

BASIC INFORMATION SHEET

IDENTIFICATION		
Name:	Age:	
Date of Birth:	Phone number:	
Email address:	Race:	Gender:
Street address:	State:	Zip code:
City:	How long have you lived here?	
With whom do you live?		
MILITARY EXPERIENCE		
Are you a veteran of the US Armed Forces? <input type="checkbox"/> Yes <input type="checkbox"/> No		
If yes, please state which branch of military, the years of service and the type of discharge you received:		
PRE-TRIAL SERVICES		
Are you currently being supervised by Pre-Trial Services? <input type="checkbox"/> Yes <input type="checkbox"/> No		
PERSONAL AND FAMILY INFORMATION		
Are you: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed		
How many biological children do you have?		
Name:	Age:	

Father's Name and Phone Number:	<input type="checkbox"/> Deceased
Mother's Name and Phone Number:	<input type="checkbox"/> Deceased

List all of your brothers and/or sisters oldest to youngest:		<input type="checkbox"/> No Siblings
Name:	City/State:	

Is there any family history of alcoholism or substance abuse? Yes No

If yes, who?

EDUCATION

Diploma GED Some College College Degree Trade

Year completed?	Institution:
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If no GED or High School Diploma, indicate the last year completed:

EMPLOYMENT

Current Employer:

<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly wages:
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Length of employment/date of hire:

Previous Employer:

<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly wages:
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Reason for leaving:

Side job(s):	
<input type="checkbox"/> Full-time <input type="checkbox"/> Part-time	Hourly wages:
Monthly Income	Monthly Expenses
Gross Monthly Income (self)	Mortgage or rent
Gross Monthly Income (spouse)	Utilities
Unemployment benefits	Vehicle
Social Security	Insurance
Retirement/Pension	Other loans
Child Support	Child Support
Disability	Medical
Veteran's benefits	Phone
Other (specify)	Other (specify)
Total Income:	Total Expenses:

<p>If you are currently unemployed, what is the source of your income and/or who contributes to your financial support?</p>
<p>Length of unemployment:</p>
<p>FUTURE PLANS</p>
<p>Do you have any definite plans for an education or a job? <input type="checkbox"/> Yes <input type="checkbox"/> No</p>
<p>If yes, please explain:</p>
<p>Where do you see yourself in a year?</p>

PHYSICAL AND MENTAL HEALTH

Do you have health insurance? Yes No

Name of insurance provider:

How would you describe your current health?

Have you ever at any time, been hospitalized for serious injury, illness, mental illness, or substance abuse? Yes No

If yes, please describe:

Are you currently taking any prescribed medication? Yes No

If yes, what medication and dosage?

Is anyone in your household pregnant? Yes No

If yes, are you or that person receiving pre-natal care? Yes No

List any physical problems you currently have and/or mental illness diagnosis:

Do you have any past or present suicidal/homicidal thoughts or ideations? Yes No

If yes, please provide details, including the date and any treatment/counseling:

PLEASE ANSWER THE FOLLOWING (MAST):	YES	NO
Do you feel you are a normal drinker?		
Have you ever awakened the morning after some drinking the night before and found that you could not remember a part of the evening?		
Does any near relative or close friend ever worry or complain about your drinking?		
Can you stop drinking without difficulty after one or two drinks?		
Do you ever feel guilty about your drinking?		
Have you ever attended a meeting of Alcoholics Anonymous (AA)?		
Have you ever gotten into physical fights while drinking?		
Has drinking ever created problems between you and a near relative or close friend?		
Has any family member or close friend gone to anyone for help about your drinking?		
Have you ever lost friends because of your drinking?		
Have you ever gotten into trouble at work because of your drinking?		
Have you ever lost a job because of your drinking?		
Have you ever neglected your obligations, your family, or your work for two or more days in a row because you were drinking?		
Do you drink before noon fairly often?		
Have you been told you have liver trouble, such as cirrhosis?		
After heavy drinking, have you ever had delirium tremors (DTs), severe shaking, visual or auditory hallucinations?		
Have you been arrested more than once for driving under the influence of alcohol?		
Have you been arrested, even for a few hours, because of other behavior while drinking?		

PLEASE ANSWER THE FOLLOWING (DAST):	YES	NO
Have you ever used drugs other than those required for medical reasons?		
Have you abused prescriptions drugs?		
Do you abuse more than one drug at a time?		

Can you get through the week without using drugs?		
Are you always able to stop using drugs when you want to?		
Have you had "blackouts" or "flashbacks" as a result of drug use?		
Do you ever feel bad or guilty about your drug use?		
Does your spouse or family ever complain about your involvement in drugs?		
Has drug abuse created problems between you and your spouse or your family?		
Have you lost friends because of your drug use?		
Have you neglected your family because of your drug use?		
Have you been in trouble at work because of your drug use?		
Have you lost a job because of your drug use?		
Have you gotten into fights when under the influence of drugs?		
Have you engaged in illegal activities in order to obtain drugs?		
Have you been arrested for possession of illegal drugs?		
Have you ever experienced withdrawal symptoms (felt sick) when you stopped taking drugs?		
Have you had medical problems as a result of your drug use (i.e. memory loss, hepatitis, convulsions, bleeding, etc.)?		
Have you gone to anyone for help for a drug problem?		
Have you been involved in a treatment program especially related to drug use?		

PLEASE ANSWER THE FOLLOWING ADDITIONAL SCREENING QUESTIONS:	YES	NO
Do you think about getting drunk or high a lot of the time?		
Do you have family or friends that would support you in your efforts to get/stay sober and seek treatment if they thought you had a problem?		
Have you ever consumed alcohol to get over a hangover?		
Do you keep a supply of alcohol or marijuana around the house?		
Have you ever tried to quite using more than once?		
Over the last month, have you used alcohol at least once a week?		
Have you used drugs or alcohol in the last 48 hours?		
Does not using drugs or alcohol make you irritable?		
Were you using drugs or alcohol on the date of this offense?		
Do you feel you need alcohol or substance abuse treatment?		
STATEMENT OF OFFENSE		
This is your explanation regarding the current offense to the court, which must be full and complete:		

Signature: _____

Date: ____/____/____

Please return the completed packet to the 50th District Court Probation Department via fax, email, U.S. mail, or by drop-off in the secure drop box outside of the courthouse. Thank you.

Fax: (248) 451-2696

Probation Officer Jacob Oesch- joesch@pontiac.mi.us

Probation Officer Lynne Vandekerckhove- LVandekerckhove@pontiac.mi.us

Probation Officer Ryan Reed- Rreed@pontiac.mi.us

Address: 70 N. Saginaw, Pontiac, MI 48342

****If returning this packet via pictures/screenshots through email. You must send one picture per email at a time.**