



Previous Felony Admission Clearance

Name: _____

Other name(s) previously used: _____

Telephone: _____ Email: _____

Are you a registered sex offender? (circle) YES NO

Have you ever been incarcerated? (circle) YES NO

If yes, place(s) and length of incarceration(s): _____

Date(s) of release: _____

Status upon release: (circle) Probation Parole Other: _____

Beginning date of probation/parole: _____ On probation/parole until: _____

Probation/Parole Officer Information

Name: _____ Telephone: _____

Email: _____

Please list all previous criminal charges including date, location and outcome.

Date of incident:	Location (City, County, State):
Charges	Outcome

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