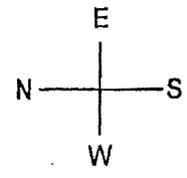


Court Unit

Parker County CSCD  
1675 Ft. Worth Hwy  
817-594-3872



Parker County  
CSCD is located 2 miles  
east of the District Courts  
Building on Ft. worth Hwy  
The building is on the  
northside of the highway

Sweetwater

Western Heritage  
Furniture Store

Trinity Paint  
and body

Hogle St

Parker County  
Jail

Post Office

Santa Fe Drive

CCL #1  
1112 Santa  
Fe Dr

Albertson's

Exxon

Trinity St

Farmer's  
Market

Ft. Worth Hwy.  
(Hwy 180 E)

Old  
CSCD

N. Elm St. S. Elm St.

District Courts  
Building

N. Main St S. Main St

Courthouse  
County Court at

## INSTRUCTIONS FOR FILLING OUT THE PERSONAL DATA FORM

The courts have placed you on probation or bond supervision today. This personal data form is needed to gather important information about you in order to supervise your case and help you succeed in your probation.

**All the information that you provide is confidential!** Every blank is important and should be filled out completely. If a certain portion does not apply to you, simply place a "N/A" in the blank.

During your court intake, we will call phone numbers you provide us so we need phone numbers of your home, cell phone, references and employer. The Office of Court Administration requires that we verify your phone number and employment during intake. Also, the Office of Court Administration requires that you provide financial information on the personal data form. Please fill this information in as best as you can realizing that you may not have this information with you during intake.

Again, all the information on the personal data form is needed and important to your probation. By having it filled out completely it will save you time during your intake! The court officer will try to get you processed as quickly as possible but we need your help also!

You may bring your cell phone into the probation office during intake but please do not receive or place calls/texting while in the office.

Thank You,

Parker County CSCD  
Court Unit



**EMPLOYMENT:**

Employment Status: \_\_\_\_\_ Full \_\_\_\_\_ Part-time \_\_\_\_\_ Seasonal \_\_\_\_\_ Unemployed \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_

Business Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Position: \_\_\_\_\_ Wages: \_\_\_\_\_ Per \_\_\_\_\_

Employed from \_\_\_\_\_ to \_\_\_\_\_ Supervisor: \_\_\_\_\_

Is employer aware of current probation/bond? \_\_\_\_\_ Yes \_\_\_\_\_ No

List Your Previous Three (3) Employers:

(1) Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

(2) Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

(3) Employer: \_\_\_\_\_ Position: \_\_\_\_\_

Employed from: \_\_\_\_\_ to \_\_\_\_\_ Reason for leaving: \_\_\_\_\_

**EDUCATION:**

Highest grade level completed: \_\_\_\_\_ Do you have a diploma or G.E.D.? \_\_\_\_\_ Yes \_\_\_\_\_ No

Last School Attended: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Last Year Attended: \_\_\_\_\_

If no diploma why: \_\_\_\_\_

Diploma(s) or Degree(s) earned: \_\_\_\_\_

Trade/Vocational Schools completed and year completed: \_\_\_\_\_

**VEHICLE INFORMATION:** (list primary vehicle driven by you)

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Year: \_\_\_\_\_ Color: \_\_\_\_\_

Body Style: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Is your driver's license currently suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No

Has it ever been suspended? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, Why? \_\_\_\_\_

**RESIDENCE:**

County of Residence: \_\_\_\_\_ State: \_\_\_\_\_ No. of Years: \_\_\_\_\_

Own: \_\_\_\_\_ Rent: \_\_\_\_\_ Physical description of home: \_\_\_\_\_

Previous Address: \_\_\_\_\_

How long did you live there? \_\_\_\_\_

Number of address changes in the last 12 months? \_\_\_\_\_

**MILITARY:**

Branch of Service: \_\_\_\_\_ From \_\_\_\_\_ to \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Honorable \_\_\_\_\_ General \_\_\_\_\_ Dishonorable \_\_\_\_\_ Medical \_\_\_\_\_ Retired

Currently serving in the Reserve or National Guard? \_\_\_\_\_

**FINANCIAL DATA STATEMENT**

**All the information that you provide is confidential.** If a certain portion does not apply to you, simply write "N/A" or "O" in the blank. The Office of Court Administration requires that you provide us with your financial information.

\$ \_\_\_\_\_ Checking Acct. Balance \$ \_\_\_\_\_ Savings Acct. Balance

Check mark one of the following that applies to you:

\_\_\_\_\_ I am employed with \_\_\_\_\_ (Name of company) Full time/Part Time  
(Circle one)

\_\_\_\_\_ I am currently unemployed (Who supports you? \_\_\_\_\_)

\_\_\_\_\_ I am a homemaker/stay at home parent (Who supports you? \_\_\_\_\_)

\_\_\_\_\_ I am disabled AND receive a disability check

\_\_\_\_\_ I am retired

How many dependants do you have? \_\_\_\_\_

**Monthly Income Sources:**

\$ \_\_\_\_\_ Salary (take-home)    \$ \_\_\_\_\_ Spouse's Salary    \$ \_\_\_\_\_ Welfare  
\$ \_\_\_\_\_ Retirement    \$ \_\_\_\_\_ Social Security    \$ \_\_\_\_\_ Disability  
\$ \_\_\_\_\_ Other (additional assistance, child support, pension, annuity checks etc.)

**TOTAL MONTHLY INCOME: \$ \_\_\_\_\_**

**Monthly Expenses:**

\$ \_\_\_\_\_ Housing (rent/mortgage)    \$ \_\_\_\_\_ Utilities  
\$ \_\_\_\_\_ Medical (Rx, health insurance)    \$ \_\_\_\_\_ Child Support payments  
\$ \_\_\_\_\_ Credit Card Payments    \$ \_\_\_\_\_ Food (personal & pets)  
\$ \_\_\_\_\_ Transportation    \$ \_\_\_\_\_ Court ordered fees  
(car payments, gas, car insurance)    (probation fees, interlock, SCRAM, Soberlink)  
\$ \_\_\_\_\_ Other (cigarettes, phone, loans, entertainment)

**TOTAL MONTHLY EXPENSES: \$ \_\_\_\_\_**

**Comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**RELATIONSHIPS:**

Spouse: \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_  
Address: \_\_\_\_\_  
Spouse's Employer: \_\_\_\_\_ Phone: \_\_\_\_\_  
Have you been married previously? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, how many times? \_\_\_\_\_

Children: (List name, age, sex and address. Use back of page if needed. Include Stepchildren)

Name	Age	Sex	Address
1) _____	____/____/____	_____	_____
2) _____	____/____/____	_____	_____
3) _____	____/____/____	_____	_____

If divorced, who has legal custody of children? \_\_\_\_\_

Are you court-ordered to pay child support? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, monthly amount ordered to pay \$ \_\_\_\_\_

Where do you make payments? \_\_\_\_\_ Are you current? \_\_\_\_\_ Yes \_\_\_\_\_ No

Brothers/Sisters: (List by name, age, sex and address. Use back of page if needed. Include step and half)

Name	Age	Sex	Address
1) _____	____/____/____	_____	_____
2) _____	____/____/____	_____	_____
3) _____	____/____/____	_____	_____

Parents:

Father: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

Mother: \_\_\_\_\_ Phone: (\_\_\_\_) \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_ City/State: \_\_\_\_\_ Zip: \_\_\_\_\_

List any relatives or friends currently on probation. (What County?)

\_\_\_\_\_

\_\_\_\_\_

**PERSONAL:**

Current Physical Health: \_\_\_\_\_ Excellent \_\_\_\_\_ Good \_\_\_\_\_ Fair \_\_\_\_\_ Poor

List any Disabilities: \_\_\_\_\_

Are you currently under the care of a physician or counselor? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, explain: \_\_\_\_\_

\_\_\_\_\_

Have you ever been under the care of a psychiatrist or psychologist? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, for what reason and with whom: \_\_\_\_\_

\_\_\_\_\_

Have you ever attempted suicide? \_\_\_\_\_ Yes \_\_\_\_\_ No If so when? \_\_\_\_\_

Do you smoke? \_\_\_\_\_ Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Regularly \_\_\_\_\_ Formerly

How often do you consume alcoholic beverages?

\_\_\_\_\_ Never \_\_\_\_\_ Occasionally \_\_\_\_\_ Regularly \_\_\_\_\_ Last 12 months \_\_\_\_\_ None for over a year

Do you feel that you have an alcohol problem? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever received any treatment for alcohol use? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where were you treated and the dates: \_\_\_\_\_

\_\_\_\_\_

Have you ever used illegal drugs or abused prescription drugs? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, when was the last time you did so: \_\_\_\_\_

Have you ever taken drugs intravenously (IV)? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, at what age? \_\_\_\_\_

Do you have or **do you suspect** you have a drug problem? \_\_\_\_\_ Yes \_\_\_\_\_ No

Have you ever received any treatment for drug use? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, where and when were you treated: \_\_\_\_\_

What drugs have you used: (List any prior use, even if only once or twice)

	Daily	Weekly	Monthly	Occasionally	Age first used	Date last used	Deny use
Alcohol/Beer							
How many drinks do you have in one sitting? _____ 1 to 4 _____ 5 to 8 _____ 9 or more							
Cocaine							
Crack							
Heroin							
Marijuana							
Amphetamines/ Methamphetamines							
LSD							
PCP							
Inhalants							
Other drugs: Name							

**PRIOR ARRESTS:** (List all prior arrests; use back of page if necessary)

- 1) Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
County/State: \_\_\_\_\_ Disposition: \_\_\_\_\_
- 2) Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
County/State: \_\_\_\_\_ Disposition: \_\_\_\_\_
- 3) Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
County/State: \_\_\_\_\_ Disposition: \_\_\_\_\_
- 4) Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
County/State: \_\_\_\_\_ Disposition: \_\_\_\_\_
- 5) Offense: \_\_\_\_\_ Date: \_\_\_\_\_  
County/State: \_\_\_\_\_ Disposition: \_\_\_\_\_

**PRIOR OR PENDING COURT ACTIONS:**

Are you currently under probation supervision in this or any other county? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Where? County & State: \_\_\_\_\_

Are you currently under parole supervision in this or any other county: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, Where? County & State: \_\_\_\_\_

Do you have any pending court actions in this or any other court? \_\_\_ Yes \_\_\_ No If yes, complete the following:

1) Charges: \_\_\_\_\_

Court: \_\_\_\_\_ County/State: \_\_\_\_\_

2) Charges: \_\_\_\_\_

Court: \_\_\_\_\_ County/State: \_\_\_\_\_

Have you ever been incarcerated (jail/state jail/ or prison) before? \_\_\_\_\_ Yes \_\_\_\_\_ No If yes, List

Reason for incarceration Date(s) Where

Reason for incarceration Date(s) Where

**PRESENT OFFENSE:**

Defense Attorney: \_\_\_\_\_

State the offense with which you are charged in this cause: \_\_\_\_\_

What date did this offense occur? \_\_\_\_\_ What date were you arrested? \_\_\_\_\_

If there is a victim of this offense, did you know the victim? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, describe victim's relationship to you: \_\_\_\_\_

Were you under the influence of drugs and or alcohol at the time of the offense? \_\_\_\_\_ Yes \_\_\_\_\_ No

Did you commit this offense in order to obtain funds for the purchase of drugs or alcohol? \_\_\_\_\_ Yes \_\_\_\_\_ No

**COMMUNITY SERVICE INFORMATION:**

What skills or special abilities do you have that could be utilized by the community service program?

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**I hereby swear or affirm that all answers I have given in the completion of the Probation Personal Data Form are true and correct. I fully understand that any false answers given by me herein may be grounds for the Court to file charges of false swearing (perjury) against me. I have carefully checked my answers for accuracy.**

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date

All Information Verified By: \_\_\_\_\_