

# CSCD INFORMATION PACKET

Name: \_\_\_\_\_ Email: \_\_\_\_\_

Address, City, State, Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Birthdate: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Highest grade completed: \_\_\_\_\_

GED/Diploma: Yes / No Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ Type of Work: \_\_\_\_\_

Address: \_\_\_\_\_

Approximate total earnings past twelve months (Including Wages, Social Security, SSI, Retirement, Unemployment, Pensions, Workers Compensation, etc - after deductions): \$ \_\_\_\_\_

Marital Status (Circle): SINGLE MARRIED WIDOWED DIVORCED SEPARATED ENGAGED

Number of minor children: \_\_\_\_\_ Home (Circle): RENT / OWN Monthly payment: \$ \_\_\_\_\_

Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_ Address: \_\_\_\_\_  
(if different)

Military (Circle one): N/A ARMY AIR FORCE COAST GUARD MARINES NAVY NATIONAL GUARD

From \_\_\_\_\_ to \_\_\_\_\_ Type of discharge: \_\_\_\_\_ Pension: Yes / No Amount: \_\_\_\_\_  
(EXAMPLE 02/01/95 to 04/15/15)

Automobile make: \_\_\_\_\_ Model: \_\_\_\_\_ License Plate: \_\_\_\_\_

Year: \_\_\_\_\_ Color: \_\_\_\_\_

Driver's license#: \_\_\_\_\_ Expiration date: \_\_\_\_\_

Social Security: \_\_\_\_\_ Other ID: \_\_\_\_\_

List two people not residing with you that will always know your whereabouts:

(1) Name: \_\_\_\_\_ Address, City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

(2) Name: \_\_\_\_\_ Address, City, Zip: \_\_\_\_\_  
Phone: \_\_\_\_\_ Relationship: \_\_\_\_\_

Scars, Marks, Tattoos: \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

**EMERGENCY CONTACT**

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
(Include City, State & Zip Code)

How is this person related to you (family/friend): \_\_\_\_\_

**HEALTH & MENTAL HEALTH INFORMATION**

Rate your health (circle one):      Good                      Average                      Fair                      Poor

Any Physical, Medical or Mental Handicaps / Limitations: \_\_\_\_\_  
(if yes, please list)

Have you ever attempted suicide? \_\_\_\_\_ If yes, date of last attempt: \_\_\_\_\_

Have you ever had a psychological evaluation? \_\_\_\_\_ If yes, when & where: \_\_\_\_\_

Have you ever been treated in a psychiatric hospital? \_\_\_\_\_ If yes, when & where: \_\_\_\_\_

Have you ever been treated by an MHMR facility? \_\_\_\_\_ If yes, when & where: \_\_\_\_\_

List any serious illnesses, accidents or surgeries including dates: \_\_\_\_\_

**EDUCATION**

Did you complete high school? \_\_\_\_\_ If yes, when & where: \_\_\_\_\_

If no, list last grade completed: \_\_\_\_\_ GED: \_\_\_\_\_ Other Education: \_\_\_\_\_

Year you left school and why? \_\_\_\_\_

Did you have any discipline/learning problems in school? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

**WORK HISTORY**

Current Employer: \_\_\_\_\_

Address: \_\_\_\_\_  
(Include street, city, state & zip code)

Supervisor: \_\_\_\_\_ Work Phone: \_\_\_\_\_

**PRIOR EMPLOYMENT**

DATES	EMPLOYER	ADDRESS	TYPE OF WORK	REASON LEFT

**SUBSTANCE ABUSE HISTORY**

SUBSTANCE	AGE AT FIRST USE	AGE/DATE LAST USED	FREQUENCY
ALCOHOL			
COCAINE			
CRACK			
HEROIN			
MARIJUANA			
METHAMPHETAMINE			
LSD			
PCP			
ECSTASY ("X")			
K2			
BATH SALTS			
LORTAB			
OXYCONTIN			
XANAX			
INHALANTS			
OTHER:			

Have you ever been treated for any type of substance abuse? \_\_\_\_\_ If yes, when & where: \_\_\_\_\_

Do you think your drug use has had any negative effect on your life? \_\_\_\_\_ If yes, how? \_\_\_\_\_

**FINANCES**

**LIVING EXPENSES:**

Housing: \_\_\_\_\_  
 Utilities: \_\_\_\_\_  
     Electric: \_\_\_\_\_  
     Gas: \_\_\_\_\_  
     Water: \_\_\_\_\_  
     Cable: \_\_\_\_\_  
 Food: \_\_\_\_\_  
 DR/RX: \_\_\_\_\_

**OTHER EXPENSES**

Insurance: \_\_\_\_\_  
 Phone/Cell: \_\_\_\_\_  
 Child Support: \_\_\_\_\_  
 Installment Loans: \_\_\_\_\_  
 Credit Cards: \_\_\_\_\_  
 Car: \_\_\_\_\_  
 Gas: \_\_\_\_\_

Total Expenses: \_\_\_\_\_

If not currently employed, explain how/who pays your living expenses: \_\_\_\_\_

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If paying child support, through what agency? \_\_\_\_\_

**MILITARY SERVICE HISTORY**

Any disciplinary action in service? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

What was your job? \_\_\_\_\_

If other than Honorable discharge, explain: \_\_\_\_\_

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**FAMILY HISTORY**

Father's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(City, State & Zip Code)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Health: \_\_\_\_\_

Do you get along with your father? \_\_\_\_\_ If no, explain: \_\_\_\_\_

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Mother's Name: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_  
(City, State & Zip Code)

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ Health: \_\_\_\_\_

Do you get along with your mother? \_\_\_\_\_ If no, explain: \_\_\_\_\_

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Are your parents (circle one) Divorced or Separated Date of Divorce/Separation: \_\_\_\_\_

Your age at that time: \_\_\_\_\_ Were you a victim of physical, mental, or sexual abuse: \_\_\_\_\_

If yes, explain: \_\_\_\_\_

Step Parents: (include name and address with city, state and zip code)  
\_\_\_\_\_  
\_\_\_\_\_

List all brothers and sisters (include step/half/adopted): name, age address & occupation; may write on back: \_\_\_\_\_  
\_\_\_\_\_

**MARITAL**

Name of spouse/fiancé/significant other: \_\_\_\_\_

Address (if different): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Children (include name, age, address & school and/or occupation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do all children belong to you & present spouse? \_\_\_\_\_ If no, explain (include name of child & name of parent): \_\_\_\_\_

### CURRENT OFFENSE

Why were you arrested? \_\_\_\_\_

Give brief account of your version of offense & circumstances involved: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you feel you were dealt with fairly? \_\_\_\_\_ If no, why? \_\_\_\_\_

\_\_\_\_\_

List all prior arrests (include year & charge): \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you know anyone on probation or parole? \_\_\_\_\_ If yes, who? \_\_\_\_\_

\_\_\_\_\_

### REFERENCES

NAME	ADDRESS	PHONE	RELATIONSHIP