

ADULT INFORMATION SHEET

Your are required to complete this form for use by the Colusa County Probation Department. The information you submit will be used in the preparation of a probation report and , if applicable, during the supervision of your probation period. This form must be filled out completely and accurately.

Who is your attorney? _____
How many days were you in custody regarding this case? _____
Were you released on your own recognizance (O.R.)? Yes _____ No _____
If you were released on bail, how much was your bail amount? _____

PERSONAL HISTORY:

Name: _____ Social Security No. _____
Last First Middle

Other names you have used _____

Address _____ City _____ State/Zip _____

Mailing Address _____ City _____ State/Zip _____

Phone No _____ Work _____ Pager/Cell _____

Date of Birth _____ Age _____ Birthplace _____

Sex _____ Height _____ Weight _____ Race _____ Hair _____ Eyes _____

Identifying Marks (scars, tattoos, etc.) _____

United States Citizen Yes _____ No _____ If you are not a United States Citizen, what is your alien status? _____
Immigration Number _____

How long have you lived in Colusa County? _____ State of CA? _____
United States _____

Driver's License Number and State _____

List the make, model, style, color, year and license number of all vehicles you drive

1. _____
 2. _____
 3. _____
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EDUCATION:

Did you complete High School? Yes _____ No _____ If not, do you have a GED? Yes _____ No _____

Highest grade completed _____ College / Trade School attended _____

Degree (s) attained _____ If you are presently attending school, where? _____

MILITARY SERVICE:

Branch of Service _____ Date entered _____
Date of discharge _____ Honorable discharge Yes _____ No _____
If discharge was dishonorable, explain _____
Court Martial Yes _____ No _____ If yes, explain: _____

FAMILY HISTORY:

Father's Name: _____ Birthplace: _____
Address: _____ Phone No: _____
Age: _____ Employer: _____ Highest grade completed: _____
If deceased, where / when / how? _____

Mother's Name: _____ Birthplace: _____
Address: _____ Phone No: _____
Age: _____ Employer: _____ Highest grade completed: _____
If deceased, where / when / how? _____

StepMother's Name: _____ Birthplace: _____
Address: _____ Phone No: _____
Age: _____ Employer: _____ Highest grade completed: _____
If deceased, where / when / how? _____

StepFather's Name: _____ Birthplace: _____
Address: _____ Phone No: _____
Age: _____ Employer: _____ Highest grade completed: _____
If deceased, where / when / how? _____

BROTHERS / SISTERS: (give full names)

1. Name: _____ Sex _____ Age _____
Current Address: _____

2. Name: _____ Sex _____ Age _____
Current Address: _____

3. Name: _____ Sex _____ Age _____
Current Address: _____

4. Name: _____ Sex _____ Age _____
Current Address: _____

5. Name: _____ Sex _____ Age _____
Current Address: _____

6. Name: _____ Sex _____ Age _____
Current Address: _____

MARITAL HISTORY:

Married _____ Single _____ Widowed _____ Divorced _____ Separated _____ Common-law _____

Spouse's Name: _____ Age: _____

Address: _____ Phone No: _____

Wife's Maiden Name: _____ Date of Marriage: _____

Previous Marriages:

1. Spouse's Name: _____ Maiden Name: _____

Address: _____ Phone No: _____

Date and place of marriage: _____

Date and place of termination: _____

2. Spouse's Name: _____ Maiden Name: _____

Address: _____ Phone No: _____

Date and place of marriage: _____

Date and place of termination: _____

CHILDREN:

1. Name: _____ Sex _____ Age _____

Address: _____

2. Name: _____ Sex _____ Age _____

Address: _____

3. Name: _____ Sex _____ Age _____

Address: _____

4. Name: _____ Sex _____ Age _____

Address: _____

PHYSICAL AND EMOTIONAL HEALTH:

How is your general health? Excellent _____ Good _____ Fair _____ Poor _____

Are you currently under a doctor's care? Yes _____ No _____ If yes, explain: _____

Do you have any health problems or limitations? Yes _____ No _____ If yes, explain: _____

Are you currently taking any medication(s) Yes _____ No _____ If yes, list all medications you are currently taking. . _____

Do you have now, or have you ever had any of the following?

Tuberculosis	Yes___ No___	Heart trouble	Yes___ No___
Diabetes	Yes___ No___	Broken bone(s)	Yes___ No___
Arthritis	Yes___ No___	High Blood Pressure	Yes___ No___
Asthma	Yes___ No___	Back injuries	Yes___ No___
Emphysema	Yes___ No___	Allergies	Yes___ No___
Epilepsy	Yes___ No___	Mental illness	Yes___ No___
Hepatitis	Yes___ No___		

If you answered yes to any of the above questions explain: _____

Do you drink alcohol? Yes___ No___ If yes, answer the following questions: At what age did you first drink? _____

How often do you drink? _____

How often do you get drunk? _____

Is there a history of alcoholism in your family? _____

Do you have a drinking problem? Yes___ No___ If yes, have you ever received treatment for your drinking problem?

If you have received treatment for your drinking problem, explain what type and when you received the treatment. _____

Do you use drugs? Yes___ No___ If yes, answer the following questions:

At what age did you first use drugs? _____ How often do you use? _____

Is there a history of drug addiction in your family? _____ Do you have a

problem with drugs? Yes___ No___ If yes, have you ever received treatment for your drug use?

If you have received treatment for your drug use explain what type and when you received the treatment. _____

EMPLOYMENT RECORD:

Occupation: _____

Special Vocational Skills: _____

Employers (list most recent first)

1. _____

2. _____

3. _____

4. _____

Career Goals: _____
