OCEANA COUNTY JAIL Pre-Booking Questionnaire

Name (F/M/L):					
Address:		City	State	ZIP	
		o,	State		
Phone:					
Sex: Behavioral Gender: _	Race:	E	thnicity:		
Date of Birth://	Age:	State o	f Birth:		
Height: Weight:	Eye Color	:	Hair Colo	or:	
Hair Style (Circle One): Straight (Curly Wavy Shaved	ı	Facial Hair:		
Complexion: N	exion: Marital Status:		Citizenship:		
Driver's License #:			DL State:		
Social Security #:					
Employer:					
Business Name Your P		osition	sition Employer City?		
Charge(s) by Court:					
	TO DE COMPLETED DV OFF	IOED			
	TO BE COMPLETED BY OFF	ICER			
Property Taken (Circle One): Y	es None Take	n			
Case#: Book	: Booking Date:		Booking Time:		
Not Bailable:	Cash Amount: \$_		Class: _		
Court Case #:	Tracking #:				
Corrections Officer					