Kevin A. DeParlos
Warden

Phone: 570-326-4623
Fax: 570-321-9859

Brad A. Shoemaker
Deputy Warden, Security & Operations

Christopher J. Ebner
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

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:_____