

**CONTACT INFORMATION**

Date/ Event: \_\_\_\_\_

Name (First and Last Name): \_\_\_\_\_ Middle Initial: \_\_\_\_\_

Any other names you have used (alias, maiden name): \_\_\_\_\_

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

Phone Number: \_\_\_\_\_ Email Address: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Best method of contact: \_\_\_\_\_

**CRIMINAL HISTORY**

Conviction(s)/Court (for example, Felonious Assault, Cuyahoga Court of Common Pleas):

\_\_\_\_\_  
\_\_\_\_\_

Date(s) of conviction: \_\_\_\_\_

Sentence Imposed: \_\_\_\_\_

\_\_\_\_\_

Plea *or* Trial (circle one)

Are you currently on supervision (probation, parole, PRC (post release control)? \_\_\_\_\_

- If *yes*, for how long? \_\_\_\_\_

Outstanding Warrants? (Location) \_\_\_\_\_

Out of State Convictions (when & where)? \_\_\_\_\_

Do you have any outstanding fees/fines/restitution? \_\_\_\_\_

- If *yes*, what is the outstanding amount? \_\_\_\_\_

**BACKGROUND**

Do you have children? \_\_\_\_\_

- If **yes**, how many children and ages? \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Are you currently employed? \_\_\_\_\_

- If **yes**, where and length of employment:  
\_\_\_\_\_

Do you currently have any Professional licensure/certifications? \_\_\_\_\_

- Please specify:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Past military service? \_\_\_\_\_

- If **yes**, what branch and length of service?  
\_\_\_\_\_  
\_\_\_\_\_
- What type of discharge? \_\_\_\_\_

Substance abuse/addiction history

- Have you ever been engaged/enrolled in treatment? \_\_\_\_\_
  - o If **yes**, what kind?  
\_\_\_\_\_  
\_\_\_\_\_
  - o Length of treatment?  
\_\_\_\_\_  
\_\_\_\_\_

Have you previously applied for parole and/or other post-conviction relief in the State of Ohio? \_\_\_\_\_

- If **yes**, when? \_\_\_\_\_
- Were you represented by counsel? \_\_\_\_\_

Emergency contact (Name/Phone/Email):

\_\_\_\_\_  
\_\_\_\_\_

