

**Criminal Justice Community Plan Interest Form**

|  |  |
| --- | --- |
| Name: |  |
| Title: |  |
| Agency: |  |
| Mailing Address: |  |
| State: |  |
| Zip Code: |  |
| Phone w/ area code: |  |
| Fax w/ area code: |  |
| Email address: |  |

Check your area(s) of interest:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Non Profit Agency |  | Schools/Universities |  | Substance Abuse |
|  | Local Government |  | Juvenile Issues |  | Public Health |
|  | Victims Services |  | Law Enforcement |  | Community Development |
|  | Mental Retardation |  | Mental Health |  | Faith-based initiatives |
|  | Older Adults |  | Courts/Prosecution |  | Concerned Citizen |
|  | Education |  | After School Programs |  | Employment/Workforce |
|  | Domestic Violence |  | Child Welfare |  | Corporate Partners |

Other:

Check the county(ies) that you serve in the SPAG region:

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
|  | Bailey |  | Lamb |  | Hale |
|  | Floyd |  | Motley |  | Cochran |
|  | Hockley |  | Lubbock |  | Crosby |
|  | Dickens |  | King |  | Yoakum |
|  | Terry |  | Lynn |  | Garza |

**Please return by fax, email or mail to:**

**Belinda Solis, Regional Services Program Assistant**

**South Plains Association of Governments**

**PO Box 3730**

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