

Alabama Department of Corrections

PERSONAL INFORMATION SHEET

All persons desiring to enter any ADOC facility must complete the following form. The information on this form will be kept confidential. All information is subject to investigation. False or omitted information will result in you being denied approval to enter any/all ADOC facilities. This application is for the specific facility to which request is made.

1. **Reason for applying for entry:** _____

2. **Facility:** _____

3. **Personal Information (Submit a copy of current government agency issued identification):**

Name: _____
(Last) (First) (Middle Initial)

Address: _____
(Address) (City) (State) (Zip)

Phone: Home: () Work: ()
(Optional) Cell: () Email: _____

In case of emergency, contact: Name: _____
Relation: _____
Phone: () _____

SSN: _____ DL # _____
DOB: _____ State _____

Are you a U. S. Citizen: ___ Yes ___ No
If No, you are a citizen of: _____

4. LEGAL DATA:

4a. Have you, your family, or close friend ever been a victim of a crime? Yes No
If Yes, explain information about the crime and the name(s) of the offender(s): _____

4b. Have you ever been arrested? Yes No
If Yes, what were the charge(s)? _____
Case Number(s): _____ County: _____
Disposition of case(s): _____

4c. Do you have any relatives, or close friends, incarcerated in an ADOC institution? Yes No
If Yes, provide the following information: _____

Inmate's name(s): _____
Inmate's AIS #: _____
Inmate's institution: _____

- 4d. Have you ever been accused or charged with inappropriate sexual activity, sexual abuse and sexual harassment? Yes _____ No _____
If yes, provide a clear narrative regarding the incident(s), the allegations or charges and the outcome(s) of any investigations(s).

Signature: _____ Date: _____

5. ADMINISTRATIVE DECISION:

NCIC Checks Yes No
completed: _____

____ Approved _____ Disapproved

Reason For Disapproval:

Administrator's Printed Name:

Administrator's Title:

Date:

Administrator's Signature:
