

FOSTER YOUTH
 VETERAN'S PREFERENCE

Texas Department of Criminal Justice ADDITIONAL OFFENDER INFORMATION

APPLICANT
 EMPLOYEE
 For H.R. Use Only
 IE
 HRHQ

Applicant or Employee Name: _____

Social Security Number: _____

Applicants: In your application for employment with the Texas Department of Criminal Justice, you reported a relationship with a current or former TDCJ offender, incarcerated or on parole. As a criminal justice agency, we need additional information from you concerning this relationship. This information may affect your eligibility for employment or the unit or department to which you are assigned. Please provide the following information regarding the relationship you reported. Complete a separate form for each relationship.

Employees: Please provide the following information regarding any relationship you develop or become aware of, report any subsequent development of a relationship with a current or former TDCJ offender, incarcerated or on parole, to your warden, department head, or supervisor using this form. Complete a separate form for each relationship. In the course of your job duties, if you come in contact with this offender's record, you shall notify your supervisor immediately.

Offender Information

Offender's Name: _____ **TDCJ Number:** _____ **Date of Birth:** _____

Check and comment on applicable offender status and relationship information.

Offender Status	Relationship
<input type="checkbox"/> Currently incarcerated in TDCJ, indicate unit: _____ <input type="checkbox"/> Currently on parole, indicate city of residence: _____ <input type="checkbox"/> In county jail waiting for transfer to TDCJ, indicate county: _____ <input type="checkbox"/> Former TDCJ offender (no longer on parole). Indicate previous unit, if known: _____ <input type="checkbox"/> Other: _____	<input type="checkbox"/> Relative (other than spouse): How is this offender related to you? _____ <input type="checkbox"/> Spouse <input type="checkbox"/> Legally married, date: _____ <input type="checkbox"/> Married by proxy, date: _____ <input type="checkbox"/> Had child(ren) together, date: _____ <input type="checkbox"/> Informal marriage, date: _____ <input type="checkbox"/> Lived together, date: _____ <input type="checkbox"/> If divorced, date: _____ <input type="checkbox"/> Specify any other: _____

Contact Information

1. Are you on this offender's visitation list? Yes No Unknown Not Applicable
2. Have you visited this offender? Yes No If yes, how often? _____ Last visit? _____
3. Do you visit or correspond with or have any other contact with this offender? Yes No If yes, please explain: _____
4. When did you first meet this offender? Month _____ Day _____ Year _____
5. How did you first meet this offender? _____

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).

 Applicant or Employee Signature

 Date (mm/dd/yy)

Applicant or Employee: Do not write in this section.

Applicant:	Administrative Approval
Deputy Director, Prison and Jail Operations or Designee	<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: _____
Employee:	Administrative Approval
Warden or Department Head	<input type="checkbox"/> Approved <input type="checkbox"/> Denied <input type="checkbox"/> Other Date: _____
Conditions: _____	

Distribution: Original (Master Human Resources File) Imaging Date: _____

Unit or Department Human Resources File

Employee