INTAKE INTERVIEW SHEET

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

LAST NAME FIRST NA	ME MIDDLE NAME	MAIDEN NAME OR AKA	CENTRAL INTAKE STAFF USE ONLY:
ADDRE	ESS	APT#	
			DATE:
CITY	STATE	ZIP CODE	VERIFIED BY:
COUNTY	PHONE #	CELL PHONE # /SERVICE PROV	/IDER
		ì	TYPE OF IDENTIFICATION PRESENTED:
MAILING ADDRESS (If different from above)		DO YOU SPEAK ENGLISH?YESNO	
Who do you live with? (name)	RELATIONSHIP?	LANGUAGE (IF OTHER THAN ENGLIS	H): Driver's License State ID Card PassportStudent IDOther
***************************************		·····	***************************************
DATE OF BIRTH Month Day Year	MARITAL STATUSSINGLE MARRIED	DIVORCED SEPARATED	WIDOW
SEX	SOCIAL SECURITY NUMBER	R	None:
MALE FEMALE			
HAIR	WEIGHT	HEIGHT	RACE
Brown BlackBald			
Blonde GrayRed			
EYES Brown Black	DO YOU HAVE A DRIVER LICE	NSE?YESNO Is it suspen	ded?YESNO
Blue HazelGreen	Driver License #		State: Expires:
CITIZENSHIP		PLACE OF BIRTH (city and sta	ate)
EMAIL AD	DPESS:	N	ONE:
LWAIL AD	DICESS.	N.	ONL
**************************************	Address	************	PHONE #
- Rolling	, adiooo		
EMPLOYMENT: Full time Part Time UNEMPLOYED: Date of unemployment Retired Disabled Homemaker			
STUDENT Full time Part Tin	ne SCHOOL/COLLEGE/UNIVER	SITY	
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?YESNO	CURRENTLY ACTIVE: YESNO	DISCHARGE DATE	HONORABLE?
************	***	·×××××××××××××××××××××××××××××××××××××	**************************************
HIGHEST LEVEL OF EDUCATION:		HIGH SCHOOL DIPLOMA GED_ HELORS DEGREE GRADUATE DEGR	_ SOME COLLEGE AA DEGREE REE OTHER
*********	×××××××××××××××××××××××××××××××××××××××	×××××××××××××××××××××××××××××××××××××××	****

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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	
STATUS RELEASED SUPERVISED Do you have any case pending in Court? YES N	10
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 #
HAVE YOU EVER ATTENDED ALCOHOL/DRUG TREATMENT? YES NO /	In-Patient Out-Patient Day Treatment Other
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
(1E3 NO
()() DO YOU HAVE AN ATTORNEY? YES NO	
()() DO YOU HAVE AN ATTORNEY? YES NO Attorney's Name	Phone #
Attorney's Name DO YOU OWN OR POSSESS ANY FIREARMS?YESNO	
0.00 \$6.0000 \$6.0000 \$6.	
Attorney's Name DO YOU OWN OR POSSESS ANY FIREARMS? YES NO List your firearms:	Phone #
Attorney's Name DO YOU OWN OR POSSESS ANY FIREARMS?YESNO	Phone #
Attorney's Name	Phone #
Attorney's Name DO YOU OWN OR POSSESS ANY FIREARMS?YESNO List your firearms: LIST ANY MEDICATIONS CURRENTLY USING:	Phone #