

PERSONAL DATA FORM – Registration

Life Skills / Thinking For Change

Last Name _____ First Name _____ Middle Initial ____

Driver's License # _____ State _____

Date of Birth _____

Street Address _____

City _____ State _____ Zip Code _____

Telephone # _____

VERY IMPORTANT:

Case/Cause # _____

County of Conviction _____

Name of Probation Officer _____

ARREST INFORMATION

Age when you were arrested for first offense ____

Dates of current and previous arrest and charges:

DATE OF ARREST

CHARGE

| | |
|-------|-------|
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

Describe the situation.

How many times have you been married? _____

How many dependents, other than yourself live with you?

Adults _____ Children _____

Do you feel your legal offense(s) has/have contributed to family problems at any time in your life?

_____ Yes _____ No

If yes, describe?

EDUCATION

How many years of school have you completed? Currently in college

Highest grade completed? _____ None _____ GED/HS Diploma _____ Bachelors _____
Masters _____ Doctorate

What type of work have you been trained to do? _____

Are you employed in the type of work you have been trained to do at this time?

_____ No _____ Yes

DEMOGRAPHIC

(Select one answer in each category)

Sex

_____ Female _____ Male

Ethnicity

_____ White _____ Black
_____ Hispanic _____ Asian _____
American Indian _____ Other

_____ Married _____ Divorced _____ Never Married _____ Widowed _____ Separated _____ Single

OTHER INFORMATION

Have you ever received help from any of the following? _____

_____ Family doctor _____ Church _____ Rehab program

Agency's Name _____

_____ Psychiatrist/Psychologist _____ Relative/Friend _____ Other _____

If Other explain _____

Where were you at the time of your offense? Public place ____ A friend's house ____
Home ____ Other ____

Read carefully

I understand that information about me and my progress in the _____ Program will be used for research purposes and shared with Probation, and do hereby authorize such use, with the further understanding that this information will otherwise be held confidential and not released to other individuals for any reason without my signed consent.

(Client Signature)

Client's Printed Name
