



KANSAS BOARD OF COSMETOLOGY

714 S.W. Jackson, Suite 100
Topeka, Kansas 66603
www.kansas.gov/kboc (785) 296-3155

**FELONY CONVICTION
MONITORING FORM**

INSTRUCTIONS

You must submit this form if you are currently on probation, parole or post-release supervision. Complete the Authorization to Release Confidential Information portion of this form and give it to your monitoring agency to complete the rest.

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

I hereby authorize _____ (Name of Monitoring Agency) to release confidential information in its records, possession or knowledge, regarding the status of my case(s), to the Kansas Board of Cosmetology. This information will be used to determine whether the Kansas Board of Cosmetology should grant my application for a license.

COURT NAME	CASE NO.	COURT NAME	CASE NO.
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DEFENDANT'S SIGNATURE _____

DATE SIGNED _____

MONITORING AGENCY INFORMATION

MONITORING AGENCY	NAME OF MONITORING OFFICER		
EMAIL ADDRESS	PHONE		
ADDRESS	CITY	STATE	ZIP

Case Information

Date monitoring began: _____ Date monitoring scheduled to end: _____

Was the applicant the principal participant or an accessory? Principal Accessory

Was the crime premeditated or spur of the moment? Premeditated Spur of the moment

Were there damages or injury to the victim? Yes No Did the applicant make restitution to the victim? Yes No

Compliance Status

- Compliant as of this date with all terms and conditions of monitoring and no revocation is pending.
- Non-compliant on this date with terms and conditions of monitoring as follows:

Comments

REFUSAL TO COMPLETE FORM

- I am unable to complete this form or to disclose any information regarding the defendant.

CERTIFICATION

MONITORING OFFICER'S SIGNATURE _____

DATE SIGNED _____