



FOR OFFICE USE ONLY

PO Assigned: _____

Appt. Date: _____

SID: _____

CO Conv: _____ Date Conv: _____

POLK COUNTY COMMUNITY CORRECTIONS OFFENDER INTAKE FORM

Name: _____ DOB: _____

Alias/Maiden Name: _____ State of Birth: _____

Residence: _____
Address City Zip County

Mailing Address (If Different): _____
Address City Zip County

Who resides at this address? What is your relationship to them? _____

Do you have a Juvenile Record? Y N, if yes what County? _____

Telephone Number(s): _____ Email Address: _____

Employment: _____

Health Insurance? OHP Other: _____

Driver License/ID #: _____ State: _____ Exp Date: _____ Suspended? Y N

SSN*: _____ Gender: _____ Hgt: _____ Wgt: _____ Hair: _____ Eyes: _____ Race: _____

Scars/Marks/Tattoos (Describe): _____

Use back of form for additional

Current Conviction(s): _____

Length of Probation: _____ Case #: _____

CONDITIONS: No Contact (Name(s)) _____

_____ No Alcohol/Drugs _____ Community Service Hrs _____ Treatment/Evaluation

Other Conditions: _____

*Social Security Number may be used for collection purposes