

71B DISTRICT COURT PROBATION DEPARTMENT BASIC INFORMATION SHEET

Instructions:

1. This form must be answered by the probationer.
2. Answer all questions completely and to the best of your ability.
3. Please be honest and accurate.

Today's Date: _____ Date of Birth: _____
mm/dd/yyyy

Name: _____
Last First Middle

Other names used: _____
Maiden/Previous Names/Aliases

What is your current address:

Address Apt. # City State Zip

Is this address new since the date of your arrest: YES NO

Phone Numbers	Number
Cell Phone	() _____ - _____
Home Phone	() _____ - _____
Work Phone	() _____ - _____

CRIMINAL HISTORY

Juvenile History

Offense	County	Year

Adult History

Offense	County	Year

1. Do you have any charges pending besides the offense you are here for today: YES NO

Pending charge: _____ County: _____

2. Are you presently on Probation or Parole: YES NO What County: _____

EDUCATION

1. Are you a high school graduate: YES NO If not, what is the highest grade you have completed: _____

2. Any additional schooling/college/trade school/training: _____

3. Are you presently in school: YES NO If so, where: _____ Grade: _____

4. Can you read and write the English language well: YES NO

EMPLOYMENT/FINANCIAL

1. Are you presently employed: YES NO If not, why: _____

2. Place of Employment: _____ Position: _____

3. Work Address: _____
Address City State Zip

4. How long have you worked there: _____ 5. Part-time Full-time 6. Hours per week: _____

7. What is your hourly rate of pay or salary: _____ 8. What is your take home pay: _____

9. Name of supervisor: _____ 10: Supervisor phone: () _____ - _____

11. Is your spouse employed: YES NO If yes, where: _____

12. Do you have any other source(s) of income (check all that apply):

<input type="checkbox"/> Social Security benefits	Amount: _____	<input type="checkbox"/> Disability benefits	Amount: _____
<input type="checkbox"/> Retirement/Pension	Amount: _____	<input type="checkbox"/> Secondary job	Amount: _____
<input type="checkbox"/> Rental properties	Amount: _____	<input type="checkbox"/> Child support	Amount: _____
<input type="checkbox"/> Other (specify) _____	Amount: _____		Amount: _____

13. Do you receive any type of assistance (cash/food): YES NO Amount received : _____

14. Do you have a professional health care license through the State of Michigan Department of Licensing and Regulatory Affairs (LARA): YES NO If yes, specify the profession: _____

15. Have you served in the United States military: YES NO If YES, circle the appropriate information below

Status	Branch	Rank		Discharge
Active	Air Force	Private	Master Sergeant	Discharge
Discharged	Army	Private 1 st Class	First Sergeant	Bad Conduct
	Coast Guard	Specialist	Staff Sergeant Major	Dishonorable
	Marines	Corporal	Warrant Officer	General
	National Guard	Buck Sergeant	2 nd Lieutenant	Honorable
	Navy	Staff Sergeant	1 st Lieutenant	Other than honorable
	Reserves	Sergeant 1 st Class	Colonel or General	Unknown
				Not Applicable

Year enlisted: _____ Year discharged: _____ Combat: YES NO

Do you receive benefits from the VA: YES NO If so, how much per month: _____

SOCIAL

1. What is your marital status:
 Single Married Divorced Separated Have a significant other Widowed

2. Do you have children: YES NO How many: _____

3. List your children:

Name (Last, First)	Age	M/F	Do they live with you
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> YES <input type="checkbox"/> NO

4. Do you pay child support: YES NO Amount per week: _____

5. Are you behind on child support: YES NO If so, by how much: _____

MEDICAL

1. Do you have any physical and/or psychological issues at this time: YES NO If yes, describe:

2. Do you have any learning disabilities such as ADD, ADHD, or dyslexia: YES NO If yes, describe:

3. Are you presently under a doctor's care: YES NO If yes, describe, also list any current medication(s):

ENVIRONMENTAL

1. Where do you currently live: House Trailer Apartment Hotel/Motel Other: _____

2. Buying Renting Room/board Own With parents Other: _____

3. Who resides with you? _____

ATTORNEY

1. Are you represented by an attorney: YES NO Is your attorney court appointed: YES NO

2. Attorney's name: _____

COUNSELING

1. Have you ever been in a DRUG or ALCOHOL counseling or education program: YES NO

Name of Program: _____ Location: _____ Date Attended: _____

Name of Program: _____ Location: _____ Date Attended: _____

2. Have you ever been in a counseling program for anything other than drugs or alcohol: YES NO

Name of Program: _____ Location: _____ Date Attended: _____

Name of Program: _____ Location: _____ Date Attended: _____

3. Have you ever attended an AA/NA meeting: YES NO If yes, when: _____

4. Are you presently involved in a counseling/treatment program: YES NO If yes, where: _____

5. Have you ever attended and completed Impact Weekend: YES NO

Give a detailed description of the incident that brought you to Court. This is very important and MUST be completed. If you need additional paper, please ask the clerk. You may also use the back of this page.

