

SPOKANE COUNTY DETENTION SERVICES

TEMPORARY PASS/CONTINUING USE PASS

THE FOLLOWING REQUESTS FOR INFORMATION MUST BE COMPLETED BY ANYONE REQUESTING SPECIAL ACCESS TO THE DETENTION SERVICES FACILITIES AND/OR ATTORNEY BOOTHS. BY SUBMITTING THIS INFORMATION, YOU AGREE TO A CRIMINAL BACKGROUND CHECK.

Full Name:

(Last / First / Full Middle)

Aliases/Maiden/Married Names:

Address: ZIP:

Race: Sex: Date of Birth: Age:

Height: Weight:

Hair color: Eye color: Occupation:

Place of Birth: Resident status: Citizenship:

Social Security Number: Cell/Day Phone Number:

Job classification (counselor/Mental health etc.):

Agency Representing:

Address of Agency: Zip:

Agency Phone: Referred By: