



SAN LUIS OBISPO COUNTY PROBATION DEPARTMENT QUESTIONNAIRE

DATE: _____

NAME		MAIDEN NAME	
ADDRESS		HOME PHONE / CELL PHONE	
EMAIL ADDRESS		WORK PHONE	
SOCIAL SECURITY		DRIVER LICENSE#	
DO YOU OWN A VEHICLE <input type="checkbox"/> YES <input type="checkbox"/> NO	MAKE / MODEL / COLOR	LICENSE PLATE NUMBER	VIN NUMBER

SCARS / TATTOOS			
HOUSING STATUS			
<input type="checkbox"/> STABLE HOUSING <input type="checkbox"/> TEMPORARY HOUSING <input type="checkbox"/> HOMELESS <input type="checkbox"/> SOBER LIVING <input type="checkbox"/> RESIDENTIAL TREATMENT			
<input type="checkbox"/> OWN MY HOME <input type="checkbox"/> RENT PAYMENT \$ _____		PRESENT NET TOTAL INCOME \$ _____	
		SOURCE _____	
DO YOU RESIDE IN SAN LUIS OBISPO COUNTY <input type="checkbox"/> YES <input type="checkbox"/> NO			YRS. IN CALIFORNIA _____
WHAT COUNTY DO YOU RESIDE IN _____			YRS. _____
HEALTH PROBLEMS		DO YOU HAVE HISTORY OF MENTAL ILLNESS	
DO YOU HAVE HEALTH INSURANCE			
<input type="checkbox"/> NONE <input type="checkbox"/> PRIVATE <input type="checkbox"/> MEDI-CAL <input type="checkbox"/> VA <input type="checkbox"/> COUNTY MEDICAL INSURANCE PROGRAM <input type="checkbox"/> MEDI-CARE			
ARE YOU A VETERAN <input type="checkbox"/> YES <input type="checkbox"/> NO		RANK _____	SERVICE DATES _____
		<input type="checkbox"/> DISHONORABLY DISCHARGED <input type="checkbox"/> HONORABLY DISCHARGED	

PLEASE CHECK ALL SUBSTANCES YOU HAVE USED			
<input type="checkbox"/> ALCOHOL <input type="checkbox"/> COCAINE <input type="checkbox"/> FENTANYL <input type="checkbox"/> HALLUCINOGENS <input type="checkbox"/> HEROINE <input type="checkbox"/> MARIJUANA <input type="checkbox"/> METHAMPHETAMINES			
PRESCRIPTION MEDICATIONS _____			
PLEASE CHECK OFF THE HIGHEST LEVEL OF EDUCATION COMPLETED			
<input type="checkbox"/> NO HIGH SCHOOL <input type="checkbox"/> SOME HIGH SCHOOL <input type="checkbox"/> GED <input type="checkbox"/> HIGH SCHOOL GRADUATE <input type="checkbox"/> SOME COLLEGE <input type="checkbox"/> COLLEGE GRADUATE			
DEGREE / SPECIAL TRAINING _____		LAST YEAR ATTENDED _____	
		DID YOU GRADUATE _____	
DO YOU HAVE A JUVENILE RECORD _____			
PLEASE LIST ALL FAMILY MEMBERS BEING SUPERVISED BY THE PROBATION DEPT OR STATE PAROLE			

FAMILY HISTORY			
MOTHERS MAME		D.O.B	
FATHERS NAME		D.O.B	
HOME PHONE NUMBER		CELL PHONE NUMBER	
ADDRESS		ADDRESS	
DATE DISEASED		CAUSE OF DEATH	

FAMILY REFERENCES				
NAME	CURRENT ADDRESS	PHONE NUMBER	AGE	OCCUPATION

MARITAL HISTORY			
PRESENT SPOUSE NAME		ADDRESS	DATE OF MARRIAGE
PREVIOUS MARRIAGES		DATE OF MARRIAGE	DATE OF TERMINATION
NAME OF CHILDREN	CURRENT ADDRESS	AGE	

EMPLOYMENT STATUS					
<input type="checkbox"/> FULLTIME <input type="checkbox"/> PART TIME <input type="checkbox"/> UNEMPLOYED <input type="checkbox"/> SEEKING EMPLOYMENT <input type="checkbox"/> NOT IN LABOR FORCE <input type="checkbox"/> STUDENT					

EMPLOYER	HOW LONG HAVE YOU BEEN EMPLOYED	WERE YOU FIRED FROM THIS POSITION? PLEASE EXPLAIN	OCCUPATION

DATE	SIGNATURE
------	-----------