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

Notice of Federal Funding and Federal Disclaimer

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

Notice of Federal Funding and Federal Disclaimer