

ADULT PROBATION PERSONAL INFORMATION INTAKE FORM

This form must be completed at the time of your appointment. COMPLETE BOTH SIDES. P.O. Initials _____

Do you need help with this form? If so, please call your Probation Officer for assistance.

Please attach additional pages, if you need space for additional information.

Date: _____

PERSONAL INFORMATION

Legal name: _____ S.S. No. _____
Last, First, Middle

Other names used/Maiden: _____ D.L. No.: _____

Birthplace: _____ Date of Birth: _____ Age: _____
City & State

Home/Message Phone No.: _____ Cell Phone No.: _____

Current Address: _____
Number, Street, Unit #, City, State, Zip Code

How long at this address? _____ years _____ months Own or Rent? _____

Mailing Address: _____

If renting, list name and telephone number for landlord: _____

List names of persons living in your home and his/her relationship to you? _____

List scars, marks, tattoos and location on your body: _____

Previous towns/cities you lived in and/or were raised? _____

Height: _____ Weight: _____ Eyes: _____ Hair: _____ Race/Ethnicity: _____

Gender: _____ U.S. Citizen: Yes No If no, list county of citizenship: _____

Citizenship Status: _____ How long in the United States? _____ years _____ months

How long in: Glenn County? _____ years _____ months California? _____ years _____ months

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FAMILY

Biological Father's Legal Name: _____ Age: _____ Living Deceased

Father's Address: _____ Occupation: _____

Biological Mother's Legal Name: _____ Age: _____ Living Deceased

Mother's Address: _____ Occupation: _____

Biological Parent's married?: Yes No Never married List your age when Parent's divorced: _____

Step-Father's Legal Name: _____ Age: _____ Living Deceased

Step-Father's Address: _____ Occupation: _____

Step-Mother's Legal Name: _____ Age: _____ Living Deceased

Step-Mother's Address: _____ Occupation: _____

List brothers & sisters (include half, step, adopted) information:

Name	Age	Gender	Full/Half/Step/Adopt	City & State
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Has any family member ever been convicted of a crime?: Yes No

If yes, list name, relationship, and type of crime: _____

DESCRIBE YOUR CHILDHOOD/YOUTH: (Age 0-18). Include who you lived with. Where your basic needs met? Did you suffer any type of abuse? If abused, how was the matter handled? Did you attend counseling? Did the person who committed the abuse prosecuted?

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EDUCATION

Highest Grade Completed: _____ Date you last attended school or graduated? _____

List location of schools attended (city & state) _____

Diploma: High school GED Trade school Some college courses College graduate

EMPLOYMENT

Are you currently employed: Yes No If yes, list your job title: _____

Current Employer's name: _____ Telephone No.: _____

Employer's address: _____
Number, Street, Unit #, City, State, Zip Code

Length of employment: _____ Years _____ Months List wages: \$_____ per hr. week month

List your job history for the ten years prior to your current job.

Previous Employer	Job Title	Years Worked	City/State
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you need help finding a job? Yes No

MARRIAGE AND/OR FAMILY

Have you ever lived with a spouse/partner/girlfriend/boyfriend for at least 2 yrs? Yes No

Never married Married/intact Separated Divorced Date of marriage: _____

Name of Spouse: _____ (maiden included) Place of marriage: _____
If separate or divorced list the month and year: _____

List name of previous spouse: _____ Date of marriage: _____
Place of marriage: _____ List the month and year of divorce: _____

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List name of previous spouse: _____ Date of marriage: _____
Place of marriage: _____ List the month and year of divorce: _____

Children: Yes No If yes, list the following information:

Child's Legal Name: _____ DOB: _____ Age: _____ Gender: _____

Address: _____ Other Parent's Legal Name: _____

Custody: _____ Child supported by: you other parent other _____

Child's Legal Name: _____ DOB: _____ Age: _____ Gender: _____

Address: _____ Other Parent's Legal Name: _____

Custody: _____ Child supported by: you other parent other _____

Child's Legal Name: _____ DOB: _____ Age: _____ Gender: _____

Address: _____ Other Parent's Legal Name: _____

Custody: _____ Child supported by: you other parent other _____

FINANCES

Did you complete your CR115 Financial Statement to turn into your Probation Officer to be filed with the Court?

Yes No If No, why not? _____

DRUG & ALCOHOL USE (List ANY use, past or present, tried, tested, or experimental.)

Prescribed Medication/Pills yes no If yes, present past Prescribed to you? yes no
What kind(s): _____ Your age at first use: _____
How much _____ per day week month Month/year or age at last use: _____

Marijuana yes no If yes, present past
Method (s): _____ Your age at first use: _____
How much?: _____ per day week month Month/year or age at last use: _____

Methamphetamine yes no If yes, present past
Method (s): _____ Your age at first use: _____
How much?: _____ per day week month Month/year or age at last use: _____

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Heroin yes no If yes, present past
Method (s): _____ Your age at first use: _____
How much?: _____ per day week month Month/year or age at last use: _____

Cocaine yes no If yes, present past
Method (s): _____ Your age at first use: _____
How much?: _____ per day week month Month/year or age at last use: _____

Alcohol yes no If yes, present past
What kind(s): _____ Your age at first use: _____
How much _____ per day week month Month/year or age at last use: _____

Other yes no If yes, present past List type(s) of drugs: _____
Method (s): _____ Your age at first use: _____
How much?: _____ per day week month Month/year or age at last use: _____

What is your drug of choice? Favorite Drug? _____
Why? How does it make you feel? _____

Do you admit you are a drug addict? yes no

Do you want to go to a Drug/Alcohol Rehabilitation Program? yes no

List prior Drug/Alcohol Treatment Programs you have attended or completed:

Program	Location	Dates Attended	Completed?
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no
_____	_____	_____	<input type="checkbox"/> yes <input type="checkbox"/> no

HEALTH

Current Physical Condition: good fair poor Mental or Emotional problems?: yes no

List any medical conditions: _____

List your physician's name: _____

List any medications you are taking: _____

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Mental Health Diagnosis: _____

Do you believe you would benefit from receiving Mental Health or any other kind of counseling: yes no
If yes, what kind of counseling would you like to attend? _____

Do you need help getting medical or dental care? yes no

MILITARY RECORD

Military Service: Yes No Branch: _____ Service Number: _____
MOS: _____ Job Title: _____

Date Entered: _____ Date Completed: _____ Draft Status: _____

Type of Discharge: _____ Disciplinary Action: _____

Do you suffer from any physical or psychological problems as a result of your military service? yes no

If yes, please describe.

PRIOR ARREST/CONVICTIONS

Have you ever been convicted of a crime? Yes No If yes, please list information below.

Description of Crime: _____
Which City/County: _____ Were you granted Probation? Yes No

Description of Crime: _____
Which City/County: _____ Were you granted Probation? Yes No

Please attach additional pages, if you need space for additional arrest/conviction information.

Draw a diagram of your residence (House, apartment, or trailer.) Indicate all rooms, doors, and windows in the residence, and list the name of the room on the diagram. (Such as bedroom, living room, bathroom, kitchen.)

GANG INVOLVEMENT

Are you a member of a street GANG? Yes No If yes, list name of gang: _____

What is your participation in the gang? Validated Member Associate Raised in a Gang

Do you want a grant of probation? yes no

Do you agree to comply with the terms and conditions (rules) of probation the judge orders? yes no

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