

(Staple Headshot Here)	Institution Nashua Street Jail	Date
	Re: (Inmate's Name and Register No.) Aaron Michael Hernandez - 11068987	

1. Legal Name	2. Date of Birth	3. Address (Including Zip Code)
4. Telephone Number (Including Area Code)	5. Race and Sex of Visitor	

6. Are you a U.S. Citizen? ___ Yes ___ No	6a. If yes, provide Social Security No: _____	
	6b. If no, provide Alien Registration No: _____	
	6c. Provide Passport No: _____	

7. Relationship to above-named inmate (Circle any that apply) <ol style="list-style-type: none"> 1) Instagram Follower 2) Patriots Season Ticket Holder 3) Court TV Fan 4) Flashed him in a Florida club while he was reloading 5) Baby Mama 6) That friendly lady from the head shop 7) Sexter 8) A friend to all bad-boys 	8. Why do you desire to visit him/her? (Circle any that apply) <ol style="list-style-type: none"> 1) A thing for sleeve tattoos 2) Need to see how he does compared to Gronk 3) Daddy issues. 4) Those beautiful, cold, dead eyes. 5) He's the only Patriot whose location is readily available in the off-season. 6) Been making a lot of bad decisions lately and want to keep the streak going. 7) Sociopaths are sexy. 8) Boasting rights in the sorority. 9) Just like gun selfies. 10) This clock just won't stock ticking!
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9. Current living situation? Single Mom ___ Other ___

10. How many of your previous boyfriends have been arrested? (Circle One)

0 1 1 2 3 5 8 13 21 34 55 89 144

11. What crimes where you arrested for in high school? State the number, date, place, and nature of the conviction/s:

12. Is your current man on probation, parole, or any other type of supervision? If so, state the name of their supervising probation/parole officer and the address and telephone no. where he/she can be contacted:

13. Do you correspond or visit with other inmates? If so, indicate the individual(s) and their location(s):

14. Driver's License No., State of Issuance and Measurements Bust ___ Waist ___ Hip ___

AUTHORIZATION TO RELEASE INFORMATION

I hereby authorize release to the Warden of: Litchfield Penitentiary any record of criminal offenses for which I have been arrested and convicted, and any information related to those convictions.
(Institution, Location)

Signature for Authorization to Release Information (Sign and Print Name) Parent or Guardian

(If applicant is under 18 years of age, signature of parent or guardian indicates consent of minor to visit inmate).

Print and complete form, then mail to:

Suffolk County Sheriff's Department
Jail at Nashua Street
200 Nashua Street
Boston, MA 02114

If additional space is required, you may use the back of this form.
To be filed in Inmate Central File, FOI Section 2