



Post-Adjudication Authorization for Criminal Background Check Form

PLEASE PRINT CLEARLY IN NOT IN ELECTRONIC FORM

LAST NAME: _____

FIRST NAME: _____ MIDDLE NAME: _____

DATE OF BIRTH: _____ DRIVERS LICENSE NUMBER & STATE: _____

SOCIAL SECURITY NUMBER: _____ RACE: _____ GENDER: _____

SIGNATURE: _____ DATE: _____

- You must present valid picture ID (Drivers License, State Identification Card, School ID, etc.) as part of the verification process prior to entering the facility;
- During visitation, staff will go over facility visitation rules with you and make a copy of your ID;
- No more than three visitors will be allowed at one time, this includes children;

FOR DEPARTMENT USE ONLY	
APPROVED INITIAL	NOT APPROVED DATE

Juvenile Name: _____ Case Manager: _____