

Division of Parole and Probation Record Request Form

Your Contact Information

P&P Staff Only

Name:

Phone:

Mailing Address:

City, State Zip:

E-Mail:

Requested By:

Office:

Offender's Name:

Known AKA's:

DOB:

Sentence Date:

Expiration Date:

Discharge Date:

SSN:

Case Number:

Type Of Sentence

Probation: Yes No

Prison: Yes No

Parole: Yes No

Jail: Yes No

Offense:

Type Of Document (s) Requested

PSI: Yes No Violation Report: Yes No

Incident Report: Yes No Restitution Schedule: Yes No

Discharge: Yes No

Other:

For Use By P&P Records Staff Only

Date Received: By:

Notes:

Completed By: Date: