



NORCOR

Correctional Facility

Gilliam - Hood River - Sherman - Wasco
201 Webber Street, The Dalles OR 97058



BOOK & RELEASE QUESTIONNAIRE

(YOU MUST HAVE PICTURE ID PRIOR TO INTAKE)

Court: Wasco Circuit Hood River Circuit Sherman Circuit Gilliam Circuit _____

Charge(s): _____ Case #: _____

Charge(s): _____ Case #: _____

Charge(s): _____ Case #: _____

Charge(s): _____ Case #: _____

Defendant Name: _____

(Last)

(First)

(Middle)

Home Address: _____

City: _____ State: _____ Zip Code: _____ Phone#: (____)____-____

Drivers License#: _____ State of Issue: _____ Social Security#: _____

Date of Birth: ____/____/____ Race: _____ Sex: M F _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Eye Type: _____

Handed: Left Right Ambidextrous Do you wear Glasses: Yes No If Yes Type: _____

Are you a United States Citizen: Yes No Place of Birth: _____

Marital Status: Single Married Divorced Widowed Preferred Religion: _____

Number of Dependents: _____ Medical Insurance: Yes No Carrier Name: _____

Any Scars, Birth marks or Tattoos? (Location / Description): _____

List any Previous Names Used: _____

Employer Name: _____ Occupation: _____

Employer Address: _____ City: _____ State: _____

Zip Code: _____ Employer Phone#: (____)____-____ Employment Type: Full Time Part Time

Education Level: Didn't Graduate HS Diploma GED AAS AAS OBA OBS OMA OMS PHD

Are you a Veteran?: Yes No If Yes, What branch: _____ How Discharged: _____

Emergency Contact Name: _____ Relationship to You: _____

Address: _____ City: _____ State: _____

Zip Code: _____ Phone Numbers: (____)____-____ (____)____-____

Please list any medications you are required to have during this booking process. (Example: Inhaler, Nitro Etc)

Signature: _____ Date: _____