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| **BACKGROUND INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **Fill out all sections of this form, except the areas labeled “agent comment” and return to your agent during your next appointment.** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME (First, Last) | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOC # | | | | | | | | | | | | MALE  FEMALE  OTHER  COMMENT | | | | | | | | | | | | | | | | | | | | | | | | | | DATE COMPLETED | | | | | | |
| PLACE OF BIRTH | | | | IS SOMEONE HELPING YOU COMPLETE THIS FORM?  YES  NO, IF YES, WHY: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **STRENGTHS AND GOALS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WHAT ARE YOUR STRENGTHS? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WHAT ARE YOUR GOALS AND HOW DO YOU PLAN TO ACCOMPLISH THEM? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **DESCRIPTION OF PRESENT OFFENSE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| PROVIDE DETAILS OF OFFENSE (Include Who, What, Where and When): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIST CO-DEFENDENTS, AND YOUR RELATIONSHIP TO THEM: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WAS THE OFFENSE RELATED TO ALCOHOL OR DRUG USE?  YES  NO, IF YES, WHAT WAS USED? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **VICTIM INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WERE THERE SPECIFIC VICTIM(S) IDENTIFIED IN YOUR OFFENSE?  YES  NO, IF YES, LIST NAME(S) AND RELATIONSHIP TO YOU. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENT COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CORRECTIONAL EXPERIENCE** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU BEEN ON PROBATION / PAROLE IN THE PAST? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| WHAT TYPE OF SUPERVISION WAS THIS? | | | | | | | | | | | | | | | JUVENILE | | | | | | | | | | | | | | | | | | | | | ADULT | | | | | | | | | | | | | | | | | | | | | BOTH | | | | | | | | | | | | | | | |
| WAS YOUR SUPERVISION REVOKED? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER BEEN IN JAIL? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER BEEN IN JAIL FOR MORE THAN 30 DAYS? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, INDICATE HOW MANY TIMES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER BEEN IN PRISON? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER PARTICIPATED IN AN INSTITUTION BASED ALTERNATIVE TO REVOCATION PROGRAM? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, WHICH PROGRAM(S) & WHEN, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DID YOU SUCCESSFULLY COMPLETE PROGRAM(S)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| **PENDING CHARGES** (ALL, including traffic and municipal) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU CURRENTLY HAVE ANY PENDING CHARGES? (IF YES, EXPLAIN): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENT COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FAMILY – PARENTS / STEP-PARENTS** (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| MOTHER NAME (Last, First) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOB / AGE | | | | | | | | | | | PHONE NUMBER | | | | | | | | | | | | | | | | | | | CRIMINAL RECORD  YES  NO | | | | | | | | | |
| HOME ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OCCUPATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FATHER NAME (Last, First) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOB / AGE | | | | | | | | | | | PHONE NUMBER | | | | | | | | | | | | | | | | | | | CRIMINAL RECORD  YES  NO | | | | | | | | | |
| HOME ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OCCUPATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STEP- PARENT NAME (Last, First) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOB / AGE | | | | | | | | | | | PHONE NUMBER\ | | | | | | | | | | | | | | | | | | | CRIMINAL RECORD  YES  NO | | | | | | | | | |
| HOME ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OCCUPATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| STEP- PARENT NAME (Last, First) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOB / AGE | | | | | | | | | | | PHONE NUMBER | | | | | | | | | | | | | | | | | | | CRIMINAL RECORD  YES  NO | | | | | | | | | |
