



Santa Barbara County Probation Department

Information Systems Development

Adult Information Sheet

You are required to complete this form. The information you submit may be used in the preparation of a probation report and in the supervision of your case while under the jurisdiction of the Probation Department. It is important that you answer questions honestly and completely. **Please print legibly or type.**

Date Form Completed:			
Name:			
Prefix:	First:	Middle:	Last: Suffix:
Additional Name(s) Used and Type (alias, maiden, moniker):			
Current Residential Address:			
Number/Street:		Unit Number:	
City:	State:	Country:	Zip: (+4):
Additional Addresses Used and Type (residence, mailing, permanent) Where you will reside when released, if different from above?			
Contact Phone:		Work Phone(s):	Other Phones:
Is this the phone at your residence? <input type="checkbox"/> Yes <input type="checkbox"/> No			Fax / Cell / Relatives, etc.
Physical Attributes:			
Race:	Gender:	Height:	Any sight impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No
Weight:	Hair Color:	Eye Color:	Describe:
Scars/Marks/Tattoos:		Any hearing impairment? <input type="checkbox"/> Yes <input type="checkbox"/> No	
		Describe:	
Background Attributes:			
Birth Date:	Place of Birth:	Other Birth Dates Used:	
Date Arrived in State:	Date Arrived in U.S.:	Length at Current Residence:	
Date Arrived in County:	Other States/Countries Resided in:		
Sexual Preference: <input type="checkbox"/> Heterosexual <input type="checkbox"/> Homosexual	Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Living Together		
Primary Language:	Citizen of U.S.? <input type="checkbox"/> Yes <input type="checkbox"/> No	If No, citizen of which country?	
Usual Occupation:			
Education:			
Did you earn a high school diploma or GED? <input type="checkbox"/> High School Diploma <input type="checkbox"/> GED		What were your usual grades in high school? <input type="checkbox"/> A <input type="checkbox"/> B <input type="checkbox"/> C <input type="checkbox"/> D <input type="checkbox"/> F <input type="checkbox"/> Did Not Attend	
Were you ever suspended or expelled from school? <input type="checkbox"/> Yes <input type="checkbox"/> No		Did you fail or repeat a grade level? <input type="checkbox"/> Yes <input type="checkbox"/> No	
College Attended:	Year:	Age left school:	Degree/Certificate Earned:
Name of School:	City:	Major (if applicable):	
Currently Attending School? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, where:		Major:
Other education, training, trade school, certificates:			

Military: Did you serve in the military? <input type="checkbox"/> Yes <input type="checkbox"/> No (If you answer "no," go to next section)				
Branch:	Rank:	Date Entered:	Date of Separation:	Specialty:
Type of Discharge:	Court Martial? <input type="checkbox"/> Yes <input type="checkbox"/> No		Do you qualify for veteran's benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	
Identifiers:				
Driver's License Number(s):		State(s):	INS Number:	
Social Security Number:			E-mail Address:	
Social Services / MediCal:				
Are you eligible for MediCal? <input type="checkbox"/> Yes <input type="checkbox"/> No Currently Receiving MediCal benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No MediCal Number:				
Have you previously received MediCal? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, where and when:				
Are you currently receiving aid from the Department of Social Services? <input type="checkbox"/> Yes <input type="checkbox"/> No				
If so, Type of Aid:		Worker's Name:		
Family Members:				
Father:				
Name:		Date of Birth:	Age:	Birthplace:
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so: Date of Death:	Place of Death:	
Circumstances of Death:				
If not deceased, complete the following:				
Does he live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, address:				
Contact Phone:		Other Phone(s) and Type:		
Is he on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, name(s) of jurisdiction and Probation/Parole Officer:				
Mother:				
Name:		Date of Birth:	Age:	Birthplace:
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No		If so: Date of Death:	Place of Death:	
Circumstances of Death:				
If not deceased, complete the following:				
Does she live with you? <input type="checkbox"/> Yes <input type="checkbox"/> No If not, address:				
Contact Phone:		Other Phone(s) and Type:		
Is she on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, name(s) of jurisdiction and Probation/Parole Officer:				
Current Spouse or Partner:				
Name:		Date of Birth:	Age:	Birthplace:
Answer as applicable:				
Date Began Living Together:		Date Married:	Date Separated:	
If he/she does not live with you, address:				
Contact Phone:		Other Phone(s) and Type:		
Is he/she on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, name(s) of jurisdiction and Probation/Parole Officer:				

Previous Partners:				
Name	Were You Married?	Date Married or Together	Date Separated	Date Divorced

Children:								
Name	Age	Live With You?	If not, where do they live?	How often do you see?	Who Supports?	How Much?	Support Court Ordered?	Child on Probation or Parole?

