

WHAT ARE YOU HERE FOR PROBATION COMMUNITY SERVICE DIVERSION HOME CONFINEMENT

HAVE YOU EVER BEEN IN AN ORANGE COUNTY COMMUNITY CORRECTIONS PROGRAM BEFORE TODAY?

YES NO WHICH ONE? _____ DATE _____

ARE YOU A REGISTERED SEX OFFENDER: YES NO

ARE YOU A REGISTERED SEX PREDATOR: YES NO

IF SO, IN WHAT STATES(S) _____

WHAT IS YOUR STATUS? (CIRCLE ONE) RELEASED SUPERVISED

LIST ALL CURRENT CHARGES:

LIST ALL PRIOR CHARGES (THIS WILL BE VERIFIED AGAINST YOUR CRIMINAL HISTORY)

CHARGE/OFFENSE	YEAR	DID YOU GO TO JAIL?
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO
_____	_____	<input type="checkbox"/> YES <input type="checkbox"/> NO

VICTIM INFORMATION (OR PERSON INVOLVED) ON CURRENT CHARGE:

VICTIM'S NAME _____ RELATIONSHIP _____

ARE YOU CURRENTLY ON PROBATION? YES NO

OFFICER'S NAME _____ PHONE # _____

IF PERFORMING COMMUNITY SERVICE, MARK THE DAYS YOU ARE AVAILABLE TO WORK:

MONDAY TUESDAY WEDNESDAY THURSDAY FRIDAY SATURDAY SUNDAY

WHAT IS THE CLOSEST MAJOR INTERSECTION TO YOUR RESIDENCE?

WHAT TYPE OF TRANSPORTATION WILL YOU BE USING? CAR BUS OTHER

LIST ANY MEDICATIONS YOU ARE CURRENTLY USING: _____

LIST ANY PRESCRIPTIONS: _____

LIST ANY PHYSICAL LIMITATION: _____

LIST ANY MENTAL HEALTH ISSUES: _____

LIST OF DRUGS USED AND DATES (Example: Cocaine - Jan/99)

HAVE YOU EVER ATTENDED TREATMENT YES NO WHEN _____

IN PATIENT OUT PATIENT DAY TREATMENT OTHER

LIST ALL OF YOUR CHILDREN: (NAME AND AGE)

ARE YOU COURT ORDERED TO PAY CHILD SUPPORT?

YES NO

ARE YOU CURRENT ON YOUR PAYMENTS?

YES NO

DO YOU HAVE A ATTORNEY? YES NO

ATTORNEY'S NAME: _____ PHONE # _____

DO YOU OWN OR POSSESS ANY FIREARMS? _____