| HOME ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OCCUPATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IF ANY PARENT / STEP- PARENT HAS A CRIMINAL RECORD, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENT COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SPOUSE / SIGNIFICANT OTHER** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARE YOU CURRENTLY IN A RELATIONSHIP? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | SPOUSE | | | | | | | | | | | | | | | PARTNER | | | | | | | | | | | | | | | | SIGNIFICANT OTHER | | | | | | | | |
| IF YES, DESCRIBE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| SPOUSE / PARTNER / SIGNIFICANT OTHER NAME (Last, First) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOB / AGE | | | | | | | | | | | PHONE NUMBER | | | | | | | | | | | | | | | | | | | CRIMINAL RECORD  YES  NO | | | | | | | | | |
| HOME ADDRESS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OCCUPATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DATES OF MARRIAGE / LENGTH OF RELATIONSHIP | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | HAVE YOU HAD ANY SEPARATIONS?  YES  NO IF YES, EXPLAIN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PREVIOUS MARRIAGE(S) / RELATIONSHIP(S)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | | | | | | | | | | | | | | | | | | | | | **DATES OF RELATIONSHIP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **REASON FOR SEPARATION** | | | | | | | | | | | | | | | | |
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| DOES CURRENT SIGNIFICANT OTHER USE DRUGS OR ALCOHOL? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAS CURRENT SIGNIFICANT OTHER EVER BEEN ARRESTED? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CHILDREN** (if applicable) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME (Last, First) | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOB / AGE | | | | | | | | | | | | | | | CRIMINAL RECORD  YES  NO | | | | | | | | | | | | | | | OTHER PARENT NAME | | | | | | | | | | | | | | |
| ADDRESS OF CHILD | | | | | | | | | | | | | | | | | | | | | | | | | | | | OTHER PARENT CRIMINAL RECORD  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | WHO HAS PLACEMENT | | | | | | | | | | | | | | |
| NAME (Last, First) | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOB / AGE | | | | | | | | | | | | | | | CRIMINAL RECORD  YES  NO | | | | | | | | | | | | | | | OTHER PARENT NAME | | | | | | | | | | | | | | |
| ADDRESS OF CHILD | | | | | | | | | | | | | | | | | | | | | | | | | | | | OTHER PARENT CRIMINAL RECORD  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | WHO HAS PLACEMENT | | | | | | | | | | | | | | |
| NAME (Last, First) | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOB / AGE | | | | | | | | | | | | | | | CRIMINAL RECORD  YES  NO | | | | | | | | | | | | | | | OTHER PARENT NAME | | | | | | | | | | | | | | |
| ADDRESS OF CHILD | | | | | | | | | | | | | | | | | | | | | | | | | | | | OTHER PARENT CRIMINAL RECORD  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | WHO HAS PLACEMENT | | | | | | | | | | | | | | |
| NAME (Last, First) | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOB / AGE | | | | | | | | | | | | | | | CRIMINAL RECORD  YES  NO | | | | | | | | | | | | | | | OTHER PARENT NAME | | | | | | | | | | | | | | |
| ADDRESS OF CHILD | | | | | | | | | | | | | | | | | | | | | | | | | | | | OTHER PARENT CRIMINAL RECORD  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | WHO HAS PLACEMENT | | | | | | | | | | | | | | |
| NAME (Last, First) | | | | | | | | | | | | | | | | | | | | | | | | | | | | DOB / AGE | | | | | | | | | | | | | | | CRIMINAL RECORD  YES  NO | | | | | | | | | | | | | | | OTHER PARENT NAME | | | | | | | | | | | | | | |
| ADDRESS OF CHILD | | | | | | | | | | | | | | | | | | | | | | | | | | | | OTHER PARENT CRIMINAL RECORD  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | WHO HAS PLACEMENT | | | | | | | | | | | | | | |
