



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	HOME PHONE NUMBER	CELL PHONE NUMBER
ADDRESS		ADDRESS	
DATE DISEASED	CAUSE OF DEATH	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
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