

**12<sup>TH</sup> DISTRICT COURT  
PROBATION DEPARTMENT**

INTAKE DATE: \_\_\_\_\_ PROBATION AGENT: \_\_\_\_\_

**PLEASE PRINT**

Name: (First, Middle, Last)	Maiden:
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Address No.	Street	City	Zip
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Persons living with you:
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Home Phone	Cell Phone	E-mail address
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Age	Date of Birth	Race	Sex
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Height	Weight	Eye Color	Hair Color
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Social Security Number	Driver's License Number
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Place of Birth (City, State)
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### FAMILY BACKGROUND AND LIFE

Father's Name			Age
Address No.	Street	City	Zip
If deceased, when and cause of death			
Mother's Name			Age
Address No.	Street	City	Zip
If deceased, when and cause of death			

Brothers and Sisters: List all, beginning with the oldest. If you need more room, please use bottom of page.

Name	DOB	Age	Address	Phone

Has anyone in your family ever suffered from a substance abuse or mental health problem? Y or N  
If yes, please complete the chart below.

Relationship ( <i>no names</i> )	Drug abused and/or mental health condition

### MARITAL STATUS

Are you (circle one):    Single    Engaged    Married    Separated    Divorced

Name of significant other \_\_\_\_\_ Date of marriage \_\_\_\_\_

If you have children, please provide the following information, indicate if adopted or step-children. If more room is needed, please use bottom of page.

Full Name	Age	Date of Birth	Address

Are you currently paying child support? Y or N                      If yes, amount per month? \_\_\_\_\_

Are you behind on your payments? Y or N                      Date of last payment? \_\_\_\_\_

### EMPLOYMENT

List jobs held, beginning with your most current job:

Employer		Address	
Phone	Hire Date	End Date	Hourly Rate of Pay

#### Current Hours

	Mon.	Tues.	Wed.	Thurs.	Fri.	Sat.	Sun.
Start							
End							

Employer		Address	
Phone	Hire Date	End Date	Hourly Rate of Pay
Reason for Leaving			

Employer		Address	
Phone	Hire Date	End Date	Hourly Rate of Pay
Reason for Leaving			

### FINANCIAL

Please list total income per month:

Employment	Retirement	Investment	Disability	Public Assistance	Other
\$	\$	\$	\$	\$	\$

Please list monthly bills and/or debt owed:

Rent/Mortgage	Vehicle(s)	Utilities	Phone/Cable	Medical	Credit Card(s)	Other
\$	\$	\$	\$	\$	\$	\$

Please list all assets:

Savings	Checking	Investment	Residence/Land	Automobile	Other
\$	\$	\$	\$	\$	\$

### HEALTH BACKGROUND

Please rate your physical health (circle one):    Excellent    Good    Fair    Poor

What, if anything, is physically wrong? \_\_\_\_\_

Please rate your mental health (circle one):    Excellent    Good    Fair    Poor

Have you ever been diagnosed with a mental illness?    Y    or    N

If so, what was the diagnosis? \_\_\_\_\_

Are you currently taking any medications prescribed by a physician?    Y    or    N

If so, please list type and dosage \_\_\_\_\_

Do you have health insurance coverage? Y or N

Insurance Provider \_\_\_\_\_

Please provide the name, agency and dates of treatment for the following. If more room is needed, please use bottom of page.

	<b>Name (Doctor, Counselor, Therapist)</b>	<b>Agency</b>	<b>Dates</b>
Primary Care Physician			
Psychiatrist			
Psychologist			
Substance Abuse Treatment			
Mental Health Treatment			
Personal Counseling			
Aggression Counseling			
Other			