Siblings: Please list your brothers and sisters:					
Name	Age	On Probation or Parole?	Live With You?	If no, how often do you see them?	Address (if they don't live with you)

Who Else Lives With You?			
Name	Age	Relationship	Are they on Probation or Parole?

Employer (Current if employed, most recent if unemployed)					
Company Name:		Supervisor's Name:		Your Occupation:	
Address:					
Phone(s):					
Date Employed:		Currently Employed? <input type="checkbox"/> Yes <input type="checkbox"/> No If no, date became unemployed:			
If Employed, Work Schedule:			Take Home Pay Per Month:		
Could you verify your employer or school (if attending) prior to this incarceration? <input type="checkbox"/> Yes <input type="checkbox"/> No					
In the 12 months before this incarceration, how much time did you work or attend school? <input type="checkbox"/> 12 months FullTime <input type="checkbox"/> 12 Months PartTime <input type="checkbox"/> 6+ Months FullTime <input type="checkbox"/> 0 to 6 Months PT/FT					
Right now, do you feel you need more training in a new job or career skill? <input type="checkbox"/> Yes <input type="checkbox"/> No					
Right now, if you were to get (or have) a good job how would you rate your chance of being successful? <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor					
Thinking of your financial situation prior to this incarceration, how hard was it for you to find a job ABOVE minimum wage compared to others? <input type="checkbox"/> Easier <input type="checkbox"/> Same <input type="checkbox"/> Harder <input type="checkbox"/> Much Harder					
Associate 1:					
Name:		Age:		Type of Associate (from list above):	
Address:					
Contact Phone:			Other Phone(s) and Type:		
Is he or she on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, name(s) of jurisdiction and Probation/Parole Officer:		
How often do you see this person?			About how much time each week do you spend with them?		
Associate 2:					
Name:		Age:		Type of Associate (from list above):	
Address:					
Contact Phone:			Other Phone(s) and Type:		
Is he or she on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, name(s) of jurisdiction and Probation/Parole Officer:		
How often do you see this person?			About how much time each week do you spend with them?		
Associate 3:					
Name:		Age:		Type of Associate (from list above):	
Address:					
Contact phone:			Other Phone(s) and Type:		
Is he or she on probation or parole? <input type="checkbox"/> Yes <input type="checkbox"/> No			If so, name(s) of jurisdiction and Probation/Parole Officer:		
How often do you see this person?			About how much time each week do you spend with them?		
Vehicle(s) You Drive:					
Year	Make	Body Style	Color	License Plate / State	Who Owns It?
Do you have vehicle insurance? <input type="checkbox"/> Yes <input type="checkbox"/> No				Name of Company:	
Policy Number:				Address of Company:	

Financial Information:			
Monthly Expenses		Assets / Monthly Income	
Rent/House Payment		Income:	
Car Payment(s)		Your Take Home Pay:	
Insurance		Spouse/Partner Take Home Pay:	
Home		Other Sources Of Income:	
Auto		Child Support Received	
Health		Unemployment / Disability	
Telephone(s)		Social Security	
Utilities:		Welfare	
Water		Veteran's Benefits	
Gas		Workers' Compensation	
Electricity		Any other income? List:	
Trash			
Cable			
Transportation:			
Gasoline			
Car Repair		Assets:	
Other		Cash on Hand:	
Laundry		Savings Account Balance	
Clothing		Bank:	
Food		Checking Account Balance	
Furniture		Bank:	
Medical/Dental Bills		Stocks/ Bonds/Treasuries (today's value)	
Child Care/School			
Child Support Payments			
Credit Cards (list each)		Other Investment Instruments: (list)	
		Real Estate	
		Address	
Other Loan Payments (list):		Type of Real Estate:	
		Amount Owing on Loan(s)	
		Today's Value	
		Life Insurance:	
Other Expenses:		Face Value []	
		Cash Value	
		Vehicles: List, description and value	
(To be completed by P.O.) Total Expenses:		Total Net Income:	Total Net Assets:
P.O. believes client can pay \$ _____ per month on court-ordered fines, fees, and restitution.			

Medical, Mental Health, Alcohol, Drug, Gambling, Threat, Weapons History and Current Status:

Physical/Medical Issues (History and Current Status):

Surgeries, and Major Injuries and Illnesses:

Medications Being Taken:

Disabilities:

Any Other Current or Past Medical Concerns or Information:

Mental Health Issues (History and Current Status):

List any counseling/therapy, including dates, reason, and therapist:

If you have ever been given a mental health diagnosis, what was it? Date?

