

**TBI USE ONLY**

Received

By: _____

Date: _____

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350 Smith Lane
Jackson, TN

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o ..

Contact Information:

Email:
TBI.CODIS@TBI.TN.GOV

General Phone Line:
(731) 426-6083

ALL INFORMATION REQUIRED UNLESS OTHERWISE NOTATED**CONVICTED OFFENDER INFORMATION**

| | | | | | |
|----------------------------|-------|--------|--|---------|---------------------------------|
| Name Last: | | First: | | Middle: | |
| Race: | Sex: | DOB: | | SSN: | |
| TOMIS or SO #: | SID#: | | <input type="checkbox"/> Sex Offender (Is this convicted offender a sex offender?) | | |
| Alias(s): | | | | | |
| Felony Conviction Offense: | | | Date of Conviction <small>After July 1, 1998 unless Sex Offender</small> | | County and State of Conviction: |

COLLECTING AGENCY

| | | | | |
|-----------------|----------------------|----------------|-----------------------|--------------|
| Agency Name: | | Agency ORI: | Supervising Officer: | |
| Full Address: | | Phone#: () | | Fax#: () |
| Date Collected: | Collected By (Name): | | Collected By (Title): | |

| | | |
|--|------------------------------|-------------------------------|
| For TDOC Community Supervision/Community Correction <u>Only</u> Paid/To Be Paid Indigent Date: _____ Initials: _____ | Offender Left Thumb Print | Offender Right Thumb Print |
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