| HAS CHILD PROTECTIVE SERVICES EVER BEEN INVOLVED WITH YOUR CHILD(REN)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN WHEN AND FOR WHAT CHILD(REN): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IS CHILD PROTECTIVE SERVICES CURRENTLY INVOLVED WITH YOUR CHILD(REN)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN WHEN AND FOR WHAT CHILD(REN): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| NAME OF SOCIAL WORKER | | | | | | | | | | | | | | | | | | | | | DEPARTMENT NAME | | | | | | | | | | | | | | | | | | | | | | | | | | | SOCIAL WORKER PHONE NUMBER | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER BEEN ARRESTED FOR DOMESTIC VIOLENCE? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU HAVE ANY PROTECTIVE ORDERS FOR YOURSELF? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| HAVE ANY PROTECTIVE ORDERS EVER BEEN FILED AGAINST YOU? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SIBLINGS:** Include step and half-brothers and sisters. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | | | | | | | | | | | | | **AGE / DOB** | | | | | | | | | | | **LOCATION** | | | | | | | | | | | | | | | | | | | | | **CRIMINAL HISTORY / SUPERVISION** | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| **EDUCATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARE YOU CURRENTLY ATTENDING SCHOOL? | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES, FULL TIME | | | | | | | | | | | | | | | | | YES, PART TIME | | | | | | | | | | | | | | | | NO | | | | | | | | | | | |
| IF YES, LIST NAME AND ADDRESS OF SCHOOL (Include Street, City, State & Zip Code): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DID YOU COMPLETE HIGH SCHOOL? | | | | | | | | | | | | | | YES, DIPLOMA | | | | | | | | | | | | YES, HSED | | | | | | | | | | | | YES, GED | | | | | | NO, HIGHEST GRADE COMPLETED | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| IF YOU DID NOT COMPLETE HIGH SCHOOL, EXPLAIN WHY NOT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU ANY ADDITIONAL EDUCATION? | | | | | | | | | | | | | | | 4 YEAR COLLEGE | | | | | | | | | | | | | | | | | 2 YEAR COLLEGE | | | | | | | | | | | | VOCATIONAL SCHOOL | | | | | | | | | | | | | | | | | | | | | OTHER TRAINING | | | | | | | |
| DESCRIBE ADDITIONAL EDUCATION (LIST WHERE, WHAT TYPE): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LIST SCHOOLS ATTENDED (HIGH SCHOOL AND BEYOND)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME OF SCHOOL** | | | | | **STREET ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | **CITY & STATE** | | | | | | | | | | | **PHONE NUMBER** | | | | | | | | | | | **ATTENDANCE DATES** | | | | | | | **CURRENTLY ATTENDING** | | | | | | | | | | | **DID YOU GRADUATE** | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | YES  NO | | | | | | | | | | | YES  NO | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | YES  NO | | | | | | | | | | | YES  NO | |
|  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | YES  NO | | | | | | | | | | | YES  NO | |
| **ADDITIONAL EDUCATION INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WERE YOU EVER ENROLLED IN ANY SPECIAL EDUCATION PROGRAMS (DID YOU HAVE AN IEP)? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN WHY, WHEN, WHAT SCHOOL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DID YOU EVER HAVE ANY BEHAVIOR ISSUES IN SCHOOL? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN WHY, WHEN, WHAT SCHOOL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIST YOUR ACCOMPLISHMENTS IN SCHOOL: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIST YOUR FUTURE EDUCATIONAL GOALS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENT COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMPLOYMENT HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WHAT IS YOUR CURRENT EMPLOYMENT STATUS? | | | | | | | FULL TIME | | | | | | | | | | | | | | | | | PART TIME | | | | | | | | | | | | | | | STUDENT | | | | | | | | | | | | | UNEMPLOYED | | | | | | | | | | | | | RETIRED | | | | | | | |
| SSI RECIPIENT | | | | | | | | | | | | | | | | | DISABLED | | | | | | | | | | | | | | | SELF-EMPLOYED | | | | | | | | | | | | | HOMEMAKER | | | | | | | | | | | | | OTHER (EXPLAIN) | | | | | | | |
| LIST JOB SKILLS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYER NAME | | | | | | | | | | | | | | YOUR JOB TITLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | WORK STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | |
