ADULT INFORMATION SHEET

Your are required to complete this form for use by the Colusa County Probation Department. The information you submit will be used in the preparation of a probation report and , if applicable, during the supervision of your probation period. This form must be filled out completely and accurately.

Who is your attorney?	egarding this case? nizance (O.R.)? Yes	No		
PERSONAL HISTORY:				
Name:			Social Secu	urity No
Last	First	Mid	dle	
Other names you have used				
Address		City	State/2	Zip
Mailing Address		City	State/Z	²ip
Phone No	Work		Pager/Cell	
Date of Birth				
Sex Height				
Identifying Marks (scars, tattoos, et	c.)			
United States Citizen Yes N Immigration Number	oIf you are not	a United States Citizen,	what is your alien status?)
How long have you lived in Colusa United States			State of CA?	
Driver's License Number and State List the make, model, style, color, y				
and the make, model, style, color, y	ear and neerse number	or on all vernicles you unv	е	
1 2				
3		***************************************		
EDUCATION:				
Did you complete High School? Y	es No	lf not, do you have a	GED? Yes	No
Highest grade completed	College	e / Trade School attende	ed	
Degree (s) attained	If you	are presently attending	school, where?	

MILITARY SERVICE:

Branch of Service	Date entered				
Date of discharge	Honorable discharge Yes No_				
If discharge was dishonorable, explain					
Court Martial Yes No	If yes, explain:				
FAMILY HISTORY:					
Father's Name:	Birthplace:				
Address:	Phone No:				
Age: Employer	Highest grade completed:				
If deceased, where / when / how?					
Mother's Name:	Birthplace:				
Address:	Phone No:				
Age: Employer:	Highest grade comple	ed.			
If deceased, where / when / how?	- Ingliest grade comple				
StepMother's Name:	Birthplace:				
Address:	Phone No: Highest grade comple				
Age: Employer:	Highest grade comple	ted:			
if deceased, where / when / how?					
StenEather's Name:	Birthplace:				
Address:	Phone No:				
Age: Employer:	Phone No:Phone No:	eted:			
If deceased, where / when / how?					
BROTHERS / SISTERS: (give full names					
1. Name:	Sav	Age			
-					
2. Name:		Age			
Current Address:					
		A			
Current Address:		Age			
Current Address.					
4. Name:	Sex_	Age			
Current Address:					
5. Name:		Age			
Current Address:					
6 Name:	2	A			
	Sex				
Outtent Variessi					

MARITAL HISTORY:

Married	Single	Widowed	Divorce	ed S	Separated	Co	ommon-law
Spouse's Nam	ne:					Age:	
Address:						Phone No	•
Wife's Maiden	Name:			Date of Ma	rriage:		
Previous Marı	riages:						
1.Spouse's Na	ame:				//aiden Name		
Address:				F	Phone No:		
Date and place	e of marriage:						
Date and place	e of termination:		······································	**************************************			
2.Spouse's Na	me <u>:</u>				Maiden Name	e:	
Address:				F	hone No:		
Date and place	e of marriage:						
Date and place	e of termination:						
CHILDREN:							
1. Name:						Sex	Age
Address:							
2. Name:						Sex	Age
Address:							
3. Name:						Sex_	Age
Address:							
4. Name:						Sex	Age
Address:							
PHYSICAL AN	ID EMOTIONAL HE	ALTH:					
How is your ge	neral health? Ex	cellent	Good	*	Fair		Poor
		Market and the second of the s					
		or limitations? Yes					
Are you curren	tly taking any medic	cation(s) Yes N	lo If yes, lis	t all medication	s you are cur	rently takinç]

שט you nave no	ow, or nav	e you ever r	au any or me ronowing	ſ			
Tuberculosis	Vac	No		Heart trouble	Yes	No	
Diabetes		No		Broken bone(s)	Yes		
Arthritis		No		High Blood Pressure		No	
Asthma		No		Back injuries	Yes		
Emphysema		No		Allergies	Yes		
Epilepsy		No		Mental illness	Yes		
Hepatitis	Yes				,	-	
If you answered	l yes to ar	ny of the abo	ve questions explain:				
Do you drink ald	cohol? Ye	sNo_	If yes, answer the	following questions: At wh	at age did	you first drink ?	
How often do yo	ou drink?_						
How often do yo	ou aet dru	nk?					
Is there a histor	y of alcoh	olism in you	family?	nave you ever received trea			
Do you have a	drinking pi	roblem? Ye	i No If yes, h	nave you ever received trea	atment for y	our drinking problem?	
If you have rece	eived treat	ment for yo	r drinking problem, ex	plain what type and when y	ou receive	d the treatment	
***************************************		·					Marie 12.1. J
							····
***************************************	·						
Do you use dru	ns? Yes	No	If yes, answer the	following questions:			
At what age did	vou first i	ise drugs ?	11 you, answer the		often do voi	111567	
Is there a histor	v of drug :	addiction in	our family?	. 1044	men do you	. uoc:	vou have a
problem with di	ruas? Yes	3	Vo If ves. ha	ve you ever received treatr	nent for you	ır drug use?	you nave a
If you have rece	eived treat	ment for vo	r drug use explain who	at type and when you recei	ved the trea	atment.	
		•		,			····
EMPLOYMENT	RECOR	<u>):</u>					
Occupation:							
0 : 11/ "	1.01.11						
Special Vocatio	nai Skilis:	·····					
			***************************************		······································		
Employers (list	most roca	nt firet\					
LitibioAcia (list	111031 1565	in moy					
1							
2	······································				· · · · · · · · · · · · · · · · · · ·		
3		**************************************		Accordingly, 1971. And the Manual According to the Assessment Committee of the Committee of			
4							
Career Goals:							
			<u> </u>	***************************************	· · · · · · · · · · · · · · · · · · ·	······································	
							M

TINANCIAL STATUS:

ASSETS	INCOME	EXPENSES (monthly)		
Cash on hand \$	Salary \$	Mortgage/Rent \$		
Checking Acct. \$	Spouse's salary \$	Food \$		
Savings Acct. \$	Unemployment \$	Utilities \$		
Cars (cash value) \$	Retirement \$	Household \$		
Household Items \$	Disability \$	Transportation \$		
Real Estate \$	Welfare \$	Insurance \$		
Other \$	Social Security \$	Child Support \$		
	Misc. \$	Medical \$		
TOTAL ASSETS: \$	TOTAL INCOME: \$	TOTAL EXPENSES \$		

PREVIOUS ARRESTS:	
Have you ever been arrested before? Yes No If yes, give dates of arrest, city and state where you were arrested, sentence(s) and names of institutions where you have been incarcerated. Include any arrests as a juvenile.	
	•
	•

5

PRESENT OFFENSE: State what occurred concerning the charge/offense which led to your referral to the department:	
	
PROBATION: Why do you think you should be granted probation?	
YOU MAY ATTACH ADDITIONAL SHEETS OF PAPER FOR THE PURPOSE OF ELABORATING ON ANY O	
THE QUESTIONS. IF YOU ARE IN CUSTODY, FILL OUT THIS FORM AND KEEP THEM WITH YOU UNTIL	-
YOU ARE INTERVIEWED BY THE PROBATION OFFICER.	
I hereby swear or affirm that the information I have provided is complete, true and accurate.	
Signature: Date:	

6

DEFENDANT'S STATEMENT: