

PSI INTAKE

Cause # _____

PSI Officer _____

Personal Information

Your name: _____
(First, Middle, Last)

Alias names: _____

List **all** tattoos/large scars and describe and indicate where they located: _____

Address / Phone / Email

Mailing	Physical (If different)
Street: _____	Street: _____
City: _____	City: _____
State: _____	State: _____
Zip: _____	Zip: _____
Home Phone: _____	
Cell Phone: _____	
Email: _____	

References

Reference #1: Name: _____ Relation: _____
Full Address: _____

Home Phone: _____ Work Phone: _____

Reference #2: Name: _____ Relation: _____
Full Address: _____

Home Phone: _____ Work Phone: _____

****One reference can live with you, one must live separately****

Demographic Information

Date of Birth: _____ Ethnicity: _____
Gender: _____ Citizenship: _____
Hair Color: _____ Place of Birth: _____
Eye Color: _____ Military _____
Height: _____ Marital Status: _____
Weight: _____ # of Dependents: _____
Primary Language: _____
Alien#: _____

SS #: _____
DL #: _____ State: _____
ID #: _____

Education

Highest grade completed: _____

Name of School(s)

GED: _____ yes _____ no _____
High School diploma: _____ yes _____ no _____
Special classes: _____ yes _____ no _____
Some college: _____ yes _____ no _____
College graduate: _____ yes _____ no _____
Vocational training: _____ yes _____ no _____
Type: _____

Vehicle Information

Make: _____ Model: _____
Auto _____
Body: _____ Auto Color: _____
Year: _____ License Plate Number & State: _____

Employment

Are you currently working: Yes No Work Hours _____ Wage _____

Name of current employer: _____

Address of current employer: _____

Work phone#: _____ Supervisor _____

Financial Information

Monthly Income:

Your monthly earnings (paycheck) \$ _____
 Your spouse's earnings (paycheck) \$ _____
 Unemployed benefits \$ _____
 Food Stamps \$ _____
 Social Security \$ _____
 Disability \$ _____
 Veteran's Benefits \$ _____
 Child Support received \$ _____
 Retirement Income \$ _____
 Other Income \$ _____

Total Monthly Income after Taxes: \$ _____

If no income, who is providing financial support?

Explain: _____

Monthly Expenses:

Please check one of the following

- Rent Monthly rent payment \$ _____
- Own Monthly mortgage payment \$ _____
- Other: _____

Do you receive Housing Assistance?

- Yes No

If yes, then what is the total amount you are receiving? \$ _____

LIST ALL OF YOUR MONTHLY BILLS BELOW:

(Include payments for cars, loans, credit cards, utilities, food, etc.)

Payment to:	For:	Amount	Balance Owed (if known)

TOTAL MONTHLY EXPENSES: \$ _____

Signatures

Defendant:

The information provided in this questionnaire is true and correct to the best of my knowledge.

Signature _____

Date _____

Interviewer:

I have reviewed this information with the defendant.

Signature _____

Date _____

Residence Addresses

List your current address followed by your previous addresses during the past two (2) years.

Dates		Street Address	City/State	Who Resides/Resided With You?
From	To			

Employment

List your previous four (4) employers.

Dates of Employment		Employer/Address	Duties	Reason for Leaving
Starting	Ending			

Signatures

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Signature

Date

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Date

Family History

Father:

Living Deceased

Name _____

Address _____

City/State/Zip _____

Home / Cell Phone # _____

Mother:

Living Deceased

Name _____

Address _____

City/State/Zip _____

Home / Cell Phone # _____

Brothers' Names	Address

Sisters' Names	Address

Children

Names	Age	Address

Military Service:

Provide information regarding military service history and a DD-214, if applicable.

Current Service
Branch: _____ Status: _____

Discharge Date: _____ Discharge Type: _____

DD 214 Form (Dept. of Defense Military Discharge) attached: _____ yes _____ no

Military 201 Records Form attached: _____ yes _____ no

Eligible for or receiving Veteran's Administration Benefits: _____ yes _____ no

Does defendant hold a combat service ribbon? _____ yes _____ no

Combat zone: _____ Other: _____

Service in support of combat mission ribbon: _____ yes _____ no

Mental health diagnosis of post-traumatic stress disorder: _____ yes _____ no

Other mental health condition (service-connected): _____

Combat-related traumatic brain injury: _____

Other combat injury: _____

Other service-connected injury/disability: _____

Health

Condition of health: Good Fair Poor

Do you presently have any physical, medical, or mental impairment? Yes No

If yes, please describe: _____

Have you ever been seen by a psychologist or psychiatrist? Yes No

If yes, provide his/her name and address: _____

Have you ever been treated at a psychiatric hospital? Yes No

If yes, provide the location(s) and date(s): _____

Have you ever been treated at an MHMR facility? Yes No

If yes, provide the location(s) and date(s): _____

Please list any prescriptions or medications you are currently taking, and the reasons you are taking these medications. **Mark N/A if this field does not apply to you.**

Medication(s)	Reason(s)

Details of Current Offense

Was any money loss suffered by the victim? If so, how much? _____

How much was recovered/repaid? _____

Were you under the influence of drugs or alcohol at the time the offense was committed? Yes No

Did you commit the offense in order to obtain funds for the purchase of drugs or alcohol? Yes No

For the Court, WRITE OR TYPE your version of the current offense(s) and why you were involved. If you need more space, use another sheet of paper.

Probation

Do you want to be placed on probation? Yes No

Why? _____

How can probation help you? _____

TEXT COMMUNICATION OPT-IN / OPT-OUT

NAME: _____ CAUSE: _____

McLennan County CSCD has the ability to send certain reminders and information to the defendant via text messaging (example: payment reminder, appointment reminder).

OPT-IN I agree to allow McLennan County CSCD to communicate with me via text messaging.

Cell Phone #: _____

OPT-OUT I do not want to receive communication from McLennan County CSCD via text messaging.

Defendant's Signature

Date

McLennan County CSCD
OFFICE POLICY

- Purses, wallets with chains, diaper bags, brief cases, backpacks, packages, boxes, etc. are not allowed at the probation office. Do not bring these items to the probation office. The only items that are allowed are paperwork or other items required by your probation officer. Secure all other items in your vehicle if you must bring them.

- The only items that allowed in the building (excluding medically assistive items) are paperwork, payments and items your officer has requested you to bring. All other hand carried items are prohibited.

- Children under the age of 17 are not allowed at the probation offices. Make arrangement for child care prior to your office visit.

- You will be required to pass through a metal detector when going beyond the doors of the lobby. Pockets will be emptied, belts, heavy jewelry, steel toe boots and any other required items will have to be removed before going through the detector. Consider leaving these types of items in your car or at home.