Were you a victim of any violence, or sexual, child, or spousal abuse (if yes, describe)?

Describe any family history of mental health or abuse issues:

Have you ever, or are you taking any medications for mental health issues (describe):

Have you ever felt suicidal? Explain:

Alcohol Use (History and Current Status):

Age you began drinking:

What is your current alcoholic beverage of choice?

How often do you drink?

How much on average do you drink each time?

Do you typically drink alone or with others?

Explain any arrests in which alcohol was a factor:

Describe any treatment you have had for alcohol issues:

Describe any medical conditions you have related to alcohol use:

Drug Use (History and Current Status):

Age you began using drugs:

What is your current drug of choice?

How often do you use drugs?

How much on average do you use each time?

Do you typically use alone or with others?

Do you ever use more than one drug at a time? If so, what?

Were you using drugs or under the influence when arrested for your current offense?

Explain any arrests in which drugs were a factor:

Do you think you would benefit from getting treatment for drugs?

Describe any treatment you have had for drug issues:

Describe any medical conditions you have related to drug use:

Gambling (History and Current Status):

Age you began gambling:

How often do you gamble?

What forms of gambling do you participate in?

- Casino Internet Satellite wagering Lottery Bingo Cards

How much on average do you spend on gambling each month?

Have you ever spent more than you intended on gambling? Explain:

Have you ever written a bad check or taken money in order to pay for your gambling?

Describe any treatment you have had for gambling issues?

Threats to Others and Gang Involvement (History and Current Status):

Have you ever threatened someone?

If so who and why:

Have you ever been arrested for a violent act against someone else? If so, explain:

Have you ever been involved with gang members? Describe:

If so, have you been "jumped in"?

What gang?

What is your current status?

What is your moniker?

Firearms and Weapons (History and Current Status):

Have you ever been arrested on a charge that involved weapons? If so, describe:

Do you currently own or have easy access to any firearms? If so, please list:

Do you own or currently have easy access to other weapons? If so, please list:

Have you ever used a weapon against any person or animal? If so, describe:

Have you had any training in the use of weapons? If so, describe:

Threat from Others (History and Current Status):

Has anyone ever made threats toward you? If so, describe:

Do you have any enemies: Yes No Are they in jail or prison? Yes No

List any enemies, or anyone who has threatened you:

Miscellaneous:

Organizations and Clubs you belong to:

Martial Arts Training: (type, belts, dates)

Any other information you feel the Probation Officer should be aware of?

Narrative Section:

1. Previous Arrests:

Are you presently on Probation or Parole? Yes No

If yes, P.O. Name, Jurisdiction, Phone Number:

Have you ever been arrested before, either as a juvenile or adult? If so, give dates, offense(s) charged, where arrested, sentence, and institution where you served your sentence.

2. Present Offense: Describe the offense which led to your referral to this department:

3. Plans for the Future, and Probation/Diversion: Why do you think you should be granted probation/diversion? What plans do you have for the future, and what are you doing to achieve them?

If you feel you need to elaborate on any of the data contained in this Adult Information Sheet, please attach additional sheets of paper for this purpose.

If you are in custody, fill out these forms and keep them with you until interviewed by the Probation Officer.

I hereby swear or affirm that the information I have provided is complete and accurate. I understand that if I am granted probation, I must report to Probation within 72 hours of my sentencing date or release from custody.

Client Signature:

Date:

For Department Use:

Background: DNA sample on file with California Department Of Justice: Yes No Unknown

Status:

Extended Risk: <input type="checkbox"/> Yes <input type="checkbox"/> No	Transient: <input type="checkbox"/> Yes <input type="checkbox"/> No	Undoc Immigrant: <input type="checkbox"/> Yes <input type="checkbox"/> No	Violent Offender: <input type="checkbox"/> Yes <input type="checkbox"/> No
Repeat Offender: <input type="checkbox"/> Yes <input type="checkbox"/> No	Sex Offender: <input type="checkbox"/> Yes <input type="checkbox"/> No	Mental Health Issues: <input type="checkbox"/> Yes <input type="checkbox"/> No	

Supervision: State Parole: Yes No

Registration Required: Sex Arson Drugs

Special Instructions: (Check all that apply)

- Special Handling
 TANF
 Title IVE
 SATC
 TCM
 EM
 Sex Registrant
 Drug Registrant
 Arson Registrant
 Domestic Violence
 Medi – Cal
 Undercover Exempt

Data Entry By: _____ Date: _____

Additional Data Entry By: _____ Date: _____

Acceptance Of Data Entry: (signature of P.O.) _____ Date: _____