



City of Champaign Township
Andrew J. Quarnstrom, Supervisor
53 E. Logan St.
Champaign, IL 61820
Phone: (217) 403-6120

Request For Information Parole Officer or Probation Officer

Date: _____

To: _____

Applicant Name: _____ IDOC#: _____

In order to determine eligibility for General Assistance, the City of Champaign Township is requesting the following information.

1. Charge: _____

2. Class: _____

3. Parole/Probation Status: (Please Circle One) Active Discharged None

4. Location of Charge: _____

5. Parole Probation Period:
From: _____ to _____

(Please Circle Answer)

Has the above person been convicted of a Class X or Class 1 felony under the Illinois Controlled Substance Act? If so, please provide date of conviction?

Yes No Date _____

Has the person been convicted of a lesser charge than a Class X or Class 1 felony under the Illinois Controlled Substance Act or any comparable federal criminal laws?

If so, please provide date of conviction.
Yes No Date _____

If yes to the above question, is the person currently participating or have they completed a treatment program?

Yes No Date _____

Has the person above been convicted of the Cannabis Control Act of any comparable federal crime law? If so, please provide date of conviction.

Yes No Date _____

(TURN PAGE OVER)

Has the above person been convicted of any sexual crime, crime against a child, or violent crime?
If yes, are there limitations of housing or work/training site placement?

Yes No Date _____

Has the above person violated any condition of probation or parole? If yes, date of violation:

Yes No Date _____

Is applicant now in compliance?

Yes No

Does the above person have any court order requirements of probation/parole, i.e. treatment, counseling, etc.? If yes, please state requirement and if person is complying? Yes No

RELEASE OF INFORMATION

Authorized Given by: (Applicant's Name)

This verification of information was provided by:

Signature of Parole/Probation Officer Print Name Here

Title Date Phone #