Lea County Probation - Misdemeanor Compliance

BY SIGNING THIS FORM YOU ARE AGREEING THAT ALL INFORMATION PROVIDED IN THIS DOCUMENT IS TRUTHFUL:

PLEASE PRINT AND FILL OUT COMPLETELY **STOP!!!** **SIGNATURE:** _____ **DATE:**_____

PERSONAL INFORMATION:

FIRST NAME	MIDDLE	LAST NAME	MOTHER'S MAIDEN NAME

DOB / /	GENDER ☐Male ☐Female ☐Other	HAIR COLOR	EYE COLOR

HEIGHT	WEIGHT	SKIN COMPLEXION (Circle) ☐Fair, ☐Medium, ☐Dark	Social Security Number	Marital Status (Married, Divorced, etc.)	FAMILY SIZE

RELIGION:	OCCUPATION:	You were Raised by? (Parents, Relatives, Foster Parents, etc.)

HEALTH INSURANCE:	U.S. CITIZENSHIP ☐ Yes ☐ No	RACE	ETHNICITY

PRIMARY LANGUAGE	INTERPRETER NEEDED (LANGUAGE) ☐Yes ☐ No	BIRTH CITY	BIRTH STATE

BIRTH COUNTRY (i.e. USA, etc.)	LEGAL COUNTY (i.e. Lea, Eddy, Chaves, etc.)	Years lived in United States:	Years lived in New Mexico:	Years lived in Lea County:

IF MARRIED OR NAME CHANGED - PREVIOUS NAME(S) USED:

FIRST NAME LAST NAME	When changed? (Year)	Why Changed?
1		
2		

EMERGENCY CONTACT:

NAME DOB RELATIONSHIP	GENDER ☐ Male ☐ Female ☐ Other	CELL PHONE NUMBER ( ) -	OTHER PHONE NUMBER ( ) -

ADDRESS	CITY	STATE	ZIP

SIGNIFICANT OTHER INFORMATION: (Husband, Wife, Boyfriend, Girlfriend)

NAME	RELATIONSHIP	CELL PHONE NUMBER ( ) -	OTHER PHONE NUMBER ( ) -

GENDER ☐Male ☐ Female	On Probation or Parole ☐ Yes ☐ No	DOB or AGE	Length of time together?

ADDRESS	CITY	STATE	ZIP

PARENT'S INFORMATION:

FATHER'S NAME DOB or AGE	Is he still alive? ☐ Yes ☐ No	CELL PHONE NUMBER ( ) -	OTHER PHONE NUMBER ( ) -

ADDRESS	CITY	STATE	ZIP

MOTHER'S NAME DOB or AGE	Is she still alive? ☐ Yes ☐ No	CELL PHONE NUMBER ( ) -	OTHER PHONE NUMBER ( ) -

ADDRESS	CITY	STATE	ZIP

BROTHER(S) and\or SISTER(S):

FIRST NAME	LAST NAME	RELATIONSHIP	DOB or AGE	GENDER ☐Male ☐Female	On Probation or Parole ☐Yes ☐No

WITH WHOM DO YOU PRESENTLY LIVE:

FIRST NAME	LAST NAME	RELATIONSHIP	DOB or AGE	GENDER	On Probation or Parole
				☐ Male ☐ Female	☐ Yes ☐ No
				☐ Male ☐ Female	☐ Yes ☐ No
				☐ Male ☐ Female	☐ Yes ☐ No

DO YOU HAVE ANY CHILDREN:

FIRST NAME	LAST NAME	GENDER	DOB or AGE	If Minor, Do you have Custody?
		☐ Male ☐ Female		☐ Yes ☐ No
		☐ Male ☐ Female		☐ Yes ☐ No
		☐ Male ☐ Female		☐ Yes ☐ No
		☐ Male ☐ Female		☐ Yes ☐ No

IDENTIFYING MARKS: (Mark Types: Tattoos, Piercings, Scars, Birthmarks - If more than one list on bottom of last page

MARK TYPE:	BODY LOCATION:	DESCRIPTION:

YOUR ADDRESSES:

	CITY	STATE	ZIP	
PHYSICAL ADDRESS				Length of time there?
MAILING ADDRESS				Length of time used?
PREVIOUS ADDRESS				Length of time there?

YOUR PHONE NUMBERS & E-MAIL ADDRESSES:

CELL ( ) -	CELL CARRIER "**REQUIRED**" (i.e., AT&T, Verizon, Sprint)	PRIMARY PHONE ☐ Yes ☐ No
HOME ( ) -		PRIMARY PHONE ☐ Yes ☐ No
WORK \ OTHER ( ) -	TYPE: (i.e. Friend's Phone, Work Phone, etc.)	PRIMARY PHONE ☐ Yes ☐ No
Primary E-MAIL Address:	**Secondary E-MAIL Address:**	**FACEBOOK PAGE:** ☐ Yes ☐ No

EDUCATION

HIGH SCHOOL ATTENDED	LAST ATTENDED: Month:_____ Year:_____	Highest Grade Level Completed: GED: ☐ Yes ☐ No
Were you ever in Special Education? ☐ Yes ☐ No If yes, Diagnosis: _____	Did you graduate from High School? ☐ Yes ☐ No	Did you graduate from College? ☐ Yes ☐ No

