



OFFICE OF JUVENILE JUSTICE
Police Questionnaire

Facility: _____ DATE: _____

Youth's Name: _____ JETS #: _____

TO: _____, Terminal Agency Coordinator

We are establishing an approved visitor list for the above referenced youth. He has requested that he be permitted to receive visits from the person(s) named below:

Name: _____ Address: _____

SS No. _____ DOB: _____ [] M [] F Race: _____

Name: _____ Address: _____

SS No. _____ DOB: _____ [] M [] F Race: _____

Name: _____ Address: _____

SS No. _____ DOB: _____ [] M [] F Race: _____

Name: _____ Address: _____

SS No. _____ DOB: _____ [] M [] F Race: _____

Name: _____ Address: _____

SS No. _____ DOB: _____ [] M [] F Race: _____

Name: _____ Address: _____

SS No. _____ DOB: _____ [] M [] F Race: _____

Name: _____ Address: _____

SS No. _____ DOB: _____ [] M [] F Race: _____

Name: _____ Address: _____

SS No. _____ DOB: _____ [] M [] F Race: _____

Name: _____ Address: _____

SS No. _____ DOB: _____ [] M [] F Race: _____

Name: _____ Address: _____

SS No. _____ DOB: _____ M F Race: _____

Please furnish the following information:

1. Do any of the persons listed above possess an arrest record?

Yes No

If so, who? What are the specific offenses and dispositions?

Name: _____ Offense/Disposition: _____

Name: _____ Offense/Disposition: _____

Name: _____ Offense/Disposition: _____

Name: _____ Offense/Disposition: _____

2. Is there any additional information you feel would be beneficial?

Comments: _____

Thank you. Any information furnished will be treated confidentially.

Sincerely,

Facility Staff Member Name/Title (Printed)