| STATUS OF EMPLOYMENT (list above) | | | | | | | | | | | | | | EMPLOYER PHONE NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CITY, STATE, ZIP | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | | | | | | | | | | | | | | SUPERVISOR NAME | | | | | | | | | | | | | | | | | | | | | | | | | START DATE | | | | | | | | | | | CURRENTLY EMPLOYED  YES  NO | | | | | | | | | | | | | | | | | | | | | | |
| END DATE | | | | | | | | | | | | | | REASON FOR LEAVING | | | | | | | | | | | | | | | | | | | | | | | | | HOURLY WAGE | | | | | | | | | | | PAY PERIOD (daily/weekly/monthly etc.) | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYER NAME | | | | | | | | | | | | | | YOUR JOB TITLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | WORK STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | |
| STATUS OF EMPLOYMENT (list above) | | | | | | | | | | | | | | EMPLOYER PHONE NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CITY, STATE, ZIP | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | | | | | | | | | | | | | | SUPERVISOR NAME | | | | | | | | | | | | | | | | | | | | | | | | | START DATE | | | | | | | | | | | CURRENTLY EMPLOYED  YES  NO | | | | | | | | | | | | | | | | | | | | | | |
| END DATE | | | | | | | | | | | | | | REASON FOR LEAVING | | | | | | | | | | | | | | | | | | | | | | | | | HOURLY WAGE | | | | | | | | | | | PAY PERIOD (daily/weekly/monthly etc.) | | | | | | | | | | | | | | | | | | | | | | |
| EMPLOYER NAME | | | | | | | | | | | | | | YOUR JOB TITLE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | WORK STREET ADDRESS | | | | | | | | | | | | | | | | | | | | | | |
| STATUS OF EMPLOYMENT (list above) | | | | | | | | | | | | | | EMPLOYER PHONE NUMBER | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CITY, STATE, ZIP | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPATION | | | | | | | | | | | | | | SUPERVISOR NAME | | | | | | | | | | | | | | | | | | | | | | | | | START DATE | | | | | | | | | | | | CURRENTLY EMPLOYED  YES  NO | | | | | | | | | | | | | | | | | | | | | |
| END DATE | | | | | | | | | | | | | | REASON FOR LEAVING | | | | | | | | | | | | | | | | | | | | | | | | | HOURLY WAGE | | | | | | | | | | | | PAY PERIOD (daily/weekly/monthly etc.) | | | | | | | | | | | | | | | | | | | | | |
| DID YOU EVER HAVE ANY ISSUES WITH SUPERVISOR? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DID YOU EVER HAVE ANY ISSUES WITH CO-WORKERS? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER BEEN FIRED OR HAD EMPLOYMENT TERMINATED? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN EACH INSTANCE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIST ANY LICENSE(S), CERTIFICATION(S) OR CREDENTIALING THAT YOU HAVE EARNED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENT COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **FINANCIAL** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| CURRENT MONTLY INCOME AFTER TAXES | | | | | | | | | | | | | | | | DID YOU FILE STATE INCOME TAX LAST YEAR  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DID YOU FILE FEDERAL INCOME TAX LAST YEAR  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | |
| INCOME SOURCES | | JOB | | | | | | | SSI | | | | | SSDI | | | | | UNEMPLOYMENT | | | | | | | | | | | | | | | | CHILD SUPPORT | | | | | | | | | | | WORKERS COMPENSATION | | | | | | | | | | | | | | | | | | | | | | | | OTHER | | |
| ADDITIONAL HOUSEHOLD INCOME & SOURCE | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU RECEIVE GENERAL ASSISTANCE?  YES  NO | | | | | | | | | | | | | | | | | | DO YOU RECEIVE FOOD SHARE?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DO YOU RECEIVE MEDICAL ASSISTANCE  YES  NO | | | | | | | | | | | | | | | | | | | | | | |
| SPOUSE OR LIVE-IN PARTNER’S MONTHLY INCOME AFTER TAXES: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MONTHLY EXPENSES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| RENT / MORTGATE: | | | | | | | | | | | | | | | | | | STUDENT LOAN(S): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CHILD CARE: | | | | | | | | | | | | | | | | | | | | | | |
| UTILITIES (Water / Electric): | | | | | | | | | | | | | | | | | | RESTITUTION / FINES: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | CREDIT CARD: | | | | | | | | | | | | | | | | | | | | | | |
