

PERSONAL HISTORY SHEET

Date ___ / ___ / ___

Name _____ AKA _____ DOC # _____
(legal, alias, maiden)

Offense _____ County/State _____ Term _____

R/S ___ / ___ If Native American, list tribe _____

DOB ___ / ___ / ___ POB _____

Height ___ Weight ___ Hair ___ Eyes ___ Complexion ___ Build ___

SS# _____ DL# _____ OSBI# _____ FBI # _____

Scars & Tattoos(list) _____

Present Address _____ County _____ Phone# _____

Directions _____

Prior Criminal Arrests (felony and misdemeanor, juvenile and adult)

Date	Offense	Sentence	City	State

Prior Confinement or Probationary Sentence (including juvenile offenses)

Date	Institution or Agency of Supervision	Offense	# Months Served	City/State

Military Service Yes or No (If yes, complete the following.)

Service Number	Branch	Entry Date	Discharge Date	Type Discharge	VA	Claim #

Record-Disciplinary Action (Article 15, court-martial, AWOL, etc.) _____

Family Data

Name of Spouse Including Maiden	Date of Birth	Place & Date of Marriage	Number of Children	Outcome of Marriage	Date of Divorce

Names of Children (in whose custody) Age Home Address Address of School or Work

Names of Immediate Family Not Listed Under Marital History (mother, father, sisters, and brothers)

Name Relationship Age Address Phone # Occupation

Do any members of your family have a criminal background/record? Yes or No (If yes, complete the following.)

Name Offense Relationship

Other Information Pertaining to Family (traumatic events in offender's family life, such as divorce of parents, deaths, etc.)

Type of Neighborhood and Environment

Type of Dwelling _____ Rent ___ Buying ___ Own ___ Other ___ Monthly Payment _____ Number of Rooms _____

Landlord _____

Name, Relationship & Ages of Persons living in the Home _____

Other Places Lived (Begin with most recent)

Address City State From To Reason for Move _____

Religion

Preference _____ Name and Address of Church _____

Sports, Hobbies, Creative Work, Organizations, Reading, Talents, and Accomplishments

Health

Do you have any physical problems? Yes or No (If yes, complete the following.)

Diagnosis _____ Doctor _____ Hospital _____ Date / /

Diagnosis _____ Doctor _____ Hospital _____ Date / /

Do you have any psychological/mental problems? Yes or No (If yes, complete the following.)

Diagnosis _____ Doctor _____ Hospital/Treatment Facility _____ Date / /

Diagnosis _____ Doctor _____ Hospital/Treatment Facility _____ Date / /

Employment Record (Begin with most recent employment.)

Date	Name and Address	Nature of Work & Salary	Reason for Leaving
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Started: _____

Ended: _____

Started: _____

Ended: _____

Started: _____

Ended: _____

Started: _____

Ended: _____

Started: _____

Ended: _____

Started: _____

Ended: _____

Started: _____

Ended: _____

Chemical Abuse History

SASSI been completed? Yes or No

No, what drugs, including alcohol, have you unlawfully used? _____

Financial Conditions

Assets (home, car, etc.)	Estimate of Value	Obligations or Persons Owed (name of firm)	Total Owed	Monthly Payments
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For _____

Education

Highest Grade Completed _____ Age Quit _____ Reason(s) for Leaving _____
List Last Three Schools Attended (may include high school, vocational/trade schools, college, etc.) Degree, Diploma

Name	Address	Dates	Grades	Certificate and Date

Other Training Received:

