

OFFENDER INFORMATION FORM

Name: _____

Date: _____

Time: _____

RESIDENCE:

Phone No. _____

Cell Phone No. _____

Address Changes _____

Reason for Moving: _____

Names of ALL Persons living in this residence: _____

LAW ENFORCEMENT:

Have you been arrested or questioned by any law enforcement officer? (Circle One) Yes No

If yes, explain _____

CRIMINAL CONTACT:

Have you had contact with anyone having a criminal record? (Circle One) Yes No

If yes, with whom? _____

EMPLOYMENT:

Did you change employers? (Circle One) Yes No Were you terminated? Yes No

If you are employed, list the name of immediate supervisor, employer's name, address, and phone.

Job Title: _____ Hourly Wage/Salary: _____

Is your employer aware of your court status? Yes No No. of hours worked since last report? _____

Have you missed any work since your last report? Yes No If yes, why? _____

Employment income earned since last report? _____

Other income (sources and amounts): _____

What are your current work days/hours? _____

Did you bring a check stub with you today? (Circle One) Yes No

What is the amount of your gross pay on that stub? _____

How often are you paid? (Circle One) Weekly Every 2 Weeks Twice a Month Monthly

If you do not have a check stub, how were you paid? (Circle One) Personal Check Cash Other _____

If no check stub provided, what is the amount of your gross pay? _____

PLEASE COMPLETE BOTH SIDES OF THE FORM

If unemployed, list the name and location of all businesses where you have applied for work:

Have made your monthly restitution payment? (Circle One) Yes No Amount _____
Have made your monthly court cost payment? (Circle One) Yes No Amount _____
Have made your monthly supervision fee payment? (Circle One) Yes No Amount _____
Have your community service hours been completed? (Circle One) Yes No

DRUG/ALCOHOL USE:

Did you use or possess any illegal drugs or alcohol since your last report? (Circle One) Yes No
If yes, explain and include the date(s) _____

MENTAL HEALTH/DRUG/ALCOHOL TREATMENT:

Do you receive treatment for (circle one) Mental Health Drug Alcohol
If yes, have you cancelled or failed to keep any treatment appointments since your last contact with a Hancock County Adult Probation Officer? (Circle One) Yes No If yes, date: _____
Have you been compliant with all treatment recommendations? (Circle One) Yes No
If no, explain the treatment recommendations where you have been non-compliant. (i.e. medication, group or individual counseling, AA)

TRAVEL:

Have you traveled outside the county without permission of a Hancock Co. Adult Probation Officer? Yes No
If yes, when and where _____

FIREARMS:

Did you use or possess any firearms or weapons of any kind? (Circle One) Yes No
If yes, explain _____

VEHICLES:

Have you changed vehicles, replaced license plates, or renewed your driver's license? (Circle One) Yes No
If yes, please list changes, including dates of changes, and provide copies of verifications:

I CERTIFY THAT ALL INFORMATION PROVIDED IS COMPLETE, TRUE AND ACCURATE.

Defendant's Signature

Date