



FELONY QUESTIONNAIRE

Name _____

1. Have you been convicted of more than one felony? Yes ___ No ___
(If yes, you must complete a separate questionnaire for each conviction.)
2. What was the charge for which you were convicted?

3. What is the date of your conviction? _____
4. Was time served? Yes ___ No ___ How much? _____
5. When were you released? _____
6. Are you now on probation? Yes ___ No ___
7. Were you declared guilty of a felony that caused you to be listed on the national registry for your felony?
Yes ___ No ___
8. Were you saved at the time? Yes ___ No ___
9. When were you first converted? _____
10. What have you learned from this experience?

Signed _____ Date _____