CASE# _____
**CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION:
CRIMINAL JUSTICE SYSTEM REFERRAL**

I, _____, hereby consent to communication between any of the following persons or agencies any and all information regarding my probation, treatment, and rehabilitation: the 71B District Court; 71B District Court Probation Department; Tuscola County Prosecutor's Office; the DROP Program or any other drug testing agency; any health care/substance abuse assessment or referral agency; the State of Michigan Department of Licensing and Regulatory Affairs (LARA); any health care or substance abuse treatment provider or monitor; any counseling/treatment provider; any other probation department or court that I have an active case with; my attorney; and law enforcement personnel or agency.

The following treatment and rehabilitation information may be specifically disclosed pursuant to this consent.

My name and other personal identifying information; terms and conditions of my probation; information about my status as a client in a counseling/treatment agency; agency's initial evaluation/assessment; treatment plan/goals; progress and compliance in treatment; attendance in treatment; treatment prognosis; alcohol BAC and/or drug screening results; date of discharge from treatment/education program and reason for discharge, and

The purpose of and need for the disclosure is for the probation department to effectively monitor my progress in a counseling/treatment agency and to ensure the court that I am complying with all terms of my probation. I understand that some information may be used in a public courtroom.

I understand that this consent will remain in effect and cannot be revoked by me until there has been a formal and effective termination or discharge from probation.

I also understand that any disclosure made about my treatment and rehabilitation is bound by Part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and the recipients of this information may re-disclose it only in connection with their official duties.

**DO NOT SIGN THIS FORM UNTIL YOU ARE IN THE PRESENCE OF A MEMBER OF
THE PROBATION DEPARTMENT.**

DEFENDANT

WITNESS

DATE

DATE

NON PUBLIC

Name: _____ Case No. _____

As a condition of your probation you will be required to pay fines and costs as set by the Court. The total amount assessed, the rate of payment and amount of each installment will be established by the Court. In determining these factors, the Court takes into consideration your monthly income and expenses. Please fill out the below information and provide verification (if applicable) at your upcoming Pre-Sentence Interview in the form of paycheck stubs, receipts, bills, tax forms etc.

Income:

Your monthly family gross income: \$ _____
Other sources of income (Social Security, Disability, VA, Child support, etc): \$ _____
Monthly food assistance: \$ _____

Housing Expenses (All Properties You Rent or Own):

Rent _____ Own _____
Monthly Mortgage/Rent Payment: \$ _____
Monthly Property Tax Payment: \$ _____
Monthly Home Insurance and Maintenance Cost: \$ _____

Auto and Transportation Expenses (All Vehicles You Own):

Monthly Auto Loan Payment: \$ _____
Monthly Auto Insurance Payment: \$ _____
Monthly Fuel Cost: \$ _____
Monthly Maintenance and Repair (e.g., oil change, car wash, tire change, etc) \$ _____

Household Expenses (All Properties You Own):

Monthly Gas and Electricity: \$ _____
Monthly Water, Sewer and Garbage: \$ _____
Monthly Cell Phone: \$ _____
Home Phone: \$ _____
Internet: \$ _____
Cable: \$ _____

Living Essentials (Adults and Children):

Monthly Grocery Cost (also including beverages, alcohol, cigarettes, kitchen supplies, baby supplies, etc): \$ _____
Monthly Clothing Cost: \$ _____
Monthly Personal Care (including haircuts, manicure, pedicure, makeup, massages, beauty supplies, bath supplies): \$ _____
Monthly Medications / Supplements: \$ _____
Monthly Life Insurance & Long-Term Care: \$ _____
Monthly Child Care (including nanny, daycare, preschool, etc): \$ _____
Monthly Child Activities (including toys, kid sports, lessons, camp etc): \$ _____
Monthly Pet Care: \$ _____

Life Style:

Dining Out: \$ _____
Movies / Theatre / Museum: \$ _____
Monthly Fitness, Hobbies & Collections Cost: \$ _____
Monthly Vacation Cost: \$ _____

Other Expenses:

Credit card payments: \$ _____
Student loans: \$ _____