

# 90-170 APPENDIX C. FELONY FAX

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COUNTY OF SAN DIEGO  
HEALTH AND HUMAN SERVICES AGENCY

\_\_\_\_\_ FAMILY RESOURCE CENTER

MAIL STOP: \_\_\_\_\_

PHONE: \_\_\_\_\_

FAX: \_\_\_\_\_

◆ ◆ " FELONY FAX " - CONFIDENTIAL ◆ ◆

DATE: \_\_\_\_\_

TO: LIEUTENANT AL NYMAN  
MARSHAL'S DEPARTMENT

FAX: (619) 236-9102

FROM: DISTRICT MANAGER/ \_\_\_\_\_

(HHSA INFORMATION)

NAME: \_\_\_\_\_

DOB: \_\_\_\_\_ SSN: \_\_\_\_\_

PRIMARY LANGUAGE: \_\_\_\_\_ ETHNIC GROUP: \_\_\_\_\_

PHYSICAL ADDRESS: \_\_\_\_\_

MAILING ADDRESS: \_\_\_\_\_  
(if different)

HOME PHONE: \_\_\_\_\_

WORK PHONE: \_\_\_\_\_

IF YOU NEED ADDITIONAL INFORMATION, CALL:

NAME \_\_\_\_\_

PHONE: \_\_\_\_\_

