

**McLennan County Community Supervision
And Corrections Department
PERSONAL DATA PACKET
504 NORTH 6TH, WACO, TEXAS, 76703**

****PLEASE PRINT****

(DO NOT LEAVE ANY BLANKS UNFILLED, IF IT DOES NOT APPLY TO YOU WRITE IN N/A)

PERSONAL INFORMATION

DATE: _____

Last Name: _____ First Name: _____ Middle Name: _____

Mailing Address:

_____ **APT#** _____ City: _____ State: _____ Zip code _____

Physical Address (if different from mailing address):

_____ **APT#** _____ City: _____ State: _____ Zip code _____

CELL Phone:() _____ **HOME** Phone:() _____ Email Address: _____

DEMOGRAPHIC

D.O.B: __/__/____ **Sex:** Male /Female **HAIR COLOR:** black, blonde/strawberry, brown, gray, red/auburn, white, sandy, bald

EYE COLOR: black, blue, brown, gray, green, hazel **HEIGHT:** _____ **WEIGHT:** _____

RACE: African American, Asian/Pacific Islander, Caucasian, Hispanic, Native American/Alaskan Native

PLACE OF BIRTH COUNTRY: U.S.A. / _____ **U.S. Citizen:** YES / NO

Are you currently or have you ever served in the U.S.Military? _____ **Yes** (if yes, check boxes below) _____ **No**

- | | | |
|---|---|---|
| <input type="checkbox"/> Active | <input type="checkbox"/> Retired | <input type="checkbox"/> General discharge |
| <input type="checkbox"/> Active Reserve | <input type="checkbox"/> Disabled veteran | <input type="checkbox"/> Other than Honorable discharge |
| <input type="checkbox"/> National Reserve | <input type="checkbox"/> Entry level separation | <input type="checkbox"/> Bad Conduct discharge |
| <input type="checkbox"/> Inactive reserve | <input type="checkbox"/> Honorable discharge | <input type="checkbox"/> Dishonorable discharge |

High School Diploma or GED? YES / NO **HIGHEST SCHOOL GRADE:** 5, 6, 7, 8, 9, 10, 11,12, ____

MARITAL STATUS: (circle one) MARRIED SINGLE DIVORCED SEPARATED WIDOWED

of Dependents : YOU + SPOUSE _____ + CHILDREN _____ **TOTAL DEPENDENTS** _____

Social Security #: _____ **Driver's License #:** _____ **State Issued:** _____

List Scars, Marks, or Tattoos (be specific on location and description; and specify if tattoo is in word form)

AUTO INFORMATION:

Make: _____ Model: _____ Auto Body: 2 / 4 DOOR Color: _____

Year: _____ License Plate #: _____ State Issued: _____

FAMILY INFORMATION

****If a parent is DECEASED, please give their name and write DECEASED****

Father's Name: _____ **Phone #:**(____) _____ **Email Address:** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Mother's Name: _____ **Phone #:**(____) _____ **Email Address:** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____

Your Spouse's Name: _____ **Phone #:**(____) _____ **Email Address:** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Your Spouse's Employer: _____ **Length of time employed:** _____
Employer Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
 Spouse not employed

REFERENCES

List two individuals with whom you keep in close contact with who has a **telephone number and address in order to process your paperwork.** (Ex: **Boss, Co-Worker, Friend, Neighbor, Relative, DO NOT LIST YOUR PARENTS OR ANYONE THAT LIVES WITH YOU**)

1. **Name:** _____ **CELL Phone:** (____) _____ **HOME Phone:** (____) _____
Address: _____ **Apt #:** _____ **City:** _____ **State:** _____ **Zip code:** _____
Email Address: _____ **Relationship:** _____

2. **Name:** _____ **CELL Phone:**(____) _____ **HOME Phone:**(____) _____
Address: _____ **Apt #:** _____ **City:** _____ **State:** _____ **Zip code:** _____
Email Address: _____ **Relationship:** _____

EMPLOYMENT INFORMATION

PLEASE CHECK THE FOLLOWING THAT APPLIES TO YOU:

_____ **Unemployed** _____ **Disabled** _____ **Retired** _____ **Homemaker**

Employed: **Name of Employer:** _____
Address: _____ **City:** _____ **State:** _____ **Zip Code:** _____
Phone # (____) _____ **Occupation:** _____ **Supervisor's Name:** _____
Start Date: _____ **Number of months you have worked in the past 12 months:** _____
CIRCLE ONE: FULL TIME OR PART TIME (number of hours worked per week) _____

Student: **Name of School:** _____ **Address:** _____ **City:** _____ **State** _____ **Zip:** _____
Phone #:(____) _____ - _____ **Credit hours taken per semester:** _____

FINANCIAL (PLEASE DO NOT LEAVE ANY BLANKS UNFILLED, IF IT DOES NOT APPLY, WRITE IN N/A)

Monthly Income:

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

Total Monthly Income after Taxes: \$ _____

Monthly Expenses:

Please check one of the following

- Rent
- Own
- Live with parents
- Other: _____

Monthly rent or mortgage payment: \$ _____

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: \$ _____

EMOTIONAL

PUT A CHECK IF YOU HAVE ANY OF THE PROBLEMS LISTED BELOW. **IF NONE CHECK N/A**

Marital Problems Emotional Problems Alcohol/Drug Problems Family Problems ___N/A

If YOU CHECKED box, please explain: _____

Have you ever been a client of the VA Hospital? Yes No
 Have you ever been a client of MHMR Center? Yes No
 Have you ever thought or attempted suicide? Yes No
 Have you ever hurt anyone when you were angry? Yes No
 Do you have any problems handling your feelings? Yes No

If Yes, please explain: _____

CRIMINAL RECORD List all arrests including the one that you were currently placed on probation

for today. If probation was granted for any prior charges include if it was completed or revoked.

