



**RESIDENTIAL HISTORY**

List every town, city, or state, and country where you have lived and the dates of that residence:

Time Period (month/year)	City, State, Country	Time Period (month/year)	City, State, Country
From: To:		From: To:	
From: To:		From: To:	
From: To:		From: To:	
From: To:		From: To:	
From: To:		From: To:	
From: To:		From: To:	
From: To:		From: To:	

Probation Officer comments:

**MILITARY SERVICE**

None

Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:
Highest Rank:	Rank at Separation:	Decorations/ Awards:		VA Claim Number:

Probation Officer comments:



## MARITAL STATUS

Presently single and no marital history.  
 (Include present and previous marriages, including those at common law)

Spouse/Domestic Partner	Date/Place of Marriage	Status	Date of Separation/ Divorce (list court granting divorce)	Number of Children

Employment status of current spouse:

Spouse DOB/SSN:

Probation Officer comments:

## CHILDREN

No children If deceased, list year and cause of death in address line:

Child's name	Age	Name of other parent of this child	Amount of Support Provided (if child does not reside with you)	Residence

Probation Officer comments:

**PHYSICAL HEALTH**

Currently healthy and no history of health problems.

List the date(s) and nature of any diseases, handicaps, serious or chronic illnesses, and/or other medical conditions:

Date	Name and/or Description of Medical Condition (include current condition)	Treating Physician and/or Facility (include city and state)	Prescriptions

Probation Officer comments:

**MENTAL AND EMOTIONAL HEALTH**

No history of mental or emotional problems, and no history of treatment of such problems.

Describe any past or present mental or emotional, or gambling problems (do not include substance abuse):

Date	Name and/or Description of Condition	Treating Physician and/or Facility (include city and state)	Inpatient or Outpatient	Prescriptions

Probation Officer comments:

## SUBSTANCE ABUSE

No history of alcohol or drug use and no history of treatment for the same.

Please provide the following information for any alcohol and/or drugs you have used:

	Date/Age of first use	Please list the average quantity and frequency of use for the two-year period preceding your last use; and summarize other prior use patterns	Date of last use
Alcohol			
Marijuana			
Cocaine			
Crack Cocaine			
Amphetamine/ Methamphetamine			
Heroin/ Opiates			
Barbiturates			
Hallucinogens			
Inhalant			
Other:			

Please provide the following information for any prior substance abuse treatment in which you have participated:

Treatment Provider	Inpatient/ Outpatient	Duration/dates of treatment	Reason for termination	Court ordered (Y or N)

Probation Officer comments:

### EMPLOYMENT HISTORY

List places of employment, beginning with the most recent, for the past ten years.

Dates (month and year)	Name/ Address of Employer	Job Position	Wage	Reason for Leaving
From:  To:	Phone:			
From:  To:	Phone:			
From:  To:	Phone:			
From:  To:	Phone:			
From:  To:	Phone:			
From:  To:	Phone:			
From:  To:	Phone:			
From:  To:	Phone:			
From:  To:	Phone:			
From:  To:	Phone:			
From:  To:	Phone:			

**EDUCATION AND VOCATIONAL SKILLS**

Highest Grade Completed:

Age left School:

Reason for Leaving:

Name/Location of School/Vo-Tech

Dates Attended

Degree/Diploma/Certificate Received

Please list any specialized training, skills, or professional licenses possessed:

Probation Officer comments:

**FINANCIAL CONDITION/ABILITY TO PAY**

Defense counsel is  Retained or  Appointed

Probation Officer comments:

**ADDITIONAL INFORMATION** (please leave blank)

Probation Officer comments:

Date of Interview: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Location: \_\_\_\_\_

Attorney Present:  Yes  No

Name: \_\_\_\_\_

Interpreter Present:  Yes  No

Name: \_\_\_\_\_