

**VAN BUREN COUNTY PROBATION OFFICE**

**Please Print** – Fill out completely and return at once with enough postage.

Name:

Prior Name:

Any other names, including maiden, street, gang, nicknames, or aliases:

1.  2.

3.  4.

Birth Date:  Birth City:  Birth State:

Birth Country:  U.S Citizen: Yes  No  Social Security #:

Driver License or State ID #:  Is your license valid? Yes  No

Residence Address      
(Street name and number) (City) (State) (ZIP Code)

Whom do you live with?

Date you moved in:  Do you receive mail here? Yes  No

If not, provide mailing address:

(Street name and number) (City) (State) (ZIP Code)

Home Phone:  Cell Phone:

Message Phone:  Name of phone owner:

**Personal Information:**

Eye Color:  Hair Color:  Race:   
Religion:  Marital Status:  # of Dependents:   
Right/Left Handed: Select Weight:  Height:  Glasses  Contacts

**ID MARKS**

List any identifying scars, marks, tattoos, or amputations:

Mark:  Body Part:   
Description:

Mark:  Body Part:   
Description:

Mark:  Body Part:   
Description:

Mark:  Body Part:   
Description:

Mark:  Body Part:   
Description:

Mark:  Body Part:   
Description:

**ID Marks (continued)**

Mark:  Body Part:

Description:

Mark:  Body Part:

Description:

Mark:  Body Part:

Description:

Mark:  Body Part:

Description:

Mark:  Body Part:

Description:

**Current or Previous Probation or Parole:** Yes  No  If yes, where:

Explain:

Name of Agent(s):

What was your age at first arrest?  Other criminal charges pending? Yes  No

If yes, what were the charges, and where?

If you have lived in any other states since the age of 16, list each state and city:

## YOUR FAMILY

### **Your Father:**

Name		Birth date		Age	
Address					
	(Street)	(City)	(State)	(Zip code)	
Telephone number:		Cell phone number:			
Place of employment		Type of job			
If deceased, when and cause					
Past trouble/probation/parole					

### **Your Mother:**

Name		Birth date		Age	
Maiden/Previous name					
Address					
	(Street)	(City)	(State)	(Zip code)	
Telephone number:		Cell phone number:			
Place of employment		Type of job			
If deceased, when and cause					
Past trouble/probation/parole					

Was either parent married before?		Which one?	
To whom and when			
Are your parents separated or divorced?		If so, for how long?	

If your parents are divorced, list the name of your step-father or step-mother below.

### **Step-Father:**

Name		Birth date		Age	
Address					
	(Street)	(City)	(State)	(Zip code)	
Telephone number:		Cell phone number:			

Place of employment  Type of job

If deceased, when and cause

Past trouble/probation/parole

**Step-Mother:**

Name  Birth date  Age

Maiden/Previous name

Address

(Street) (City) (State) (Zip code)

Telephone number:  Cell phone number:

Place of employment  Type of job

If deceased, when and cause

Past trouble/probation/parole

**List Brothers and Sisters or Other Significant Family Members:**

Name  Birth date  Relationship

Address

(Street) (City) (State) (Zip code)

Telephone number:  Cell phone number:

Place of employment  Type of job

Past trouble/probation/parole

Name  Birth date  Relationship

Address

(Street) (City) (State) (Zip code)

Telephone number:  Cell phone number:

Place of employment  Type of job

Past trouble/probation/parole

**Brothers and Sisters or Other Significant Family Members (continued)**

Name  Birth date  Relationship   
Address      
(Street) (City) (State) (Zip code)  
Telephone number:  Cell phone number:   
Place of employment  Type of job   
Past trouble/probation/parole

Name  Birth date  Relationship   
Address      
(Street) (City) (State) (Zip code)  
Telephone number:  Cell phone number:   
Place of employment  Type of job   
Past trouble/probation/parole

Name  Birth date  Relationship   
Address      
(Street) (City) (State) (Zip code)  
Telephone number:  Cell phone number:   
Place of employment  Type of job   
Past trouble/probation/parole

Name  Birth date  Relationship   
Address      
(Street) (City) (State) (Zip code)  
Telephone number:  Cell phone number:   
Place of employment  Type of job   
Past trouble/probation/parole

**Name**  **Birth date**  **Relationship**   
**Address**      
 (Street) (City) (State) (Zip code)  
**Telephone number:**  **Cell phone number:**   
**Place of employment**  **Type of job**   
**Past trouble/probation/parole**

**MARITAL HISTORY**

Are you: Married  Single  Widowed  Divorced  Engaged

**Your Spouse**

If you are unmarried, but living with a significant other, what is his/her name?  
 Birthdate:

**Marriage:**

**Your wife or husband's name**  **Maiden name**   
**Date of current marriage**  **City and state**   
**Age**  **Address**      
 (Street) (City) (State) (Zip Code)  
**Birth date**  **Telephone number**   
**Education (Highest grade completed)**  **Place of employment**   
**How old were you at time of wedding?**  **How old was he or she?**   
**Was she or were you pregnant? (As the case may be)**  **Have you ever separated?**   
**If divorced, date of divorce**  **Who started the proceedings?**   
**Why?**

**Previous marriage:**

**Your ex-wife or ex-husband's name**  **Maiden name**   
**Date of Previous marriage**  **City and state**   
**Age**  **Address**      
 (Street) (City) (State) (Zip Code)

Birth date  Telephone number   
Education (Highest grade completed)  Place of employment   
How old were you at time of wedding?  How old was he or she?   
Was she or were you pregnant? (As the case may be)  Have you ever separated?   
If divorced, date of divorce  Who started the proceedings?   
Why?

**Your ex-wife or ex-husband's name**  Maiden name   
Date of Previous marriage  City and state   
Age  Address      
(Street) (City) (State) (Zip Code)  
Birth date  Telephone number   
Education (Highest grade completed)  Place of employment   
How old were you at time of wedding?  How old was he or she?   
Was she or were you pregnant? (As the case may be)  Have you ever separated?   
If divorced, date of divorce  Who started the proceedings?   
Why?

**YOUR CHILDREN AND STEP-CHILDREN**

If you are a male, is anyone currently pregnant by you?   
If so, who?  Due Date of child:   
If you are female, are you pregnant?  If so, who is the father?   
Due Date



**List Sons and Daughters (Oldest First, Also List Step Children)**

Name  Birth date  Son  Daughter

Address      
(Street) (City) (State) (Zip Code)

Telephone number  Cell phone number

Place of employment or school

Education (Highest grade)  Number of children  Husband or wife

Child support: How much per week: \$  Are you up to date:

**Other parent:** Name  Birth date  Age

Address      
(Street) (City) (State) (Zip Code)

Place of employment or school

Education (Highest grade)  Number of children  Husband or wife

Name  Birth date  Son  Daughter

Address      
(Street) (City) (State) (Zip Code)

Telephone number  Cell phone number

Place of employment or school

Education (Highest grade)  Number of children  Husband or wife

Child support: How much per week: \$  Are you up to date:

**Other parent:** Name  Birth date  Age

Address      
(Street) (City) (State) (Zip Code)

Place of employment or school

Education (Highest grade)  Number of children  Husband or wife

**Sons and Daughters (continued)**

Name  Birth date  Son  Daughter

Address      
(Street) (City) (State) (Zip Code)

Telephone number  Cell phone number

Place of employment or school

Education (Highest grade)  Number of children  Husband or wife

Child support: How much per week: \$  Are you up to date:

**Other parent:** Name  Birth date  Age

Address      
(Street) (City) (State) (Zip Code)

Place of employment or school

Education (Highest grade)  Number of children  Husband or wife

Name  Birth date  Son  Daughter

Address      
(Street) (City) (State) (Zip Code)

Telephone number  Cell phone number

Place of employment or school

Education (Highest grade)  Number of children  Husband or wife

Child support: How much per week: \$  Are you up to date:

**Other parent:** Name  Birth date  Age

Address      
(Street) (City) (State) (Zip Code)

Place of employment or school

Education (Highest grade)  Number of children  Husband or wife

**Sons and Daughters (continued)**

Name  Birth date  Son  Daughter

Address      
(Street) (City) (State) (Zip Code)

Telephone number  Cell phone number

Place of employment or school

Education (Highest grade)  Number of children  Husband or wife

Child support: How much per week: \$  Are you up to date:

**Other parent:** Name  Birth date  Age

Address      
(Street) (City) (State) (Zip Code)

Place of employment or school

Education (Highest grade)  Number of children  Husband or wife

Name  Birth date  Son  Daughter

Address      
(Street) (City) (State) (Zip Code)

Telephone number  Cell phone number

Place of employment or school

Education (Highest grade)  Number of children  Husband or wife

Child support: How much per week: \$  Are you up to date:

**Other parent:** Name  Birth date  Age

Address      
(Street) (City) (State) (Zip Code)

Place of employment or school

Education (Highest grade)  Number of children  Husband or wife

**EMPLOYMENT**

What is the longest period of time you have ever held one job?

Which job?

**List Your past Five (5) Jobs, Beginning from Present Job:**

**Name of employer**  Telephone number

Address      
(Street) (City) (State) (Zip Code)

From  to   
(month, day and year) (month, day and year)

Supervisor or foreman's name  Wage per hour

Type of job  Full-time  Part-time

Reason for leaving

What shift do you work?  Time in?  Time out?

