Relative / Associate

	Sequence on Offender Lis	st:	Relationship Type:		
	Last:	Party l	ld:		
	First:	DO	B:	Approximate	
	Middle:	Rac	:e:		
	Suffix:	Se	ex:		
~	ID's for Facility Access Co	ntrol т	nis person has	not been biometrically	<i>r</i> enrolled.
Туре	State (if applicable)		ID	Updated	
		No Rows Fo	ound		
~	Photographs				
Date '	Taken	Туре	Phot	ograph	
		No Rows Fo	ound		
	Status:	As of Date:			
~	Other Identifiers				
Туре	State (if applicable)		ID	Verified Date	
		No Rows Fo	ound		

Notify in Case of Emergency/Authorization for Final Disposition of Remains (Primary)?
Notify in Case of Emergency (Alternate)?
Medical information may be shared with this individual?
Mental Health information may be shared with this individual?
Dental information may be shared with this individual?
Medical decisions regarding inmate may be made by this individual?
Authorized to claim inmate's personal property held by ADC?
Lives with Offender?
Victim of Offender?
Accomplice of Offender?
Has Criminal History?
Works in Law Enforcement?
Is Dependent Care Guardian?

Address

Mailing Address

▼ Telephone Numbers **Region Code Phone Number** Extension **Status** Type Cell **United States** → Dependents Relative/Associate Name **Identifier** Relationship PID ADC# **Offender Name** No Rows Found → Parents/Guardians Dependent Offender Relative/Associate Care ADC Guardian PID Name Name **Identifier** Relationship No Rows Found Visitation Status **Duration** (in **Special** Offender **Review** Condition PID ADC# Name Date **Status** days) Reason → Other Related Offenders (Relative/Associate) Name Relationship PID ADC# **Status**

Comments