

**CRIMINAL ASSOCIATION REQUEST**

On this date, \_\_\_\_\_, I, \_\_\_\_\_, request  
(Date) (Name)

permission to associate with \_\_\_\_\_  
(First) (Middle) (Last)

**LIST REASON(S) FOR ASSOCIATION:** \_\_\_\_\_

**PLEASE PROVIDE THE FOLLOWING INFORMATION ABOUT ASSOCIATE:**

Full Name \_\_\_\_\_  
(Include all other names by which this person is known)

Maiden Name (If applicable) \_\_\_\_\_

Other names used by this person \_\_\_\_\_

Address \_\_\_\_\_

Telephone number \_\_\_\_\_

Social Security No. \_\_\_\_\_

Date of Birth \_\_\_\_\_ Sex \_\_\_\_\_ Race \_\_\_\_\_

Employer's Name and Address \_\_\_\_\_

**LIST ALL OFFENSES FOR WHICH THIS PERSON HAS BEEN CONVICTED:**  
(Include name used when convicted, date and place of conviction)

Continue on Reverse Side if Necessary

<u>Name Used</u>	<u>Offense</u>	<u>Date of Offense</u>	<u>Location of Offense</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

APPROVED - DENIED \_\_\_\_\_  
(Date)

\_\_\_\_\_  
U.S. Probation Officer

**LIMITATIONS TO ASSOCIATION:**