

## 52/4 D.C. PROBATION CLIENT BASIC INFORMATION

Testing Location: \_\_\_\_\_

Interviewer: \_\_\_\_\_

Case #: \_\_\_\_\_

Appt Date/Time: \_\_\_\_\_

Last four digits of SS#: \_\_\_\_\_

Jail dates: \_\_\_\_\_

### DEMOGRAPHICS

Full Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

How long have you lived at this address?: \_\_\_\_\_ With whom do you live?: \_\_\_\_\_

Telephone No: (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Preferred pronouns: \_\_\_\_\_

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Place of Birth (City & State Or Foreign Country): \_\_\_\_\_

### FAMILY DATA

Father \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

Mother \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

Stepfather \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

Stepmother \_\_\_\_\_ Address \_\_\_\_\_ City \_\_\_\_\_

Siblings:	B/S	Age	Address	City

Relationship Status (check one) \_\_\_\_\_ married \_\_\_\_\_ single \_\_\_\_\_ divorced  
\_\_\_\_\_ separated \_\_\_\_\_ widowed \_\_\_\_\_ significant other

Name	Date of Marriage	Date of divorce

Children's Names	M/F	Age	Address	City

### STAFF

NOTES: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

EDUCATION: Currently Enrolled in School? \_\_\_\_\_ Yes \_\_\_\_\_ No Highest grade completed \_\_\_\_\_

Last Year Attended: \_\_\_\_\_ Name of School: \_\_\_\_\_

**MILITARY:** (you may be requested to produce your DD214 form)

Enlisted \_\_\_\_\_ Inducted \_\_\_\_\_ Year \_\_\_\_\_ Discharged Year \_\_\_\_\_ Branch \_\_\_\_\_

Highest Rank \_\_\_\_\_ Type of Discharge \_\_\_\_\_

**EMPLOYMENT Bring your most recent pay stub to document employment**

Date Started	Name and Address of Employer	Title	Wage

Do you receive any financial assistance? \_\_\_ Yes \_\_\_ No

Circle all that apply: SSI, SSD, Bridge Card, food assistance, WIC, cash assistance, housing assistance, child support. Amount(s) \_\_\_\_\_

Current Bankruptcy? Yes No Repossessions? Yes No

Any garnishments? Yes No Evictions or foreclosure? Yes No

**List all monthly bills and amounts - for an accurate payment plan, all bills must be documented**

Mortgage/Rent _____	Car Loan _____	Car Insurance _____
Utilities _____	Medical Bills _____	Child Support _____
Credit Card _____	Groceries _____	Child Care _____
Loan _____	Other _____	

**PHYSICAL HEALTH:**

General Condition of Health: \_\_\_ Good \_\_\_ Fair \_\_\_ Poor Physical Handicaps: \_\_\_ Yes \_\_\_ No

Primary Physician: \_\_\_\_\_ Phone: \_\_\_\_\_

Last appointment: \_\_\_\_\_ If you have health insurance, name of provider: \_\_\_\_\_

Please list all of your **current** prescription and non-prescription (over the counter) medications:

Name of your current medicine	What do you use it for?	When did you begin taking it?	What dose do you take and how often?	Name of prescribing physician

Check any problem health areas you have or have had:

Condition	Present	Past	Comments

**STAFF****NOTES:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**MENTAL HEALTH:**

Are there special, unusual, or traumatic circumstances that affected you? \_\_\_\_ Yes \_\_\_\_ No

If Yes, please describe: \_\_\_\_\_

Any history of child abuse? \_\_\_\_ Yes \_\_\_\_ No If yes, which type? \_\_\_\_ Sexual \_\_\_\_ Physical \_\_\_\_ Verbal

How old were you at the time of abuse? \_\_\_\_\_

Other Childhood Issues: \_\_\_\_ Neglect \_\_\_\_ Poor Nutrition \_\_\_\_ Poor Health \_\_\_\_ Other: \_\_\_\_\_

