



INTAKE - BASIC INFORMATION SHEET

Appointment Date: _____ Time: _____ P.O. _____ Phone #: _____

WARNING:

FAILURE TO MAKE AND KEEP AN APPOINTMENT FOR AN INTERVIEW MAY RESULT IN A BENCH WARRANT BEING ISSUED FOR YOUR ARREST.

THE CONDITIONS OF YOUR SENTENCE BEGIN AT THE TIME YOU ARE SENTENCED. THEREFORE, DO NOT WAIT TO SEE YOUR PROBATION OFFICER TO GET STARTED ON ADDRESSING YOUR CONDITIONS.

Instructions:

This worksheet must be completed and brought with you to your appointment. Fill out this worksheet as completely as possible.

Bring with you.

- 1) Photo identification
- 2) \$130.00 (\$65.00 intake fee and \$65.00 first month probation fee).
- 3) If your charge is a Driving Under the Influence,
 - a. Drivers License
 - b. Proof of Insurance
 - c. Verification of the Ignition Interlock Installation.
- 4) If you were ordered to enroll in a treatment program (ex: Alcohol/Drug Treatment or Domestic Violence Treatment) – Bring a business card from the agency and/or counselor, you are working with.
- 5) If you feel you will need to request a reduction in your monthly probation fees, please bring with you the following documentation.
 - a. Verification of all income (DSHS award letter, paycheck stubs(3 months), statement from unemployment stating your income, etc.)
 - b. Verification of any child support paid (statement from child support registry, paycheck stub showing garnishments).
 - c. Verification of any other financial obligations.

YOU WILL BE ABLE TO LOCATE TREATMENT RESOURCES AS FOLLOWS:

- **ALCOHOL/DRUG TREATMENT:**
- **CERTIFIED DOMESTIC VIOLENCE TREATMENT AGENCIES:**

ADDITIONAL RESOURCES (BUT ARE NOT LIMITED TO:)

- **DUI VICTIM PANELS:**
- **CONSUMER AWARENESS CLASS:**
- **COMMUNITY SERVICE PROGRAMS: ANY NON-PROFIT AGENCY OF YOUR CHOOSING.**



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INSTRUCTIONS:

THIS WORKSHEET MUST BE COMPLETED PRIOR TO YOUR APPOINTMENT AND BROUGHT WITH YOU TO YOUR APPOINTMENT.

DATE _____

PERSONAL INFORMATION

NAME: _____
LAST FIRST MIDDLE

MAIDEN, OR OTHER NAMES: _____

MAILING ADDRESS: _____

STREET ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: (HM) _____ (WK) _____ (CELL /MESSAGE)

AGE: _____ BIRTH DATE: _____ PLACE OF BIRTH: _____

EMAIL ADDRESS: _____

CURRENT / VALID DRIVERS LICENSE ? No Yes

DRIVERS LICENSE NUMBER.: _____ State: _____ Expiration: _____

DO YOU HAVE AN ATTORNEY REPRESENTING YOU ON THIS CASE? No Yes If so,

ATTORNEY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

TELEPHONE: _____ FAX: _____

DO YOU POSSESS ANY FIREARMS OR DANGEROUS WEAPONS? No Yes If yes, where? _____

DOES ANYONE IN YOUR RESIDENCE POSSESS A FIREARM OR DANGEROUS WEAPON? No Yes If yes, where? _____

THE OFFENSE

VIOLATION DATE: _____ LOCATION: _____

CHARGE: _____ PLEA TO THE CHARGE: GUILTY NOT GUILTY

BOOKED IN JAIL? NO YES HOW LONG? _____

HOW RELEASED: PERSONAL RECOGNIZANCE BAIL / AMOUNT _____

BRIEFLY DESCRIBED WHAT YOU DID THAT CAUSED YOUR ARREST/SUMMONS TO THIS OFFENSE: _____

BRIEFLY DESCRIBE HOW YOU FEEL ABOUT WHAT YOU DID TO CAUSE YOUR ARREST/SUMMONS: _____

ARREST HISTORY:

HAVE YOU BEEN ARRESTED BEFORE THIS OFFENSE? No Yes

HOW OLD WERE YOU THE FIRST TIME YOU WERE ARRESTED? _____ TOTAL NUMBER OF ARRESTS: _____

EXPLAIN ARRESTS/CITATIONS - USE BACK SIDE OF PAGE IF NEEDED. (INCLUDE ADULT, JUVENILE, AND TRAFFIC)

ARREST/CITATION AGENCY	CHARGE	DATE	DISPOSITION	
			GUILTY	NOT GUILTY

DO YOU CURRENTLY HAVE AN OPEN COURT CASES OTHER THAN THIS ONE? No Yes IF YES, WHERE? _____

ARE YOU CURRENTLY ON PROBATION WITH ANOTHER PROBATION DEPARTMENT? No Yes IF YES, WITH WHOM?

PROBATION OFFICER _____ TELEPHONE _____

DO YOU POSSESS ANY FIREARMS OR DANGEROUS WEAPONS? YES NO WHAT KIND? _____

DOES ANYONE IN YOUR RESIDENCE POSSESS A FIREARM OR DANGEROUS WEAPON? YES NO

IF YES, WHAT KIND: _____

CURRENT LIVING SITUATION

RENT ROOM APARTMENT RENTED HOUSE OWN HOUSE HOMELESS

HOW LONG HAVE YOU LIVED THERE? _____

NAMES OF OTHER RESIDENTS: _____

DO THEY KNOW ABOUT THIS OFFENSE? YES NO

FAMILY BACKGROUND

FATHER'S NAME: _____ PHONE: _____ CITY/STATE: _____

STEPPARENTS NAME: _____

MOTHER'S NAME: _____ PHONE: _____ CITY/STATE: _____

STEPPARENTS NAME: _____

DESCRIBE HOW YOU GET ALONG WITH YOUR PARENTS: _____

SIBLINGS: 1) _____ 2) _____ 3) _____ 4) _____ ARE YOU IN CONTACT WITH THEM? YES / NO

MARITAL STATUS

NEVER MARRIED MARRIED DIVORCED SEPARATED WIDOWED

SPOUSE PARTNER GIRLFRIEND BOYFRIEND KNOWN HOW LONG: _____

NAME: _____ AGE: _____

QUALITY OF RELATIONSHIP: _____ SPOUSE/PARTNER EMPLOYER _____

MARITAL HISTORY

MARRIAGE DATE	PREVIOUS SPOUSE NAME	AGE	OCCUPATION	TERMINATION DATE	REASON

CHILDREN: Natural, Adopted, Stepchildren

NATURAL	ADOPTED	STEP	NAME	AGE	SEX	LIVING WITH/ADDRESS	SUPPORTED BY

IF THE CHILDREN ARE NOT LIVING WITH YOU. ARE YOU PAYING CHILD SUPPORT? No Yes

IS CHILD SUPPROT BEING PAID THROUGH SUPPORT ENFORCEMENT? No Yes

EDUCATION

ARE YOU CURRENTLY IN SCHOOL? NO YES IF SO, WHERE? _____

HIGH SCHOOL GRADUATE GED VOC-TECH COLLEGE DEGREE POST GRADUATE

SCHOOL: _____ DATES ATTENDED: _____

MAJOR SUBJECTS STUDIED: _____ CERTIFICATE DIPLOMA

MILITARY HISTORY

HAVE YOU SERVED IN THE MILITARY? NO YES If so, branch: _____

DATES OF SERVICE: _____ HIGHEST RANKING ATTAINED? _____

TYPE OF DISCHARGE? _____ ANY DISABILITY? _____

ANY DISCIPLINARY ACTION TAKEN AGAINST YOU? NO YES IF YES, EXPLAIN: _____

ANY AWARDS? No Yes IF YES, EXPLAIN: _____

EMPLOYMENT HISTORY

CURRENT EMPLOYER? _____ POSITION: _____

ADDRESS: _____

PHONE: _____ DATE HIRED: _____ PAY RATE: _____ Hr Mo

WORK SCHEDULE AND HOURS: _____

IS YOUR EMPLOYER AWARE OF THIS OFFENSE? No Yes

PREVIOUS EMPLOYMENT

DATES (FROM/TO)	EMPLOYER	POSITION	WAGE	REASON FOR LEAVING

DESCRIBE EMPLOYMENT GOALS AND PLANS TO REACH THESE GOALS: _____

IF UNEMPLOYED, HOW LONG? _____

FINANCIAL SITUATION

SELF INCOME (GROSS): \$ _____

SPOUSE/PARTNER INCOME (GROSS): \$ _____

SAVINGS ACCOUNT: \$ _____

IS YOUR INCOME GARNISHEED? Yes No

DO YOU OR YOUR SPOUSE/PARTNER RECEIVE ANY BENEFITS FROM THE FOLLOWING?

- UNEMPLOYMENT VETERAN'S BENEFITS PUBLIC ASSISTANCE SOCIAL SECURITY
- FOOD STAMPS PARENTAL SUPPORT CHILD SUPPORT SECTION 8 HOUSING
- SUBSIDIZED HOUSING OTHER _____

TRANSPORTATION: OWN CAR YEAR: _____ MAKE: _____ TYPE: _____

BORROWED CAR BUS OTHER _____

HOW WOULD YOU DESCRIBE YOUR FINANCIAL SITUATION? _____

DEBTS:

HOUSING: \$ _____ HOUSING INSURANCE: \$ _____ HOUSING DUES: \$ _____

ELECTRICITY: \$ _____ WATER: \$ _____ CABLE: \$ _____ PHONES: \$ _____

INTERNET: \$ _____ GARBAGE: \$ _____ BUS PASS/FARE: \$ _____

AUTO PAYMENT: \$ _____ AUTO INSURANCE: \$ _____ GAS \$ _____

IGNITION INTERLOCK: \$ _____ GROCERIES: \$ _____ ENTERTAINMENT COSTS: \$ _____ CHILD CARE EXP:

\$ _____ CREDIT CARD(S): \$ _____ MISC. EXP: \$ _____ CIGARETTES: \$ _____

MEDICAL/ MEDICATIONS: \$ _____ COURT FEES/FINES: \$ _____ TREATMENT: \$ _____

ADD'L DEBTS (I.E. HEALTH CLUB, PET SUPPLIES, TUITION, CHURCH/CHARITABLE CONTRIBUTIONS ETC.)

ARE YOU GOING TO HAVE DIFFICULTY PAYING FOR THE OBLIGATIONS YOU MUST MEET FOR THE COURT? YES NO
IF YES, EXPLAIN WHY: _____

PHYSICAL HEALTH

CURRENT GENERAL HEALTH: Well Average Poor
DESCRIBE ANY MAJOR ILLNESSES IN YOUR IMMEDIATE FAMILY: _____

WHAT PRESCRIBED MEDICATION(S) DO YOU TAKE AND WHAT FOR: _____

MENTAL HEALTH

DESCRIBE ANY EVENTS IN YOUR LIFE RECENTLY THAT HAVE CAUSED YOU STRESS: _____

ON A SCALE OF 1 TO 10 (1 BEING LEAST STRESSFUL, 10 BEING MOST STRESSFUL), WHAT IS THE LEVEL OF STRESS IN YOUR LIFE NOW? _____

TREATMENT HISTORY:

Have you ever participated in alcohol or drug treatment? No Yes

NAME OF AGENCY	ADDRESS	TREATMENT DATE

Have you ever participated in domestic violence treatment? No Yes

NAME OF AGENCY	ADDRESS	TREATMENT DATE

Have you ever participated in mental health treatment? No Yes

NAME OF AGENCY	ADDRESS	TREATMENT DATE

HAVE YOU EVER CONSIDERED SUICIDE? No Yes

WHEN? _____

SUBSTANCE USE

SUBSTANCE	When did you first use?	Length of use	Using now	Frequency	Amount per use
NICOTINE					
MARIJUANA					
COCAINE					
HALLUCINOGENS					
AMPHETAMINES					
ALCOHOL					
NON-PRESCRIBED DRUGS					
INHALING					
HEROIN					
OTHER					

Comments/Concerns:

I certify (or declare) under penalty of perjury under the laws of the State of Washington that the foregoing information is true and correct to the best of my knowledge.

Signature

Date