

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:
COUNTY	PHONE #	CELL PHONE # /SERVICE PROVIDER		VERIFIED BY:
MAILING ADDRESS (If different from above)			DO YOU SPEAK ENGLISH? ___ YES ___ NO	TYPE OF IDENTIFICATION PRESENTED: ___ Driver's License ___ State ID Card ___ Passport ___ Student ID ___ 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	HEIGHT	RACE
EYES ___ Brown ___ Black ___ Blue ___ Hazel ___ Green	DO YOU HAVE A DRIVER LICENSE? ___ YES ___ NO Is it suspended? ___ YES ___ NO Driver License # _____ State: _____ Expires: _____		
CITIZENSHIP	PLACE OF BIRTH (city and state)		

EMAIL ADDRESS:	NONE: ___
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EMERGENCY CONTACT <u>Name</u> _____ Relationship _____ Address _____	PHONE #
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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	ZIP CODE
POSITION	TOTAL HOURS PER WEEK	WORK PHONE #	SUPERVISOR'S PHONE #
SECONDARY EMPLOYMENT? EMPLOYER NAME, IF YES:		ADDRESS:	PHONE#

ANY MILITARY SERVICE? ___ YES ___ NO	CURRENTLY ACTIVE: YES ___ NO ___	DISCHARGE DATE	HONORABLE?
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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? _____