

Are you employed YES / NO Full-time/Part-time

If "yes", Employer: _____

Address: _____

Phone #: _____

Supervisor: _____

Pay Rate: _____

Employer Notified: YES / NO

Are you a student? YES/NO Full-time/Part-time

If unemployed, how will you pay for Community Correction's fees?

If a family member or significant other will be paying your daily fees, what is their name and telephone number? _____

Education Level Completed: _____

Currently Enrolled? If yes; what level _____

Are you a veteran? (circle) YES/NO

Have you ever been in DOC? (circle) YES/NO, if yes;

Location _____ Length _____ DOC # _____

Court Information:

Cause #: _____ Offense: _____
Attorney: _____ Prosecuting Attorney: _____

Prior Criminal Convictions: Please provide- Date/Offense/Offense Level

Personal

Height _____ Weight _____ Gender _____

Hair Color _____ Eye Color _____ Race _____

Relationship Status: *please circle the one that applies*

*Not Seeing/Dating Anyone *Dating but not serious *Serious but not married

*Married *Separated *Divorced *Widowed

Vehicle/ License

Vehicle Year _____ Make _____ Model _____

Color _____ Plate # _____

Drivers License # _____ Exp Date _____

Circle one that applies Valid / Suspended / Lifetime Suspension / No License /

Other: *Please Explain*

Health Issues:

Scars/Marks/Tattoos

Have you previously been on Probation Yes/No

Have you previously been on Community Corrections Yes/No

SULLIVAN COUNTY COMMUNITY CORRECTIONS
102 W. WASHINGTON STREET
SULLIVAN IN 47882
(812) 268-0941

Authorization to Release Information

To Whom It May Concern:

I, _____ the undersigned, hereby waive my privacy rights including any such rights under the Privacy Act, S.U.S.C.I SS2a, and authorize the Sullivan County Community Corrections, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to inspect and copy any information in your files pertaining to my adult criminal records, juvenile delinquent records, education, medical, drug and alcohol records, employment or credit records, including, but not limited to, academic, achievement, intelligence; personality, attendance, disciplinary records and personal history; medical records and credit records. I hereby direct you to release such information upon request of the Community Corrections Representative. This release is executed with full knowledge and understanding that the information is for the official use of the aforementioned community corrections office.

I, _____ hereby release you, as the custodian of such record, and any Courts, Community Corrections Department, Probation Department, Parole Agencies, Law Enforcement Agencies, and any school, college, university, or other educational institution, hospital or other repository or medical records, credit bureau, consumer reporting agency, or retail business establishment including its officers, employees, agents, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind, which may result to me, my heirs, family or associates because of compliance with this authorization and request to release information.

The information hereby obtained by the aforementioned Community Corrections office is to be used solely for purposes of an ongoing investigation while the defendant is on the Community Corrections program.

Signature (Full Name)

Date

Full Name (typed or printed)

Social Security Number

Date of Birth

Parent or Guardian (if minor)

Date

Witness: Corrections Officer

Date

SULLIVAN COUNTY COMMUNITY CORRECTIONS

EMPLOYMENT VERIFICATION

_____ has been placed in the Sullivan County Community Corrections Home Detention/Electronic Monitoring Program. He/she will be involved in this program beginning _____ and ending _____. We would appreciate your cooperation while he/she is under this agency's supervision.

Sullivan County Community Corrections, Probation Department staff, and any Law Enforcement Officer may perform random on-the-job visits to ensure _____ is fulfilling the obligations set forth by our program. We will not disrupt the work environment any more than necessary, but we would ask for your cooperation in this area.

Please review the following information that we have obtained regarding the employment of the above-mentioned individual. If all the information is correct, please date and sign the document and return it to our office at the above listed address. If you have any questions or if any of the information provided is inaccurate or needs changed, please contact me at your earliest convenience. Thank you for your time and assistance.

Employer Name: _____

Address: _____

Supervisor: _____ Phone #: _____

Normal Work Days: _____ Normal Work Hours: _____

Mandatory Overtime: YES NO When Overtime Is Set: _____

I hereby certify that by signing below, the above information is true and accurate to the best of my knowledge, information and belief.

Date Client's Signature

Date Supervisor's/Employer's Signature

Date Sullivan County Community Corrections