MONTHLY INCOME SOURCES

Are You Presently Employed? If YES, Length of Employment ☐ Yes ☐ No _____Years ____Mon	Are You a Full-Time Student? ☐ Yes ☐ No	Are You Retired? ☐ Yes ☐ No	Are You a Full-Time Caretaker? ☐ Yes ☐ No
If Presently Employed, NAME OF COMPANY	Job Title:	Supervisor's Name:	INCOME PER HOUR $_____
ADDRESS	CITY	STATE	ZIP
OTHER INCOME SOURCE ☐ Child Support ☐ Alimony ☐ Disability ☐ Other Aid (Describe) _____			MONTHLY INCOME AMOUNT: $_____

MONTHLY EXPENSES

1 Mortgage\Rent $_____ Utilities $_____ Car Payment $_____ Insurance $_____ Food $_____ Gas for Car $_____

OTHER EXPENSES: **2** Child Support $_____ Alimony $_____ Other _____ $_____ Other _____ $_____	MONTHLY EXPENSES TOTAL $_____

MILITARY:

Ever served in the military? ☐ Yes ☐ No

If yes, BRANCH: Length of Service: ____Years ___Months

STATUS
☐ **Active** ☐ **Retired** ☐ **Honorable Discharge** ☐ **Dishonorable Discharge**

Ever in Combat?
☐ Yes ☐ No If yes, Where:_____

Are you presently going to the VA?
☐ Yes ☐ No If yes, Where_____

VEHICLE(S):

	MAKE	MODEL	YEAR	COLOR	LIC PLATE/STATE
1					STATE____ #:_____
2					STATE____ #:_____

PHYSICAL & EMOTIONAL HEALTH:

Are you disabled or presently under a doctor's care? ☐ Yes ☐ No If Yes, Diagnosis:	If Yes, Doctor's Name:	If Yes, Doctor's Located where?
Are you presently taking any prescription medication(s)? ☐ Yes ☐ No If Yes, for what: _____ _____ _____ _____ _____ _____	Name(s) of Medication(s) _____ _____ _____ _____ _____ _____	Prescribing Doctor's Name: _____ _____ _____ _____ _____ _____
Have you ever been diagnosed with any psychiatric problem(s)? ☐ Yes ☐ No If Yes, Diagnosis:	If Yes, When: / /	If Yes, Location: City \ State
Have you ever had outpatient counseling for Mental Health problem(s)? ☐ Yes ☐ No If Yes, for what:	If Yes, When: / /	If Yes, Location: City \ State
Any Family History of Psychiatric Problems? ☐ Yes ☐ No	If Yes, Diagnosis: _____ _____	Relationship to you: _____ _____

ALCOHOL & ILLICIT DRUG USE:

Do you presently drink alcohol? ☐ Yes ☐ No	Last Date You Drank Alcohol: / /	How much did you drink?
Do you presently use any illicit drugs? ☐ Yes ☐ No	Last Date You Used Any Drug: / /	What did you use?
Have you ever been hospitalized for an Alcohol or Drug Problem? ☐ Yes ☐ No If Yes, for what:	If Yes, When: / /	If Yes, Location: City \ State:
Have you ever had outpatient Alcohol or Drug counseling ? ☐ Yes ☐ No If Yes, for what:	If Yes, When: / /	If Yes, Location: City \ State:
Have you ever gone to A.A. or N.A.? ☐ Yes ☐ No If Yes, which one:	If Yes, Last attended: / /	If Yes, Location: City \ State:
Any Family History of Alcoholism or Drug Addiction? ☐ Yes ☐ No	If Yes, Diagnosis: _____ _____ _____	Relationship to you: _____ _____ _____

CURRENT COUNSELING:

Alcohol \ Drug Abuse? ☐ Yes ☐ No If Yes, Where:_____	When last attended: / /	Counselor's Name:
Mental Health? ☐ Yes ☐ No If Yes, Where:_____	When last attended: / /	Counselor's Name:
Anger Management? ☐ Yes ☐ No If Yes, Where:_____	When last attended: / /	Counselor's Name:

DO YOU NEED ANY ASSISTANCE WITH THE FOLLOWING?	
1 - Academic/Vocational Counseling	☐ Yes ☐ No If Yes, What type_____
2 - Employment Counseling	☐ Yes ☐ No If Yes, What type_____
3 - Personal Financial Counseling	☐ Yes ☐ No If Yes, What type_____
4 - Marital/Family/Relationship Counseling	☐ Yes ☐ No If Yes, What type_____
5 - Developing a Support System	☐ Yes ☐ No If Yes, What type_____
6 - Emotional Counseling	☐ Yes ☐ No
7 - Alcohol Counseling	☐ Yes ☐ No
8 - Drug Counseling	☐ Yes ☐ No
9 - Health Issues \ Concerns	☐ Yes ☐ No

Tell in your own words why you were charged with this offense and placed on probation:

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ANY QUESTIONS YOU HAVE OR ADDITIONAL INFORMATION WE SHOULD KNOW?

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BELOW IS FOR OFFICE USE ONLY

Date received: _____ ID #: _____ LCP Intials: _____

Appt Date: _____ Time: _____ FTA: _____

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