20XX Annual Probation Survey Designation Form

Please enter the contact information for the Head of Agency.

Head of Agency

Agency Name:	*
Agency Name 2:	
Salutation, First Name, Last Name:	* *
Title:	
Address Line 1:	*
Address Line 2:	
City, State, Zip:	* --Sel ▼ * * -
Email:	
Phone:	- - Ext.
Fax:	- - Ext.
(Attention to:) Salutation, First Name, Last Name	

Required fields are marked with *

Click "Save and Continue" to review the information on file for the Designated Survey Respondent.

Previous | Save and Continue

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20XX Annual Probation Survey Designation Form

Please enter the contact information for the Designated Survey Respondent.

Designated Survey Respondent

☐ Use Agency Head Information

Salutation, First Name, Last Name:	* *
Title	
Address line 1:	*
Address line 2:	
City, State, Zip	* --Sel ▼ * * -
Email:	
Phone:	- - Ext.
Fax:	- - Ext.

If the designated survey respondent identified above is from a contracted service provider, please provide the following to authorize release of data.

Name of Contracted Service Provider (Company): _____ is authorized to release information to the Bureau of Justice Statistics or their data collection agent, RTI International, on the adult probation population assigned by 15th District Court - Washtenaw County Courthouse.

Required fields are marked with *

Click "Submit" to submit your Designation Form information.

Previous | Next

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20XX Annual Probation Survey Designation Form

Please review the information below for the Designated Survey Respondent.

Designated Survey Respondent

Is John Smith from a contracted service provider?

Previous | Yes | No (Submit)

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20XX Annual Probation Survey Designation Form

Please enter the contact information for the Designated Survey Respondent.

Designated Survey Respondent

Please provide the following to authorize release of data.

Name of Contracted Service Provider (Company): _____

is authorized to release information to the Bureau of Justice Statistics or their data collection agent, RTI International, on the adult probation population assigned by 15th District Court - Washtenaw County Courthouse.

Your name: _____

Required fields are marked with *

Click "Submit" to submit your Designation Form information.

Previous | Submit

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