**Name of employer**  Telephone number

Address      
(Street) (City) (State) (Zip Code)

From  to   
(month, day and year) (month, day and year)

Supervisor or foreman's name  Wage per hour

Type of job  Full-time  Part-time

Reason for leaving

What shift do you work?  Time in?  Time out?

**Employment (continued)**

**Name of employer**  Telephone number   
Address      
(Street) (City) (State) (Zip Code)  
From  to   
(month, day and year) (month, day and year)  
Supervisor or foreman's name  Wage per hour   
Type of job  Full-time  Part-time   
Reason for leaving   
What shift do you work?  Time in?  Time out?

**Name of employer**  Telephone number   
Address      
(Street) (City) (State) (Zip Code)  
From  to   
(month, day and year) (month, day and year)  
Supervisor or foreman's name  Wage per hour   
Type of job  Full-time  Part-time   
Reason for leaving   
What shift do you work?  Time in?  Time out?

**Name of employer**  Telephone number   
Address      
(Street) (City) (State) (Zip Code)  
From  to   
(month, day and year) (month, day and year)  
Supervisor or foreman's name  Wage per hour   
Type of job  Full-time  Part-time   
Reason for leaving   
What shift do you work?  Time in?  Time out?

**MILITARY**

Branch of Service

Date of entry  Discharge date  Type of discharge

Highest rank held  Status: Active  Inactive  Service number

Disciplinary actions

**EDUCATION**

School	Dates Attended From - To	Date Graduated or Dropped Out	Area of Study	Certificate
Name <input type="text"/> Address <input type="text"/> Telephone <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name <input type="text"/> Address <input type="text"/> Telephone <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name <input type="text"/> Address <input type="text"/> Telephone <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Name <input type="text"/> Address <input type="text"/> Telephone <input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List any extracurricular activities you participated in while in school

Did you skip school?  How often?

Were you ever suspended?  When?  Why?

Were you ever expelled?  When?  Why?

If you dropped out of school, explain why   
 What, if any, are your plans for furthering your education ?

**SUBSTANCE ABUSE HISTORY**

	Age of First Use	Start Date	End Date	Frequency	Amount Used
Alcohol	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Marijuana	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Cocaine or Crack	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Amphetamines, Meth or Speed	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Barbiturates, Downers	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Hallucinogens, LSD, PCP, Mushrooms	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Heroin	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Prescription Drugs	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Other	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Do you feel you need treatment now?

Have you ever injected drugs?

What is the longest length of time you have been drug free?

Which of your family members have had problems with drugs or alcohol?

Have you ever received drug or alcohol treatment in the past?

**SUBSTANCE ABUSE TREATMENT**

	Start Date	End Date	Provider	Completed?	Notes:
AA/NA/Self Help	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Assessment	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Detoxification	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Didactic	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Dual Diagnosis	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Educational	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Intensive Outpatient	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Methadone Detoxification	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Outpatient	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>
Residential	<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes <input type="checkbox"/> No <input type="checkbox"/>	<input type="text"/>

**HEALTH**

Do you have any serious physical or mental health problems? Yes  No

If so, please list

Are you receiving disability benefits or workers compensation?

Are you currently taking prescription medication?

If yes, which ones and why were they prescribed?

Do you have health insurance or medicaid?

If yes, what is the company's name?

Are you seeing or have you ever seen a psychologist or psychiatrist? Yes  No



When?  Where?   
Why?

**FINANCES**

How do you support yourself?

List all income you receive, including partners or parents (from whom & how much)

Are you receiving public assistance? (ADC, etc.)  Unemployment Benefits?

How much per month?  Why?

Caseworker's name  Case #

Do you have any savings? Yes  No  How much?  Where?

Do you own your own home? Yes  No  Buying  Renting

Rent or house payment monthly amount  Live with parent(s)?

Do you pay room & board? Yes  No  How much?  Per

Do you have a car/truck? Yes  No  If so, give year, model, make and color:

License Plate #

If you are buying the car/truck, what is the monthly payment amount?

If you do not have a vehicle, describe the vehicle that you drive

License plate #

Who owns this vehicle?

Do you own any other motor vehicles, boats, motorcycles, RV's, etc?

If so, list here

Do you have any thing valued over \$1500?

List all debts, including credit cards

**CRIMINAL JUSTICE HISTORY**

Date of Arrest	Police Dept.	Offense	Sentence	Did You Have an Attorney?
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

**GANG INVOLVEMENT**

Did you ever or do you currently belong to a gang?

Gang Name

Gang Rank or Position/Level

**CURRENT OFFENSE**

Present Offense:

Name of your Attorney:  Appointed or retained:

Please describe the present offense in your own words. What did you do?/What happened?

Why did you get involved?

Include any other information that the Judge should know or consider: