

Brad A. Shoemaker
Warden

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Ryan C. Barnes
Deputy Warden, Security & Operations

Erick C. Fortin
Deputy Warden, Inmate Services

LYCOMING COUNTY PRISON

277 West Third Street
Williamsport, PA 17701

OUTSIDE AGENCY SCREENING FORM

Name: _____
Last First Middle Maiden

Alias: _____ Phone Number: _____

Address _____

City State Zip

Length of time at present address _____

Previous address: _____ How long: _____

Marital Status: _____ Height: _____ Weight: _____ Eyes: _____ Hair: _____

SS# _____ Race _____ Sex _____ Email: _____

DOB _____ Place of Birth _____

Driver's License # _____ State _____

Place of Employment _____

Are you related to any currently housed inmate at Lycoming County Prison? ☐ Yes ☐ No

If yes, who? _____ Relationship: _____

Group Representing:

☐ AA

☐ NA

☐ Other: _____

If applicable:

Length of Continuous Recovery: _____

Last date on Probation/Parole: _____

County/State: _____

Criminal Conviction History (if applicable, attach second page if necessary)

Date	Place	Offense	Disposition
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I agree to abide by all facility policies particularly those relating to security and confidentiality of information. I also agree to the following:

1. A condition of your participation is a requirement that you report any and all police contacts or new arrests to the Deputy Warden of Security.
2. I have read the PREA standards (available at www.lyco.org/departments/prison.aspx) and understand my responsibilities related to PREA.

Signature _____

Date _____

OFFICE USE ONLY

Approval Date: _____

Expiration Date: _____