

PERSONAL HISTORY SHEET

Date ____/____/____

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

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

Name	Relationship	Age	Address	Phone #	Occupation
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Do any members of your family have a criminal background/record? Yes or No (If yes, complete the following.)

Name	Offense	Relationship
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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 _____

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Other Places Lived (Begin with most recent)

Address	City	State	From	To	Reason for Move
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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/TreatmentFacility_____ 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
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

Do you pay child support? Yes or No

Do you have children and do not pay child support? Why?

References (other than relatives)

Name	Address	Phone #

Defendant's Version of Present Charge (Attach additional pages if you need more room)

Plans if Granted Probation

For Employment

For Residence

For Education

For Counseling

For Leisure Time

Activities

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:

