KAIROS CLOSING APPLICATION – LUTHER #5 October 21, 2018



Name:		
(as it appears on your driver's lic	cense)	
Drivers License:	Date of Birth:	
(last 4 digits only)		
Street Address:		
City:	State:	Zip:
Contact Phone: Email Address:		
If possible, Name of Kairo	s Volunteer who į	gave you this application:
Are you over the age of 18		
Are you an ex-offender of	TDCJ? Y N	
If yes, provide TDCJ# if kn		
-	•	s at this prison unit? Y N
If yes, what is their relation	onship with you? _	
		. All information is this application will be kept strictly
confidential. Your name n	nust match exactl	y what is on your driver's license or ID card.
Guidelines For Prisons wil	I be sent to you w	rith further instructions for the closing service. Please plan
		than 1:45 p.m. The closing service is from 2:30 to 4 p.m.
		ELINES FOR PRISONS" THAT WILL BE SENT
		ICE. I UNDERSTAND THIS APPLICATION NT OF CRIMINAL JUSTICE FOR
OUTSTANDINGWARRAN		NI OF CRIMINAL JUSTICE FOR
Your Signature:		Date:
Mail this application to: John	n Gibbs, 5237 FM 16	24, Lexington TX 78947
Or Email: igibbs78947@zoch	net.com. State Pris	son is located at 1800 Luther Dr., Navasota, TX 77868

Applications should be received no later than October 7, 2018