Any history of abuse by others? \_\_\_\_ Yes \_\_\_\_ No

If Yes, which type? \_\_\_\_ Emotional \_\_\_\_ Sexual \_\_\_\_ Physical \_\_\_\_ Verbal \_\_\_\_ Other: \_\_\_\_\_

How old were you at the time of abuse? \_\_\_\_\_

Personal History of:	Present	Past	Family history	Comments
Substance Abuse				
ADD/ADHD				
Depression				
Anxiety				
Bipolar				
Suicide Attempt or thoughts				
Addictive Behaviors				
Mental Health Hospitalizations				
Substance Use Hospitalization				
Support group meetings (AA, Smart Recovery etc.)				

Have you ever had.....

Yes No When Where

Mental Health Counseling

\_\_\_\_ \_

Attend support group meetings

\_\_\_\_ \_

Drug/alcohol treatment

\_\_\_\_ \_

Over the last 2 weeks, how often have you been bothered by any of the following problems?

0= not at all 1= several days 2=more than half the days 3=nearly every day

Little interest or pleasure in doing things \_\_\_\_\_ Feeling down, depressed or hopeless \_\_\_\_\_

**SUBSTANCE USE HISTORY:** Have you ever used any of the following?

	Method of use	Amount	Frequency of use	Age of first use	Date of last use	Length of pattern of use
Alcohol						
Cocaine/Crack						
Heroin						
Opiates						
Marijuana						
PCP/LSD/Mescaline						
Inhalants						

Prescriptions drugs Benzodiazepines(Xanax, Klonopin, etc.), Opiates (i.e. Oxycotin, Fentanyl), Amphetamines (i.e Adderall, Ritalin)						
Over the Counter						
Kratom or other mood altering substances						
Other:_____						

Substance(s) of preference:

1. \_\_\_\_\_ 2. \_\_\_\_\_

Reason(s) for Use:

☐ Addicted
 ☐ Build Confidence
 ☐ Escape
 ☐ Self-Medication  
☐ Socially
 ☐ Taste
 ☐ Other (specify) \_\_\_\_\_

Yes No

- ☐ ☐ Has your use of alcohol or drugs interfered with your obligations at work/school?  
☐ ☐ Has your use of alcohol or drugs interfered with your obligations/relationships at home?  
☐ ☐ Have you ever used more alcohol or drugs in order to achieve the desired effect?  
☐ ☐ Have you ever needed to take a drink or use a drug in the morning in order to relieve a hangover?  
☐ ☐ Have you spent a great amount of time in activities necessary to obtain the alcohol or drugs?  
☐ ☐ Have important social, occupational, or recreational activities been given up or reduced because of the use of alcohol or drugs?  
☐ ☐ Have you continued to use alcohol or drugs despite knowing that physical, psychological, or legal problems are likely to occur?  
☐ ☐ Have friends or family expressed concerns about your use?  
☐ ☐ Have you ever experienced a blackout due to use?  
☐ ☐ Do you feel dependent or have concerns about your substance use?

Psychiatrist/Therapist: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_

**Please document any counseling you are participating in or have recently completed and bring to your appointment.**

## LAW ENFORCEMENT CONTACT

Are you currently on probation or parole? ☐ Y ☐ N Court: \_\_\_\_\_ Charge: \_\_\_\_\_

Parole/Probation Officer's Name: \_\_\_\_\_ Telephone #: \_\_\_\_\_

Do you have any other pending matters beside this case? Yes No

Where? \_\_\_\_\_

## **Emergency Contacts**

List at least two people, friends or family (with address, phone number and relationship) who are aware of your arrest and may be contacted.

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## YOUR STATEMENT REGARDING THE CIRCUMSTANCES OF THIS CASE

This image shows a single sheet of white paper with horizontal ruling lines. The lines are evenly spaced and run across the width of the page. There are no margins, text, or other markings on the paper.

Please sign and date below to acknowledge the above information in the entirety of this document is true to the best of your knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**STAFF NOTES:**