**KAIROS CLOSING APPLICATION – LUTHER #8**

**MAY 1, 2022**



**Name:**

(as it appears on your driver’s license)

**Drivers License: Date of Birth:**

(last 4 digits only)

**Street Address:**

**City: State: Zip:**

**Contact Phone:**

**Email Address:**

**If possible, Name of Kairos Volunteer who gave you this application:**

**Are you over the age of 18? Y\_\_\_\_ N\_\_\_\_**

**Are you an ex-offender of TDCJ? Y\_\_\_\_ N\_\_\_\_**

**If yes, provide TDCJ# if known:** **\_\_\_\_\_\_\_\_\_**

**Are you on the visitation list of any inmates at this prison unit? Y\_\_\_\_\_ N\_\_\_\_**

**If yes, what is their relationship with you? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Applicants must be at least 18 years of Age. All information is this application will be kept strictly confidential. Your name must match exactly what is on your driver’s license or ID card.**

**Guidelines For Prisons will be sent to you with further instructions for the closing service. Please plan to be at the Luther Unit front gate no later than 1:45 p.m. The closing service is from 2:30 to 4 p.m.**

**I WILL READ AND FOLLOW THE “GUIDELINES FOR PRISONS” THAT WILL BE SENT TO ME WITH MY NOTICE OF ACCEPTANCE. I UNDERSTAND THIS APPLICATION WILL BE CHECKED BY THE DEPARTMENT OF CRIMINAL JUSTICE FOR OUTSTANDINGWARRANTS.**

**Your Signature:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ **Date:** \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Mail this application to:** Bob Fabling, 802 Orchard Peak Ct., Houston, Texas 77062

**Or Email:** bobfabling1@gmail.com

State Prison is located at 1800 Luther Dr., Navasota, TX 77868

**Applications should be received no later than April 1, 2022**