ADULT PROBATION DEPARTMENT 209 South Chestnut Street, Suite 302 Ravenna, OH 44266

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CHIEF PROBATION OFFICER:

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SEALING QUESTIONNAIRE

Name:	Also known as:				
(Give complete name	e including your r	niddle name and m	aiden name)		
Address:					
Telephone number_	mber Length of time at this address:				
Attorney:	Address:				
Telephone number:					
Convicted of:	Date of offense:				
When arrested:	Where:				
Arresting agency:					
Date convicted of the	is offense:		Disposition:		
If sentenced, name o	of institution and	time served:			
Date released from p	orobation, parole,	or incarceration: _			
Length of time on pr	obation, or parole	e, or incarcerated: _			
	D	ESCRIPTION			
Date of birth:		Present age: _			
Place of birth:		(City and state)			
Social Security Num	ber:				
Sex:	Race:		_ Height:		
Weight:	Eyes:		_ Hair:		
Do you wear glasses	/contact lenses?				
Other identifying ma	arks (scars, tattoc	os, etc.):			

Court:		Ju	.dge:	
PC 16	652 (Rev 11/21)			
		ARRESTS		
List below	all arrests, whether con	victed or not. In	nclude juvenile	and military arrests.
<u>Date</u>	Police Department	<u>Court</u>	<u>Offense</u>	Disposition
*				
*				
*				
*				
*				
	PRI	EVIOUS ADDRE	SSES	
List all ad	ldresses since age eighte	en (18). Start w	ith most recen	t address.
<u>Address</u>		<u>City</u>	<u>State</u>	Dates (from - to)
*				
*				
*				
*				
*				
		MARITAL STAT	US	
Current n	narital status (check one):		
Single:	Married:	Divorce	ed: 🗌	Separated:
Husband' (Present s	's name/wife's maiden na spouse)	ame:		
Address: _				
Date of bi	rth:	Place	e of birth:	
Place of m	narriage:			
This is yo	ur (1 st , 2 nd , 3 rd , etc.) ma	rriage:		
	D	RIVER'S LICEN	ISE	
Number:	_			
	Color of car:			

PREVIOUS MARRIAGE(S)

Give information for all previous marriages

Ex-husband's name/	ex-wife's name: (Maiden name)			
Address:	,			
Date of birth:				
		Place where married:		
Date of divorce:	Where granted:			
	PARI	ENTAL HISTORY		
Father:		Address:		
Mother:	Address:			
Stepfather:		Address:		
Stepmother:		Address:		
]	EDUCATION		
	List all educat	ion since age eighte	en (18)	
Name of School *	<u>Address</u>		<u>City</u>	<u>State</u>
*				
*				
*				
*				
Course of study:				
Degree(s):				
		MILITARY		
Have you ever served	in the U.S. mili	tary (circle one)?	Yes	☐ No
If yes, please list locat	ions you were s	stationed:		
Where you every char	rged by military	y police or court ma	artialed for any	reason (circle
one)?	☐ No			
Service number:		Branch o	f service:	
Date of entry:	Date of discharge:			
Type of discharge:	Highest rank held:			
Rank at separation: _		VA number:		
Decorations and Awar	ds:			
Campaigns, previous	enlistments ov	erseas duties court	martials:	

EMPLOYMENT RECORD

List all employment since age eighteen (18). Start with most recent employer.

Name and address of employer		Dates (From - To)		
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*				
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*				
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*				
*				
Office Use only:				
I.D. used for verification:				
Interviewed	by:			
Date:				