

Brazos County Community Supervision and Corrections Department

PERSONAL DATA SHEET

(DO NOT LEAVE ANY BLANKS UNFILLED, IF IT DOES NOT APPLY TO YOU WRITE IN N/A)

****PLEASE PRINT****

PERSONAL INFORMATION:

Last Name: _____ First Name: _____

Middle Name: _____ CELL Phone: _____

HOME Phone: _____ Email Address: _____

List all scars, marks, or tattoos (be specific on where it is located, give a description; and specify if tattoo is in word form)

Physical Address:

_____ APT#: _____ City: _____ State: _____ Zip: _____

Mailing Address:

(If different from physical address)

_____ APT#: _____ City: _____ State: _____ Zip: _____

EMPLOYMENT INFORMATION:

PLEASE CHECK THE FOLLOWING THAT APPLIES TO YOU

Employed: FULL TIME / PART TIME (number of hours worked per week) _____

Name of Employer: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Wages: _____ (Per hour/monthly/annually)

Occupation: _____ Supervisor's Name: _____ Start Date: _____

Number of months you have worked in the past 12 months: _____

Student: Name of School: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Credit hours taken per semester: _____

_____ Unemployed _____ Disabled _____ Retired _____ Homemaker

FAMILY INFORMATION:

****If a parent is DECEASED, please give their name and write DECEASED****

Father's Name: _____ Phone: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

Mother's Name: _____ Phone: _____ Email Address: _____

Address: _____ City: _____ State: _____ Zip: _____

FAMILY INFORMATION Continued:

Spouse's Name: _____ Phone: _____ Email Address: _____
Address: _____ City: _____ State: _____ Zip: _____
Spouse's employer: _____ Length of employment: _____
Employer Address: _____ City: _____ State: _____ Zip: _____

REFERENCES:

List 2 individuals with whom you keep in close contact with who has a telephone number and address in order to process your paperwork
(Ex: Boss, Co-Worker, Friend, Neighbor, Relative, DO NOT LIST YOUR PARENTS OR ANYONE THAT LIVES WITH YOU)

1. Name: _____ Relationship: _____
Address: _____ APT#: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email Address: _____

2. Name: _____ Relationship: _____
Address: _____ APT#: _____ City: _____ State: _____ Zip: _____
Home Phone: _____ Cell Phone: _____ Email Address: _____

DEMOGRAPHIC:

D.O.B: ___ / ___ / ___ **SEX:** Male / Female

RACE: African American / Asian / Pacific Islander / Caucasian / Hispanic / Native American / Alaskan Native

HAIR COLOR: Black / Blonde / Strawberry / Brown / Gray / Red / Auburn / White / Sandy / Bald

EYE COLOR: Black / Blue / Brown / Gray / Green / Hazel **HEIGHT:** _____ **WEIGHT:** _____

PLACE OF BIRTH COUNTRY: _____ **STATE:** _____ **U.S. Citizen:** YES / NO

HS Diploma or GED? YES / NO **HIGHEST SCHOOL GRADE COMPLETED:** 5, 6, 7, 8, 9, 10, 11, 12, _____

MARITAL STATUS: MARRIED / SINGLE / DIVORCED / SEPARATED / WIDOWED

Total Number of Dependents: _____ **Social Security #:** _____
(This total includes you, your spouse and # of children)

Driver's License #: _____ **ID Number:** _____
State Issued: _____ **Expiration Date:** _____

AUTO INFORMATION:

Make: _____ **Model:** _____ **Auto Body:** 2 / 4 DOOR **Color:** _____
Year: _____ **License Plate #:** _____ **State Issued:** _____

Are you currently or have you ever served in the U.S.Military? _____ **Yes** _____ **NO** (if yes, check boxes below)

- | | | |
|---|---|---|
| <input type="checkbox"/> Active | <input type="checkbox"/> Retired | <input type="checkbox"/> General discharge |
| <input type="checkbox"/> Active Reserve | <input type="checkbox"/> Disabled veteran | <input type="checkbox"/> Other than Honorable discharge |
| <input type="checkbox"/> National Reserve | <input type="checkbox"/> Entry level separation | <input type="checkbox"/> Bad Conduct discharge |
| <input type="checkbox"/> Inactive reserve | <input type="checkbox"/> Honorable discharge | <input type="checkbox"/> Dishonorable discharge |

FINANCIAL: PLEASE DO NOT LEAVE ANY BLANKS UNFILLED, IF IT DOES NOT APPLY, WRITE IN N/A

Total Monthly Income after Taxes: \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

Monthly Expenses:

Please check one of the following

- Rent
- Own
- Live with parents
- Other: _____

Monthly rent or mortgage payment: \$ _____

Do you receive Housing Assistance?

- Yes
- No

If yes, then what is the total amount you are receiving? \$ _____

Do you have health insurance? _____ Yes _____ No

OTHER:

Have you ever been a client of the VA Hospital? _____ Yes _____ No

Have you ever been a client of MHMR Center? _____ Yes _____ No

Are you currently or have you ever been through a substance abuse program? _____ Yes _____ No

Yes, when? _____ Inpatient: _____ Outpatient: _____

Are you currently or have you been in an AA/NA Support Group? _____ Yes _____ No

Are you currently seeing a Psychiatrist or Psychologist? _____ Yes _____ No

List any prescriptions or medications you are currently taking, and the reasons you are taking them

Medication	Reason

Please bring documentation of all prescriptions that you are currently taking to your first initial interview with your probation officer. ** (Examples: pill bottles; documentation from pharmacy, etc.)

Signature: _____ **Date:** _____

I have carefully checked my answers above and they are true and correct to the best of my knowledge.

Reading Assessment: _____ out of 10 correct.