

2

CITY OF SUNLAND PARK
POLICE DEPARTMENT
RESERVE CORPS INFORMATION SHEET

SUNLAND PARK POLICE DEPARTMENT
1000 McNUTT ROAD, SUITE C
SUNLAND PARK, NM 88063
(505) 589-6600

NAME _____
 LAST FIRST MIDDLE

ADDRESS _____
 ADDRESS CITY STATE ZIP

MAILING ADDRESS CITY STATE ZIP

HOME PHONE PAGER NUMBER

BUSINESS
NAME _____

BUSINESS
ADDRESS _____

 CITY STATE ZIP

BUSINESS PHONE _____ EXT _____

CITY OF SUNLAND PARK
POLICE DEPARTMENT
RESERVE CORPS INFORMATION SHEET

DAY	EVENING	GRAVEYARD
-----	---------	-----------

INITIAL REQUIREMENT DATA

A. ARE YOU A U.S. CITIZEN ? _____ ALIEN # _____

B. YOUR HEIGHT(W/OUT SHOES) _____ FT. _____ IN.

C. WEIGHT _____ LBS. EYES _____ HAIR _____

D. ARE YOU A HIGH SCHOOL GRADUATE? _____

IF NO, DO YOU HAVE A OR WILL YOU BE OBTAINING AN
EQUIVALENCY DIPLOMA (GED)? _____.

E. DO YOU CURRENTLY POSSESS A VALID DRIVERS LICENSE? _____

D.L.# _____ STATE _____

IS YOUR LICENSE RESTRICTED? _____

IF YES FOR WHAT
REASON'S? _____

F. ARE YOU WILLING TO REFRAIN FROM PARTICIPATING IN ANY
POLITICAL ACTIVITY EXPECT FOR/BY VOTING? _____

CITY OF SUNLAND PARK
POLICE DEPARTMENT
RESERVE CORPS INFORMATION SHEET

FAMILY DATA

A. MARITAL STATUS:

MARRIED _____ SINGLE _____ WIDOWED _____ DIVORCED _____
SEPERATED _____

B. DEPENDENTS

NAME	AGE	RELATIONSHIP

C. FATHER'S FULL NAME _____

MOTHER'S NAME (MAIDEN) _____

SPOUSE'S NAME _____
(INCLUDE MAIDEN NAME IF APPLICABLE)

EDUCATION DATA

SCHOOL	NAME & ADDRESS	COURSE OF STUDY	CHECK YEAR COMPLETED				DID YOU GRADUATE		LIST DIPLOMA
			1	2	3	4	YES	NO	

CITY OF SUNLAND PARK
POLICE DEPARTMENT
RESERVE CORPS INFORMATION SHEET

C. RESIDENCE LAST FIVE YEARS OTHER THAN PRESENT:

<i>STREET</i>	<i>CITY</i>	<i>STATE</i>

V. **MILITARY HISTORY AND STATUS**

A. MILITARY HISTORY

ORGANIZATION	DATE OF SERVICE	RANK/GRADE	REASON FOR LEAVING

B. MILITARY CITATIONS OR OTHER AWARDS RECEIVED: _____

C. ARE YOU A MEMBER OF ORGANIZED RESERVES: _____

D. GIVE NAME AND LOCATION OF UNIT TO WHICH ASSIGNED: _____

B. VEHICLE ACCIDENT AND ARREST RECORD

1. LIST VEHICLE ACCIDENTS IN WHICH YOU HAVE BEEN INVOLVED AS A DRIVER: GIVE DATE, AND LOCATION:

DATE	LOCATION	WHAT HAPPENED

CITY OF SUNLAND PARK
POLICE DEPARTMENT
RESERVE CORPS INFORMATION SHEET

2. HAVE YOU EVER BEEN ARRESTED OR RECEIVED A TICKET FOR TRAFFIC OFFENSES?

DATE	LOCATION	FINE OR SENTENCE

3. HAVE YOU EVER BEEN ARRESTED FOR A CRIMINAL OFFENSE? IF YES DESCRIBE BELOW:

DATE	LOCATION	FINE OR SENTENCED

4. WHAT SPECIAL SKILLS HAVE YOU DEVELOPED THROUGH HOBBIES, EDUCATION, OR OTHER SPECIAL INTEREST?

5. HAVE YOU VISITED OR RECEIVED TREATMENT FROM A PHYSICIAN OF OTHER PRACTITIONER DURING THE PAST THREE YEARS ? _____ IS SO GIVE REASONS AND EXPLAIN _____

6. DO YOU HAVE ANY SPECIFIC WORK LIMITATIONS AS THE RESULT OF A MENTAL OR PHYSICAL PROBLEM? _____

CITY OF SUNLAND PARK
POLICE DEPARTMENT
RESERVE CORPS INFORMATION SHEET

AUTHORIZATION TO RELEASE INFORMATION

I _____, HEREBY AUTHORIZE ANY PERSON, AGENCY, PARTNERSHIP, OR CORPORATION HAVING ANY INFORMATION CONCERNING MY CREDIT RECORD, EDUCATIONAL RECORD, MEDICAL, EMPLOYMENT RECORD, OR SELECTIVE SERVICE RECORD, TO RELEASE SUCH INFORMATION TO THE SUNLAND PARK POLICE DEPARTMENT.

THIS INFORMATION IS TO BE USED FOR POSSIBLE RESERVE STATUS, WITH THE SUNLAND PARK POLICE DEPARTMENT, AND WILL NOT BE AVAILABLE FOR PUBLIC INSPECTION.

I HEREBY RELEASE SUCH PERSON, AGENCY, PARTNERSHIP, OR CORPORATION FROM LIABILITY WHICH MAY BE INCURRED IN RELEASING THIS INFORMATION TO THE SUNLAND PARK POLICE DEPARTMENT, INCLUDING LIABILITY UNDER ANY FEDERAL LAW.

SIGNATURE

DATE

SOCIAL SECURITY NUMBER

DATE OF BIRTH

WITNESS

**THIRD JUDICIAL DISTRICT COURT
STATE OF NEW MEXICO
COUNTY OF DONA ANA**

_____,
Petitioner,
vs.

No: _____

_____,
Respondent,

AFFIDAVIT OF VIOLATION OF RESTRAINING ORDER

Date: _____

Interpreter needed? Yes / no

The undersigned, under penalty of perjury, being first duly sworn, upon oath complains and says that on or about the ____ day of _____ 2008, the above-named [Petitioner] [Respondent] violated the current Restraining order in this case as follows:

Affiant's signature

()

Street No. or PO Box

City/State/Zip

Phone

Physical address of person violating order _____

Work address and hours _____

DOB: _____ Social Security Number: _____ Phone Number: _____

SUBSCRIBED AND SWORN TO AND BEFORE ME this ____ day of _____, 20__ by

Notary Public

My commission expires: _____

Referred to District Judge _____

No action taken _____

Reviewed by Special Commissioner _____

Set for hearing _____