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: