

# Texas Department of Criminal Justice

## Additional Inmate Information

### PERS 282a

The Texas Department of Criminal Justice (TDCJ) requires both applicants and current employees to disclose relationships with current or former TDCJ inmates, whether incarcerated or on parole. This information is crucial for assessing employment eligibility and determining appropriate unit or department assignments. If you are an applicant who reported such a relationship in your employment application or a current employee who has developed or become aware of such a relationship, you must provide detailed information using this form. Please complete a separate form for each relationship. Current employees should note that if they encounter the inmate's record related to a reported relationship during their job duties, they must immediately notify their supervisor. Applicants should submit this form as part of their application process, while current employees should submit it to their warden, department head, or supervisor. The TDCJ appreciates your cooperation in maintaining the integrity of the criminal justice system and ensuring a professional work environment.

Applicant or Employee Information			
Name	Social Security Number	<input type="checkbox"/> Foster Youth	<input type="checkbox"/> Veteran's Preference
Payee ID Number	Job Title	Unit/Division	

Inmate Information			
Name	TDCJ Number	Date of Birth	
<input type="checkbox"/> Incarcerated State:	<input type="checkbox"/> In a correctional facility awaiting transfer County:	<input type="checkbox"/> On Parole	City of Residence:
<input type="checkbox"/> Former inmate no longer on parole State:	<input type="checkbox"/> Other:		

Nature of Relationship			
<input type="checkbox"/> Spouse	<input type="checkbox"/> Relative:	<input type="checkbox"/> Other:	
<input type="checkbox"/> Legally Married Date:	<input type="checkbox"/> Had Child(ren) Date:	Are you on this inmate's visitation list?	<input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown <input type="checkbox"/> Not Applicable
<input type="checkbox"/> Married by Proxy Date:	<input type="checkbox"/> Divorced Date:	Have you visited this inmate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Informal Marriage Date:	<input type="checkbox"/> Lived Together Date:	Do you plan to have any other contact with this inmate?	<input type="checkbox"/> Yes <input type="checkbox"/> No Reason:
When did you meet this inmate?		How did you meet this inmate?	

Disclosures
With few exceptions, you are entitled upon request: (1) to be informed about the information the TDCJ collects about you; and (2) under Texas Government Code §§ 552.021 and 552.023, to receive and review the collected information. Under Texas Government Code § 559.004, you are also entitled to request, in accordance with TDCJ procedures, that incorrect information the TDCJ has collected about you be corrected.
Texas Penal Code § 39.04 states that an employee of the TDCJ commits a felony offense if the employee engages in sexual contact, sexual intercourse, or deviant sexual intercourse with an individual who the employee knows is in custody or under the supervision of the TDCJ, except as provided for by the affirmative defense in Texas Penal Code § 39.04(h).

Contact Request
<input type="checkbox"/> Correspondence <input type="checkbox"/> Call List <input type="checkbox"/> Visitation <input type="checkbox"/> Other:
<input type="checkbox"/> Commissary <input type="checkbox"/> No Request Justification:
Employee Signature: _____ Date: _____

Applicant Approval			
<input type="checkbox"/> Approved for hire with no change Date: _____	<input type="checkbox"/> Approved for hire if contact is severed Date: _____	<input type="checkbox"/> Not approved for hire Date: _____	
Deputy Director or Designee Correctional Institutions Division	Name	Signature	Date

Employee Approval	
<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other	Effective Date:
Conditions:	

Warden or Department Head		
Name	Signature	Date

**Distribution:**  
Original (Master Human Resources File) Imaging Date: \_\_\_\_\_  
**Copy:**  
Unit or Department Human Resources File  
Employee