

INTAKE INTERVIEW SHEET

PLEASE COMPLETE THIS FORM IN ITS ENTIRETY. IF SOMETHING DOES NOT APPLY, PLEASE WRITE "N/A". THANK YOU!

| | | | | |
|---|---------------|---------------------------------------|--|-----------------------------------|
| LAST NAME | FIRST NAME | MIDDLE NAME | MAIDEN NAME OR AKA | CENTRAL INTAKE STAFF USE ONLY: |
| ADDRESS | | | APT # | |
| CITY | STATE | ZIP CODE | DATE: | VERIFIED BY: |
| COUNTY | PHONE # | CELL PHONE # /SERVICE PROVIDER | TYPE OF IDENTIFICATION PRESENTED: | |
| MAILING ADDRESS (If different from above) | | DO YOU SPEAK ENGLISH? __ YES __ NO | <input type="checkbox"/> Driver's License <input type="checkbox"/> State ID Card <input type="checkbox"/> Passport <input type="checkbox"/> Student ID <input type="checkbox"/> Other | |
| Who do you live with? (name) | RELATIONSHIP? | LANGUAGE (IF OTHER THAN ENGLISH): | | |

| | |
|---|--|
| DATE OF BIRTH Month Day Year | MARITAL STATUS __ SINGLE __ MARRIED __ DIVORCED __ SEPARATED __ WIDOW |
| SEX __ MALE __ FEMALE | SOCIAL SECURITY NUMBER None: _____ |
| HAIR __ Brown __ Black __ Bald __ Blonde __ Gray __ Red | WEIGHT |
| EYES __ Brown __ Black __ Blue __ Hazel __ Green | HEIGHT |
| DO YOU HAVE A DRIVER LICENSE? __ YES __ NO Is it suspended? __ YES __ NO Driver License # _____ State: _____ Expires: _____ | RACE |
| CITIZENSHIP | PLACE OF BIRTH (city and state) |

EMAIL ADDRESS: _____ NONE: _____

| | |
|---|---------|
| EMERGENCY CONTACT <u>Name</u> Relationship Address | PHONE # |
|---|---------|

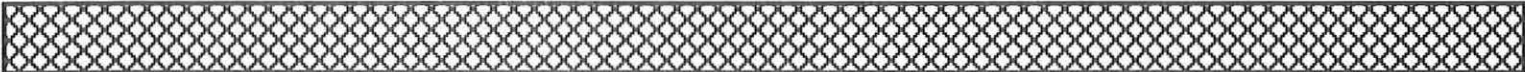
EMPLOYMENT: __ Full time __ Part Time __ UNEMPLOYED: *Date of unemployment* _____ Retired __ Disabled __ Homemaker __

STUDENT __ Full time __ Part Time SCHOOL/COLLEGE/UNIVERSITY _____

| | | |
|--|--------------------------|----------------|
| EMPLOYER | Employment Starting Date | MONTHLY INCOME |
| ADDRESS | CITY | STATE |
| POSITION | TOTAL HOURS PER WEEK | WORK PHONE # |
| SECONDARY EMPLOYMENT? EMPLOYER NAME, IF YES: | ADDRESS: | PHONE# |

| | | | |
|---------------------------------------|-----------------------------------|----------------|------------|
| ANY MILITARY SERVICE? __ YES __ NO | CURRENTLY ACTIVE: YES __ NO __ | DISCHARGE DATE | HONORABLE? |
|---------------------------------------|-----------------------------------|----------------|------------|

HIGHEST LEVEL OF EDUCATION: LESS THAN 12TH GRADE __ HIGH SCHOOL DIPLOMA __ GED __ SOME COLLEGE __ AA DEGREE __
BACHELORS DEGREE __ GRADUATE DEGREE __ OTHER __



ARE YOU A REGISTERED SEX OFFENDER ___ YES ___ NO

ARE YOU A REGISTERED SEX PREDATOR ___ YES ___ NO

IF SO, IN WHAT STATE ARE YOU REGISTERED? _____

STATUS ___ RELEASED ___ SUPERVISED

Do you have any case pending in Court? ___ YES ___ NO

Offense: _____

Where?: _____

VICTIM'S INFORMATION OR PERSON INVOLVED IN THIS CASE

VICTIM'S NAME _____ RELATIONSHIP _____



ARE YOU CURRENTLY ON PROBATION? ___ YES ___ NO WHERE? _____

Officer's Name _____ Phone # _____

LIST OF ILLEGAL DRUGS USED AND DATES (Example: Cocaine - Jan/2011)

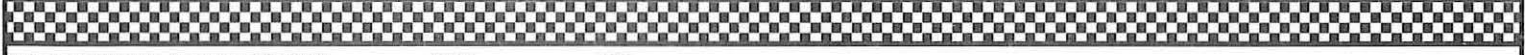
HAVE YOU EVER ATTENDED ALCOHOL/DRUG TREATMENT? ___ YES ___ NO / ___ In-Patient ___ Out-Patient ___ Day Treatment ___ Other

TREATMENT AGENCY _____ DATE _____



LIST ALL YOUR CHILDREN (name and age) NO CHILDREN: ___ ARE YOU COURT ORDERED TO PAY CHILD SUPPORT?
_____() _____() ___ YES ___ NO

_____() _____() ARE YOU CURRENT WITH YOUR PAYMENTS?
_____() _____() ___ YES ___ NO



DO YOU HAVE AN ATTORNEY? ___ YES ___ NO

Attorney's Name _____ Phone # _____



DO YOU OWN OR POSSESS ANY FIREARMS? ___ YES ___ NO

List your firearms: _____

LIST ANY MEDICATIONS CURRENTLY USING: _____ NONE _____
LIST ANY PRESCRIPTION: _____ NONE _____
DO YOU HAVE ANY PHYSICAL LIMITATION? _____
DO YOU HAVE ANY MENTAL HEALTH ISSUES? _____