

CRIMINAL HISTORY BACKGROUND QUESTIONNAIRE

Offender's Name: _____ DOC #: _____ Date: _____

An approved visiting list is in the process of being established for the above-referenced offender. The offender has requested that he be permitted to receive visits from the person named below:

Name _____ Social Security # _____

Address _____ City _____ State _____ Zip _____

Date of Birth _____ Race _____ Sex _____

It would be appreciated if you would furnish the following information:

1. Does this person possess an arrest record? Yes No

If so, what are the specific offenses and dispositions? _____

2. We would greatly appreciate any additional information you feel would be beneficial.

Comments: _____

Thank you for your cooperation. Information furnished shall be treated confidentially.

Sincerely,

Visiting Officer