



IMMERSION PARTICIPANT CRIMINAL OFFENSE INFORMATION

Participant Information

Date of Visit	IMMERSION Site Location	Employee/Volunteer(s)
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First Name	Last Name	State ID/DOC ID
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Release Info

Release Date	Prison or County Jail Name/Location of Release
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Most Recent Criminal Offense Information

Conviction Info

Date of Conviction	State	Case ID Number
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Offenses (check all that apply)

Violent Offenses

- | | |
|---|----------------------------------|
| <input type="checkbox"/> Homicide | <input type="checkbox"/> Rape |
| <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Robbery |
| <input type="checkbox"/> Assault | |
| <input type="checkbox"/> Other Violent Type Offenses: | |
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Property Offenses

- | | |
|--|----------------------------------|
| <input type="checkbox"/> Burglary | <input type="checkbox"/> Fraud |
| <input type="checkbox"/> Forgery | <input type="checkbox"/> Larceny |
| <input type="checkbox"/> Motor Vehicle Theft | |
| <input type="checkbox"/> Other Property Type Offenses: | |
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Drug Offenses

- | | |
|--|--------------------------------------|
| <input type="checkbox"/> Possession | <input type="checkbox"/> Trafficking |
| <input type="checkbox"/> Other Drug Type Offenses: | |
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