

**LEHIGH COUNTY ADULT PROBATION
INTAKE VERIFICATION FORM**

Name: _____

Address: _____

Telephone: _____

Date of Birth: _____

SS # (last 4 digits): _____

My electronic signature acknowledges that I have viewed the rules of the Lehigh County Adult Probation Department. I fully understand the terms and conditions of supervision. My electronic signature acknowledges that I have filled out my social summary and if applicable, the intercounty transfer application or interstate application, and that all of the information in these documents is accurate.

Signature: _____ Date: _____