

**PROXY APPOINTMENT FORM
FOR VOTING MEMBERS OF THE
OHIO CHIEF PROBATION OFFICERS ASSOCIATION**

Name of Voting Member: _____

*Voting Members are publicly employed chief administrators of probation
Services and community control agencies who have paid their annual training fees.*

Address: _____

The individual I have designated here, _____
will represent me and may vote for me at the meeting(s) of the Ohio Chief Probation Officers
Association noted below:

_____ February 16 & 17, 2006

_____ May 18 & 19, 2006

_____ August 10 & 11, 2006

_____ November 30 – December 1, 2006

Voting Member Signature: _____

Dated: _____

***The completed proxy form should be sent to our Association's Secretary Gayle Dittmer prior to
a meeting of the Ohio Chief Probation Officers Association or be given to her at the meeting.***

**Gayle Dittmer, Chief Probation Officer
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