| PHONE | | | | | | | | | | | | | | | | | | FOOD: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | MEDICAL / DENTAL: | | | | | | | | | | | | | | | | | | | | | | |
| TV CABLE / SATELLITE/DISH: | | | | | | | | | | | | | | | | | | LOANS (Bank, Car): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | RENT TO OWN ITEMS: | | | | | | | | | | | | | | | | | | | | | | |
| INTERNET SERVICE: | | | | | | | | | | | | | | | | | | TRANSPORTATION (gas, cab, bus etc.) : | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | INSURANCE: | | | | | | | | | | | | | | | | | | | | | | |
| CHILD SUPPORT / ARREARS: | | | | | | | | | | | | | | | | | | CHARITY/DONATIONS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | OTHER: | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER WORRIED ABOUT HAVING ENOUGH MONEY TO COVER BASIC NEEDS?  (e.g. food, housing, medical, bills etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER HAD TROUBLE PAYING YOUR BILLS ON TIME? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER HAD A NEGATIVE CREDIT SCORE? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES OR UNSURE, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENT COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **COMPANIONS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LIST YOUR CLOSEST FRIENDS (MOST FREQUENT COMPANIONS) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME** | | | | | | | | | **AGE** | | | | | **ADDRESS** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **PHONE NUMBER** | | | | | | | | **LENGTH OF RELATIONSHIP** | | | | | | | | | | | | | **CRIMINAL HISTORY** | |
|  | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | YES  NO | |
|  | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | YES  NO | |
|  | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | YES  NO | |
|  | | | | | | | | |  | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | |  | | | | | | | | | | | | | YES  NO | |
| DO ANY OF YOUR COMPANIONS/FRIENDS HAVE PROBLEMS WITH DRUG OR ALCOHOL USE? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER ENGAGED IN CRIMINAL ACTIVITY WITH YOUR FRIENDS / COMPANIONS? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARE YOU / OR HAVE YOU EVER BEEN AFFILIATED WITH A GANG? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN:: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **NAME OF GANG:** | | | | | | **YOUR NICKNAME** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **YEAR/AGE JOINED** | | | | | | | | | **DATES OF AFFILIATION** | | | | | | | | | | **GANG RELATED**  **BODY TATOO(S) / MARKING(S)** | | | | | | | | | | | | | | | | |
|  | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | | | | | | | | | | | | | | |
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| AGENT COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **PHYSICAL HEALTH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARE YOU CURRENTLY TAKING ANY PRESCRIBED MEDICATION FOR A PHYSICAL HEALTH CONDITION? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, LIST MEDICATIONS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU SEE A HEALTH PROVIDER REGULARLY FOR ANY MEDICAL CONDITIONS? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU HAVE ANY SERIOUS ILLNESS(ES) OR MEDICAL CONDITIONS? (e.g. TB, STD’s, hepatitis, cancer, diabetes) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER HAD ANY SERIOUS ILLNESS(ES) / INJURIES / HOSPITALIZATIONS OR PHYSICAL DISABILITIES? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARE THERE OTHER HEALTH CONDITIONS YOUR AGENT SHOULD BE AWARE OF? (e.g.seizures, inhaler, pregnancy) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU HAVE HEALTH INSURANCE? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, HOW ARE YOU COVERED? | | | EMPLOYER PROVIDED | | | | | | | | | | | | | | | | | | | | | | | | | | | | | VETERANS ADMINISTRATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | BADGERCARE PLUS | | | | | | | | | | | | |
| HEALTH INSURANCE MARKETPLACE, PURCHASED PLAN | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ELDERLY, BLIND OR DISABLED MEDICARE | | | | | | | | | | | | | | | | | | | | | | | | | | | | MEDICARE | | | | | | | | | | | | |
| OTHER (EXPLAIN): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENT COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **EMOTIONAL HEALTH** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| |  |  |  | | --- | --- | --- | | HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL HEALTH CONDITION | YES | NO | | IF YES, WHEN AND BY WHOM: | | | | DO YOU SEE A HEALTH PROVIDER REGULARLY FOR ANY MENTAL HEALTH CONDITION? | YES | NO | | IF YES, EXPLAIN: | | | | HAVE YOU EVER HAD ANY HOSPITALIZATIONS BECAUSE OF A MENTAL HEALTH CONDITION? | YES | NO | | IF YES, EXPLAIN: | | | | HAVE YOU EVER TAKEN ANY MEDICATION BECAUSE OF A MENTAL HEALTH CONDITION ? | YES | NO | | IF YES, EXPLAIN:    AGENT COMMENTS: | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SEXUAL OFFENSE BEHAVIOR** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU BEEN ARRESTED / CONVICTED / ADJUDICATED FOR A SEXUAL OFFENSE? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION | | | | | | | | | | | | | | | | | | | | | | | | | AGEOF VICTIM | | | | | | | | | | | LOCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | AGEOF VICTIM | | | | |
| LOCATION | | | | | | | | | | | | | | | | | | | | | | | | | AGEOF VICTIM | | | | | | | | | | | LOCATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | AGEOF VICTIM | | | | |
| HAVE YOU PARTICIPATED IN SEX OFFENDER TREATMENT? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN (WHEN, WHERE ETC.): | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARE YOU REQUIRED TO REGISTER AS A SEX OFFENDER? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| AGENT COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **SUBSTANCE USAGE HISTORY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|  | **ALCOHOL** | | | | | | | **AMPHETAMINES** | | | | | | | | | | **BARBITURATES** | | | | | | | | | | | **BATH SALTS** | | | | | | | | | | | | **BUPRENORPHINE (SUBOXONE, SUBUTEX, etc.)** | | | | | | | | | **COCAINE** | | | | | | | | | **CODEINE** | | | | | | | | | | **ECSTASY - MDMA** | | | |
| AMOUNT USED |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | |
| FREQUENCY |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | |
| AGE AT FIRST USE |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | |
| AGE USAGE BECAME A PROBLEM |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | |
| LAST USED DATE |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | |
| LONGEST SOBRIETY |  | | | | | | |  | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | |  | | | | | | | | | |  | | | |
|  | **HEROIN** | | | | | | | | | | | **LSD** | | | | | | | | | | | **METHADONE** | | | | | | | | | | | **METHAMPHET-AMINES** | | | | | | | | | **MORPHINE** | | | | | | | | | | | | | | | **OVER THE COUNTER** | | | | | | | | | | **OTHER** | | | | |
| AMOUNT USED |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| FREQUENCY |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| AGE AT FIRST USE |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| AGE USAGE BECAME A PROBLEM |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| LAST USED DATE |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| LONGEST SOBRIETY |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
|  | **OXYCONTIN** | | | | | | | | | | | **PCP** | | | | | | | | | | | **PRESCRIPTION DRUGS** | | | | | | | | | | | **SYNTHETIC MARIJUANA** | | | | | | | | | **THC (MARIJUANA, HASHISH, etc.)** | | | | | | | | | | | | | | | **TOBACCO** | | | | | | | | | | **VICODIN** | | | | |
| AMOUNT USED |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| FREQUENCY |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| AGE AT FIRST USE |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| AGE USAGE BECAME A PROBLEM |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| LAST USED DATE |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| LONGEST SOBRIETY |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | | | |  | | | | | | | | |  | | | | | | | | | | | | | | |  | | | | | | | | | |  | | | | |
