

DeKalb County Court Services Adult Intake Packet

PERSONAL INFORMATION:

NAME: _____ Date of Birth: _____
Maiden Name: _____ Alias: _____
Address: _____ Town: _____ Zip: _____
How long have you resided at this residence: Years: _____ Months: _____
Town/State Born In: _____ US Citizen?: Yes No
Home Phone: _____ Cell Phone: _____
Email Address: _____
Race: _____ Height: _____ Weight: _____
Sex: _____ Hair Color: _____ Eye Color: _____
Covered by Medical?: YES NO Insurance Carrier: _____
Driver's License Number: _____ Valid?: YES NO
Any Tattoos?: _____
Military Experience: YES NO Discharge: _____ Language Spoken: _____
Emergency Contact Name: _____ Relationship: _____
Address: _____ Phone: _____
Emergency Contact #2 Name: _____ Relationship: _____
Address: _____ Phone: _____

RESIDENCE INFORMATION:

Own or Rent: _____ Monthly Payment Amount: _____
Who do you live with: _____
Do you like where you live, Why?: _____

Do you feel safe where you live?: YES NO
Do you have any plans to move soon?: YES NO
Previous Address: _____ Length at this residence?: _____

EMPLOYMENT/INCOME:

Current Employment Status: Full Time Part Time Unemployed Never Employed
Employer: _____
Address of Employer: _____ Phone: _____
Start Date: _____ Working Hours: _____
Position: _____ Wage: _____ Supervisor: _____
How do you get along with your boss:

How do you get along with Co-Workers: _____

Do you like your job: YES NO Why: _____
Does your current employer know about your legal situation: YES NO

Employer at that time of your arrest for your present case: _____
 Dates of Employment at that location: _____
 Address of Employer: _____ Phone: _____
 Position: _____ Wage: _____

Have you ever been fired from a job: YES NO If YES, Why: _____

What is the longest you have ever held a job: _____

Supplemental Income Received: NONE UNEMPLOYMENT FOOD STAMPS SSI
OTHER (EXPLAIN)

Amount of Supplemental Income Received: _____

Do you have a checking account: YES NO Current Assets: _____

What does your monthly Financial Situation look like (Are you able to pay bills on time?):

EDUCATION:

Currently Attending School: YES NO If YES: FULL TIME PART TIME

High School Attended: _____ Graduate?: YES NO

Graduation Year: _____ Grades Received while in school: _____

Ever Suspended or Expelled from school: YES NO Special Education: YES NO

Explain if YES: _____

Highest Grade Level Achieved: _____

College Attended: _____ Grad Year: _____

CRIMINAL HISTORY:

Any Criminal History as an Adult or Juvenile?: YES NO

Please fill out below regarding any previous criminal history (use the back if needed):

<u>Offense:</u>	<u>County/State Arrested:</u>	<u>Date of Arrest:</u>	<u>Sentence:</u>

Are you currently on any form of Supervision in this or another County?: YES NO

If YES, for what offense and where: _____

Ever been incarcerated: YES NO For how Long?: _____

Have you ever violated Parole or Probation in the past: _____

Ever been arrested for any acts of violence?: If yes, explain: _____

OFFENSE INFORMATION:

Sentencing Offense(s): _____

Describe for me the situation that led to you being placed on Probation (What happened):

Were you under the influence of anything at the time of your offense?: YES NO

What were you feeling/thinking about at the time when you were committed your offense?

Why?: _____

How do you feel now, about what happened that day? Why?:

How did your offense affect others and or the community?:

How did this offense affect you?: _____

How do you feel about being on Probation?:

What are your feelings about the sentence you received from court?:

What are the negative consequences of your actions?:

Are there any benefits of the sentence you received? What are they (if any)?:

What do you perceive to be your biggest obstacle while on Probation?:

What do you hope to accomplish by the end of your Probation?:

Where do you see yourself at the end of your Probation?:

What is your expectations of your Probation Officer?:

SUBSTANCE USE HISTORY:

Please describe your history of alcohol use (when you started drinking, how often you drink, how much you drink, and what you prefer to drink):

Please describe your history of illegal substance use (when you started using, what drugs have been used, how often you use):

Do you feel that you have a substance abuse problem?: _____
Has your drugs/alcohol use contributed to any health problems within this past year?

How has drugs/alcohol use affected relationships with your friends/family?:

How has drug/alcohol use impacted your performance at school/work?:

HISTORY OF SUBSTANCE ABUSE OR MENTAL HEALTH TREATMENT:

Dates Attended: Name of Agency: Treatment Received: Was it Beneficial:

<u>Dates Attended:</u>	<u>Name of Agency:</u>	<u>Treatment Received:</u>	<u>Was it Beneficial:</u>

Please list any diagnoses you have dealt with:

Please list any medications you are currently taking:

Have you had a psychological evaluation in the past year? If yes, where?:

Have you ever had any issues dealing with the following: ANXIETY _____ INSOMNIA _____
SUICIDAL BEHAVIOR _____ STRESS RELATED ILLNESSES _____
IMPULSIVE BEHAVIOR _____ HALLUCINATIONS _____

Give an example of how you handle frustrations/anger: _____

Do you have any concerns about your current emotional stability: _____ YES _____ NO _____

FRIENDS/FREE TIME:

Please list the names of your closest friends: _____
What do you do in your free time? What are your interests/hobbies?:

Are you currently a member of any clubs/organizations?: _____
Do you prefer to spend time by yourself or with others? Why?:

Are any of your friends involved in any positive social activities? If so, what are they?:

Are any of your friends involved in criminal activity or the court? If Yes, explain:

Are you involved or have you ever been involved with any street gangs? If yes, explain:

FAMILY:

Please describe for me your relationship with each of your parents:

How does your family feel about your current legal situation?

Do either of your parents have a history of alcoholism, drug use, or police contact? Explain:

How often are you in contact with your parents?: _____

Please describe your relationship with your siblings:

Are there any extended family members you are close with? Explain:

Does anyone in your family have a criminal record? Please explain:

Marital Status: _____ If Married, how long: _____

How would you describe your relationship with your significant other?:

Does your significant other use alcohol or illegal drugs? Explain:

Has your significant other ever been arrested? Explain:

Where is your significant other employed? _____

Have you ever taken out an Order of Protection on someone, or had one taken out on you?:

Please list any children that you have and their ages:

Describe your relationship with your children: _____