

# PROBATION INTAKE FORM

*Filling in all of the boxes will reduce the length of your appointment. Write "NA" or "Unknown" if the box or question is not applicable or you don't know the answer.*

Last Name			First Name:		Middle Name:	Gender:
Living Address – Street:				City:	State:	ZIP Code:
Mailing Address:				City:	State:	ZIP Code:
Cell Phone:		Other Phone:			Email Address:	
£ Do <u>not</u> send text reminders £ This is my primary number		£ Do <u>not</u> send text reminders £ This is my primary number			£ Do <u>not</u> send email reminders	
My Primary Language is:		Social Security Number:			Driver's License Number:	
Date of Birth:	Race:	Eye Color:	Hair Color:	Marital Status:	Who do you live with?	
Have you ever had any other names? (An example is a maiden name) If so, please list:						
Do you have any health concerns? If so, please list:						
Are you currently taking any medications? If so, please list:						
Who should we call in the event of an emergency?						
Name:			Phone Number:			
List any prior alcohol, drug, domestic violence, mental health, or other treatment programs you have attended:						
Employer:		Occupation:			Work Phone:	
Are you currently on Probation anywhere else? £ Yes £ No						
If yes, where:			Probation Officer Name:			
Have you ever been on Probation anywhere in the past? £ Yes £ No						
If yes, where:			Probation Officer Name:			
Have you lived in another state? If so, please list:				Have you ever served in the military? £ Yes £ No		
				Currently serving:		
				Past service:		
Do you have any out of state criminal convictions? £ Yes £ No						
Please list all criminal convictions:						
Where:		When:		Charge:		
Signature:				Date:		