

RESIDENTIAL HISTORY

List every town, city, or state, and country where you have lived and the dates of that residence:

Time Period (month/year)	City, State, Country	Time Period (month/year)	City, State, Country
From: To:		From: To:	

Probation Officer comments:

MILITARY SERVICE

None

Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:
Highest Rank:	Rank at Separation:	Decorations/ Awards:		VA Claim Number:

Probation Officer comments:

MARITAL STATUS

Presently single and no marital history.
 (Include present and previous marriages, including those at common law)

Spouse/Domestic Partner	Date/Place of Marriage	Status	Date of Separation/ Divorce (list court granting divorce)	Number of Children

Employment status of current spouse:

Spouse DOB/SSN:

Probation Officer comments:

CHILDREN

No children If deceased, list year and cause of death in address line:

Child's name	Age	Name of other parent of this child	Amount of Support Provided (if child does not reside with you)	Residence

Probation Officer comments:

PHYSICAL HEALTH

Currently healthy and no history of health problems.

List the date(s) and nature of any diseases, handicaps, serious or chronic illnesses, and/or other medical conditions:

Date	Name and/or Description of Medical Condition (include current condition)	Treating Physician and/or Facility (include city and state)	Prescriptions

Probation Officer comments:

MENTAL AND EMOTIONAL HEALTH

No history of mental or emotional problems, and no history of treatment of such problems.

Describe any past or present mental or emotional, or gambling problems (do not include substance abuse):

Date	Name and/or Description of Condition	Treating Physician and/or Facility (include city and state)	Inpatient or Outpatient	Prescriptions

Probation Officer comments:

SUBSTANCE ABUSE

No history of alcohol or drug use and no history of treatment for the same.

Please provide the following information for any alcohol and/or drugs you have used:

	Date/Age of first use	Please list the average quantity and frequency of use for the two-year period preceding your last use; and summarize other prior use patterns	Date of last use
Alcohol			
Marijuana			
Cocaine			
Crack Cocaine			
Amphetamine/ Methamphetamine			
Heroin/ Opiates			
Barbiturates			
Hallucinogens			
Inhalant			
Other:			

Please provide the following information for any prior substance abuse treatment in which you have participated:

Treatment Provider	Inpatient/ Outpatient	Duration/dates of treatment	Reason for termination	Court ordered (Y or N)

Probation Officer comments:

EMPLOYMENT HISTORY

List places of employment, beginning with the most recent, for the past ten years.

Dates (month and year)	Name/ Address of Employer	Job Position	Wage	Reason for Leaving
From: To:	Phone:			

