☐ Rapid Identification ☐ Photo ☐ Residence Data ☐ Employment Data ☐ Instruct

FLORIDA DEPARTMENT OF CORRECTIONS
OFFENDER INFORMATION SHEET AND REPORTING INSTRUCTIONS

Official Name: _____ DC#: _____
(Last, First, Middle Name/Suffix)

Race _____ Sex _____ Date of Birth _____ Florida Identification/Driver's License# _____ Social Security # _____

True Name: _____ Alias/Nickname _____
(Last, First, Middle Name, Suffix)

Maiden Name _____ Height- Ft/In. _____ Weight _____ Complexion _____ Hair Color _____
(for women, name born with prior to marriage)

Eye Color _____ Body Build _____ Scars/Marks/Tattoos – (Include Description and Location – Use additional paper if needed) _____

Birth City /County _____ Birth State _____ Birth Country _____ Citizenship _____ Ethnicity _____ Primary Language _____

Religion _____ Understand English? _____ Marital Status _____ Highest Grade Completed _____

CURRENT PHYSICAL ADDRESS: _____ _____
Street Address (Include Bldg, Apt, or Lot Number) City

County _____ State _____ Zip _____ Home Telephone Number/ Cellular Telephone Number _____ / _____

☐ House ☐ Apartment ☐ Other _____ ☐ Own ☐ Rent ☐ Other _____

Do you share your residence with any person who is on any type of supervision? ☐ No ☐ Yes If yes, check ☐ County ☐ State ☐ Federal and provide full name _____ Office location where supervised _____

All Email address(es), if applicable: _____

All Social Media Accounts: _____

Instant Message Name(s) or handle/nickname and Provider(s): _____
(Use back if more space is needed)

Significant Other: Name _____ Relationship _____ Phone # _____

Significant Other: Street Address: _____ City _____ State _____

Mother's and/or Father's Names: _____

Mother's and/or Father's Street Address: _____ City _____ State _____

Mother's and/or Father's phone number, including area code: _____

Your Employer's Name (Primary): _____ Street Address: _____

City _____ State _____ Zip _____ Work Telephone # (Office/Cell) _____ Estimated Monthly Salary _____

Begin Date (Month/Year) _____ Primary Duty _____ Industry _____ Supervisor's Full Name _____

SCHOOL/CLASSES ATTENDING: _____ N/A ☐

If you are a member of a gang, name of gang/group: _____

Have You Ever Been On Any Type Of Supervision? _____ If So, where? _____ When _____

OFFICE OF SUPERVISION REPORTING INSTRUCTIONS

REPORT TO THE PROBATION OFFICE INDICATED BELOW AND PRESENT THIS FORM TO THE OFFICE RECEPTIONIST. FAILURE TO REPORT IS A VIOLATION OF YOUR SUPERVISION.

REPORT ON: _____ AT: _____.
(Date) (Time)

_____ _____
Offender Signature/Date acknowledging receipt of reporting instructions. Intake Personnel Signature/Date

Offices:

DC3-297 (Revised 10/9/23)

In accordance with section 119.071(5)(a)2., F.S., your social security number is being collected for the purpose of using it is as one of the required means of identification. The Department must positively identify each offender placed on supervision, as provided in section. 948.061(3), F.S. The Department will not use the social security number collected for any purpose other than the purpose provided above.