ADULT Arrests:

Approximate Date Arrested	City	Charge	Outcome (ex.: probation; jail time; dismissed, etc.)

JUVENILE Arrests:

Approximate Date Arrested	City	Charge	Outcome (ex.: probation; jail time; dismissed, etc.)

OFFENSE: **Please tell us, in your own words, what happened that you became involved in this current charge go into detailWho, What, Where, When, and Why*****

Examples:

1) If you are on probation for a DWI, include in your summary, where you were drinking; how many drinks you had; why you got pulled over by the police officer; and if you were instructed to do a sobriety test or to blow into a breathalyzer. If you did blow into a breathalyzer, what was your BAC level?

2) If you are on probation for a theft charge, include in your summary where/who you stole from, what you stole, who you were with, and give the reason of why you felt you had to steal.

ALCOHOL AND DRUG USE

For Each Substance Listed Below Put **ONE CHECK** In Each **COLUMN** showing **HOW OFTEN YOU USED IT, THE APPROXIMATE AGE YOU FIRST USED IT & THE APPROXIMATE DATE YOU LAST USED IT, OR IF YOU HAVE NEVER USED IT AT ALL IN YOUR LIFE**

SUBSTANCE	DAILY Use of Substance	WEEKLY Use of Substance	MONTHLY Use of Substance	SELDOM Used Substance	NEVER Used Substance	AGE YOU FIRST Used substance	DATE YOU LAST Used substance
Alcohol (Beer, Wine, Mixed Drinks)							
Cocaine (Smoke, Snow, Crank)							
Crack							
Heroin (Smack, Horse, Shit, Junk)							
Marijuana (Bo, Smoke, Grass, Weed)							
LSD							
PCP (Angel Dust)							
Inhalants (Glue, Paint, etc...)							
Muscle Relaxer and Pain Pills (Vicodine, Methocarbomal)							
Methamphetamines (Speed, Meth, Crystal, Ice, Desoxin, Crank)							
Barbiturates (Barbs, Downers, Reds)							
Ecstasy							
Hashish (THC, Hash)							
Tranquilizers (Trank, Valium, Zanax, Librium)							
Dilaudids (D's)							
Psilocybin's Magic Mushrooms)							

Are you currently or have you ever been through a substance abuse program? Yes No
 If yes, when? _____ Inpatient: _____ Outpatient: _____

Length of time after completing treatment before next use: _____

Are you currently or have been in an AA/NA Support Group? Yes No

List any prescriptions or medications you are currently taking, and the reasons you are taking them

Medication	Reason

Please bring documentation of all prescriptions that you are currently taking to your first initial interview with your probation officer. (Examples: pill bottles; documentation from pharmacy, etc.)**

Signature: _____

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: appointment reminder).

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

Email address: _____ Cell Phone #: _____

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

Defendant / **Probationer's Signature**

Date

**McLennan County CSCD
Community Service Questionnaire Form**

Today's Date: _____

Offense: _____

Total hours ordered: _____

Do you have transportation? YES OR NO

Date of birth: _____

Name: _____ Address: _____

City: _____ State: _____ Zip Code: _____ Phone Number: _____

Name of employer: _____

Work schedule
(Days and Times) _____

Name of School: _____

School schedule
(Days and Times) _____

Do you have health problems, which would affect your ability to perform community service?
(A doctor's letter may be required)

I CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT.

Offender's Signature: _____ Date: _____

COMMENTS

*******PLEASE READ AND SIGN THE BACK OF THIS FORM*******

CSO: _____

CAUSE #: _____

COMMUNITY SERVICE RESTITUTION INFORMATION

Community Service is performed on the basis of working as a volunteer. No compensation of any kind will be asked or received by you for hours worked. The work is to be performed for non-profit organization /governmental body whose services promote or enhance the general well being of the community and are available to the general public.

Community Service ordered by the court as a condition of your probation is **YOUR** responsibility. You must work sixteen (16) hours per month unless otherwise noted in your court orders. The hours assigned **MUST BE COMPLETED** by the date set by the court.

The Community Service Coordinator will advise you to the location(s) where you are to perform your CSR hours. You are expected to cooperate fully with the agency in answering questions about this probation and any prior criminal history on your part. The agency has the right to refuse to allow you to do community service at their agency. You are to be present for work on time, to be properly dressed for the job, to complete the work assigned to the best of your ability, and to stay until released by the agency.

You are **IMPORTANT** to the agency; they are depending on you to be there and to work. If you do not show up, they must find someone else on short notice or scheduled work goes undone. For a short time, this work is **YOUR JOB** –treat it as such.

In regard to performing Community Service Restitution work, I understand that I am not an employee or agent of the McLennan County Community Supervision and Corrections Department; or receiving Community Service Agency, and that these organizations will not be held responsible for any medical or legal claims arising from community service work that I perform. I further understand that I am not covered by Workers Compensation Insurance while executing my Community Service duties. The McLennan County Community Supervision and Corrections Department is hereby authorized to release and disclose information from my records to the supervisor of the CSA to which I am assigned. I understand that I am to dress appropriately and obey all rules of the CSA and that I am to arrive at the designated time to work and have to leave after being dismissed by the project supervisor. In additional, I fully understand that my failure to comply with this agreement will be a violation of my conditions of probation and could subject me to judicial proceedings.

Probationer

Date

CSO