

INTAKE INTERVIEW SHEET

LAST NAME		FIRST	MIDDLE INITIAL	MAIDEN NAME or AKA	
ADDRESS				APT#	
CITY		STATE		ZIP CODE	
COUNTY		PHONE #		CAR MODEL	MAKE
YEARS AT ADDRESS		CELL PHONE #		DO YOU SPEAK ENGLISH? <input type="checkbox"/> YES <input type="checkbox"/> NO	
MAILING ADDRESS (IF DIFFERENT FROM ABOVE)		DO YOU HAVE DOGS AT YOUR RESIDENCE?		WHO DO YOU LIVE WITH?	RELATIONSHIP?

OFFICE USE:

DATE: _____

☐ PROBATION

☐ ACS

☐ DIVERSION

☐ HOME CONF

DATE OF BIRTH Month _____ Day _____ Year _____		<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOW <input type="checkbox"/> LEGALLY SEPARATED			
SEX <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE		RACE <input type="checkbox"/> WHITE <input type="checkbox"/> BLACK <input type="checkbox"/> ASIAN/PACIFIC ISLANDER <input type="checkbox"/> AMER INDIAN/ALASKAN			
HAIR <input type="checkbox"/> BRO <input type="checkbox"/> BLK <input type="checkbox"/> BLN <input type="checkbox"/> GRY <input type="checkbox"/> RED <input type="checkbox"/> OTHER		HEIGHT		WEIGHT	ETHNICITY HISPANIC ORIGIN YES <input type="checkbox"/> NO <input type="checkbox"/> UNKNOWN <input type="checkbox"/>
EYES <input type="checkbox"/> BRO <input type="checkbox"/> BLU <input type="checkbox"/> BLK <input type="checkbox"/> HAZ <input type="checkbox"/> GRN <input type="checkbox"/> OTHER		DRIVER'S LICENSE # _____ STATE _____ Valid DL? YES <input type="checkbox"/> NO <input type="checkbox"/>			
TATTOOS		SOCIAL SECURITY # _____			EMAIL ADDRESS:
CITIZEN OF WHAT COUNTRY?		PLACE OF BIRTH (CITY/STATE)			

EMERGENCY CONTACT (ANY PERSONS NOT LIVING WITH YOU) NAME		RELATIONSHIP
ADDRESS		
TELEPHONE #		

EMPLOYMENT <input type="checkbox"/> FULL TIME <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED, SINCE WHEN? _____			
EMPLOYER		EMPLOYMENT STARTING DATE	MONTHLY GROSS INCOME
ADDRESS	CITY	STATE	ZIP CODE
POSITION	HOW MANY HOURS/WEEK?	WORK PHONE #	<input type="checkbox"/> Skilled <input type="checkbox"/> Jnskilled <input type="checkbox"/> Professional
IS YOUR EMPLOYER AWARE OF THIS OFFENSE? YES <input type="checkbox"/> NO <input type="checkbox"/>		SUPERVISOR'S NAME	PHONE #
ANY MILITARY SERVICE? YES <input type="checkbox"/> NO <input type="checkbox"/>		DISCHARGE DATE	HONORABLE?
HIGHEST GRADE COMPLETED		FIELD OF STUDY	<input type="checkbox"/> GED <input type="checkbox"/> HS DIPLOMA <input type="checkbox"/> COLLEGE/GRAD DEGREE

OFFICE USE ONLY: (Residence Verification for Home Confinement) Relationship: _____ Comments: _____

Spoke With: _____

Date: _____ Intake Officer: _____