



**PTF BACKGROUND CHECK REQUEST INFO
(PLEASE PRINT OR TYPE ALL INFO)**

Name: _____
(as it appears on your Driver's License)

Part of 540 Group? Yes No

Church You Attend: _____

Sex: Male Female

Race: Caucasian Black Hispanic Other: _____

Date of Birth: _____ Social Security #: _____
(must be at least 18 years old to visit)

Driver's License # _____ State that issued DL _____

Mailing Address _____

Phone: _____

Email: _____

If you were ever convicted of a crime, please complete the following:

Year Convicted	Charges	Misdemeanor or Felony?	Date off parole

(if additional space is needed, please use the other side of this form)

NOTE: The determination regarding who is given permission to visit the Wrightsville Hawkins Unit/PTF Program Office is made by the Arkansas Department of Correction Security Staff according to State of Arkansas Policy. Background checks may take 7-21 days to process.

Thank you so much. I look forward to spending time together and take you on a tour of our facilities.

Joe Bruton
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