



**CARBON COUNTY ADULT
PROBATION/PAROLE DEPARTMENT**

P.O. Box 26
4 Broadway
Jim Thorpe, PA 18229
Phone: 570-325-4226 Fax: 570-325-4250
Emergency: 570-325-9123

Richmond S. Parsons Jr.
Chief Adult Probation Officer

Joseph J. Berke
Deputy Chief Adult Probation
Officer

BACKGROUND CHECK AUTHORIZATION

PRINT NAME: _____
(First) (Middle) (Last)

FORMER NAME(S)/ MAIDEN NAME: _____

CURRENT ADDRESS: _____
(Street) (City) (State) (Zip)

SOCIAL SECURITY NUMBER: _____ DOB: _____

DRIVERS LICENSE NUMBER/ STATE: _____

I certify that the answers given herein are true and complete. I hereby authorize Carbon County Adult Probation and Parole Department and their staff to conduct a comprehensive background check relating to my criminal history. The criminal history record may include summons, arrests, convictions and motor vehicle violations. I understand that this information will be used, in part, to determine my eligibility to volunteer as a mentor for the Carbon County Veterans Treatment Court. The information received will remain confidential and only the presiding Judge, the Veterans Treatment Court Coordinator and the Veterans Treatment Court Mentor Coordinator will be party to this information.

APPLICANT SIGNATURE: _____ DATE: _____

WITNESS: _____