| PROVIDE FURTHER DETAILS REGARDING ANY OVERDOSE(S) YOU HAVE EXPERIENCED: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU CURRENTLY HAVE AN ALCOHOL AND/OR DRUG PROBLEM? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| HAVE YOU EVER HAD AN ALCOHOL AND/OR DRUG PROBLEM? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| DOES ANY PERSON IN YOUR LIFE THINK THAT YOU HAVE AN ALCOHOL AND/OR DRUG PROBLEM? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER BEEN REFERRED FOR TREATMENT? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARE YOU CURRENTLY INTERESTED IN PARTICIPATING IN TREATMENT? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **ALCOHOL / DRUG TREATMENT HISTORY** (Including Halfway Houses, Day Treatment, Hospital (VA), etc.) | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TYPE / LENGTH** | | | | | | | | | | | **TREATMENT FACILITY** | | | | | | | | | | | | | | | | **LOCATION** | | | | | | | | | | | | | | | | | | | **DATES OF TREATMENT** | | | | | | | | | | | | | | | | | | | | | | | **COMPLETED** | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | |
|  | | | | | | | | | | |  | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | |
| HAVE YOU EVER BEEN INVOLVED IN SELLING OR DELIVERY OF CONTROLLED SUBSTANCES? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HAVE YOU EVER COMMITTED A CRIME WHILE UNDER THE INFLUENCE OF ALCOHOL OR ANY DRUG? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| AGENT COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **MILITARY** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ARE YOU REGISTERED WITH SELECTIVE SERVICE? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | | NO | | | | |
| MILITARY SERVICE:  YES  NO | | | | | | | | | | | | | | | | | | | | | | | DATE ENTERED: | | | | | | | | | | | | | | | | | | | | | | | BRANCH OF SERVICE | | | | | | | | | | | | | | | | | | | | | | | | | | |
| HIGHEST RANK: | | | | | | | | | | | | | | | | | | | | | | | TYPE OF DISCHARGE: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | DATE OF DISCHARGE: | | | | | | | | | | | | | | |
| AREA(S) OF DEPLOYMENT: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | COMBAT EXPERIENCE:  YES  NO | | | | | | | | | | | | | | |
| DID YOU RECEIVE ANY TYPE OF SPECIALIZED TRAINING WHILE SERVING IN THE MILITARY? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES | | | | | | | | | NO | | | | | |
| IF YES, EXPLAIN: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU HAVE A DD214?  YES  NO | | | | | | | | | | | | | ARE YOU ELIGIBLE FOR MILITARY BENEFITS?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | ARE YOU CURRENTLY RECEIVING BENEFITS?  YES  NO | | | | | | | | | | | | | | | | | | | | | | | | | |
| **LEISURE TIME ACTIVITIES** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WHAT KINDS OF ACTIVITIES DO YOU ENJOY DOING IN YOUR SPARE TIME? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| WHEN DO YOU FEEL MOST AT RISK OF GETTING INTO TROUBLE? | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **RESIDENCE INFORMATION** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **CURRENT RESIDENCE:** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| DO YOU CURRENTLY? | | | | | | | | | | RENT | | | | | | | OWN | | | | | | | | | | | | | OR STAYING WITH SOMEONE | | | | | | | | | | | | | | | | | | | | | | | | | OR STAYING WITH PARENT(S) | | | | | | | | | | | | | | | | | |
| **OTHER MEMBERS OF HOUSEHOLD** | | | | | | | | | | | | | **AGE** | | | | | | | **RELATIONSHIP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **ON SUPERVISION (Type & Agent)** | | | | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | |  | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | |
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| **RESIDENCE HISTORY: (**Types: Home, Facility, Halfway House, TLP, Temporary, Parent, Mailing, Homeless etc.**)** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| **TYPE** | | | | | | | | | | | | | **ADDRESS, CITY, STATE & ZIP** | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | **WERE YOU EVER EVICTED** | | | | | | | | **DATES RESIDED** | | | | | | | | | | **DATE LEFT** |
|  | | | | | | | | | | | | |  | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | YES  NO | | | | | | | |  | | | | | | | | | |  |
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| COMMENTS: | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |