

Interview Date: _____ Case #: _____ PO: _____

Testing Agency _____

Dates spent in jail on this case:

CLIENT BASIC INFORMATION
PERSONAL HISTORY

Name _____ SSN: _____

Cell Phone #(_____) _____ Phone # (_____) _____ Email address: _____

Age _____ Date of Birth _____ Place of Birth _____ Height _____ Weight _____

Current Address _____ City _____ State/Zip _____

How Long? _____ With Whom? _____ Rent Own

Prior Address _____ City/State _____ Zip _____

How Long? _____ With Whom? _____

Father's Name _____ Address _____

City _____ State/Zip _____ Home Telephone # (_____) _____

Mother's Name _____ Address _____

City _____ State/Zip _____ Home Telephone # (_____) _____

Are your parents currently: Married Divorced Widowed Separated Never Married

If divorced, widowed or separated, at what age were you when this occurred? _____

Step-Mother's Name _____ Date of Marriage _____

Step-Father's Name _____ Date of Marriage _____

Please describe your relationship with your parents or step-parents: _____

List your brother and sisters with ages-oldest first (including half and step siblings)

Name/Age _____ Address _____ Telephone # _____

MARITAL HISTORY

Married Single Separated Divorced Widowed Significant Other

How many times have you been married? _____

Former Marriage(s)
Former Spouse's Name _____ # of Children _____

From ____/____/____ To ____/____/____

Current Marriage
Spouse's full name _____ # of Children _____

Date of Marriage ____/____/____ Spouse's Employer _____ Work # (____)

List *all* children

Name	Age	Address
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION

List all schools attended (including training and vocational)

School	Location
_____	_____
_____	_____

Last grade completed _____ Did you graduate? _____ When? ____/____/____ GED _____

Currently a student? _____ Full or part time _____ What are you studying? _____

MILITARY RECORD

If you have been in the armed services, what branch? _____ Title _____

From ____/____/____ To ____/____/____ Type of Discharge _____

HEALTH

Please list any current health problem: _____

Rate your health status: Good Fair Poor

Please list all current prescribed medications _____

When is the last time you saw your primary physician for a full physical? _____

Have you ever received any mental health treatment? Y or N Diagnosis: _____

Where did you attend and how long? _____

Over the last 2 weeks, how often have you been bothered by any of the following problems?***

0= not at all 1= several days 2=more than half the days 3=nearly every day

1. Little interest or pleasure in doing things _____

2. Feeling down, depressed or hopeless _____

Health Insurance Provider? _____

If you are currently in counseling or have recently completed it, please bring in documentation to your appointment.

EMPLOYMENT

Present employer _____ Telephone # (_____) _____

Address _____ Full or Part time? _____

Start date ____ / ____ / ____ Title _____ Supervisor _____

Are they aware of your arrest? _____ Salary: _____

Previous Employer _____ Telephone # (_____) _____

Address _____

From ____ / ____ / ____ To ____ / ____ / ____ Title _____

Reason for leaving _____

Bring your last pay stub as documentation of employment.

If you are not presently employed, how are you supported (FIA, SSI, SSD, retirement, Bridge Card, food stamps, family, child support etc?) _____ How much monthly? _____

Reason for receiving? _____ How long? _____

List all monthly bills and amounts – Any claim to financial problems MUST be documented.

Mortgage/Rent _____	Car Loan _____	Car Insurance _____
Utilities _____	Medical Bills _____	Child Support _____
Credit Card _____	Groceries _____	Child Care _____
Loan _____	Other _____	

LAW ENFORCEMENT CONTACT

Have you ever had contact with law enforcement as an adult or juvenile?

Where	Date	Charge	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are you currently on probation or parole? _____ Where? _____ Charge _____

Parole/Probation Officer's Name _____ Telephone # _____

Do you have any other pending matters beside this case? _____ Where? _____

Failure to disclose any and all contacts with law enforcement may result in the revocation of any plea deal or suppressed status.

SUBSTANCE ABUSE

What mood-altering substances have you tried, including marijuana and synthetic substances such as Kratom? _____

1. Age of first use _____ Approximate date of last use? _____ / _____ / _____

How often do you use? _____ How much? _____

Have you ever experienced withdrawal symptoms? _____ Heaviest use? _____

2. Age of first use _____ Approximate date of last use? _____ / _____ / _____

How often do you use? _____ How much? _____

Have you ever experienced withdrawal symptoms? _____ Heaviest use? _____

Have you ever abused/misused any prescription drugs? Y or N If yes, what kind and were they your prescriptions?

Have you ever tried alcohol? Y or N What type? Beer Wine Liquor

Age of first use _____ Approximate date of last use _____ / _____ / _____ How often do you consume alcohol? _____

How many per occasion? _____ How long has this been your pattern of consumption? _____

Have you ever been sick from alcohol? Y or N If yes, when was the last time? _____

How many drinks does it take to feel its effects? _____ Heaviest amount during one drinking event? _____

Time in life of most frequent of heaviest use? _____

Have you ever experienced blackouts? Y or N If yes, when was the last time? _____

Loss of control? Attempts to stop? Change in tolerance?

Do you feel dependant on alcohol/drugs? Y or N Can you go one day without drinking / using drugs? Y or N

Have friends/family ever complained about your drinking / drug use? Y or N

Do you have any concerns for yourself and substance abuse? Y or N

Employment problems due to alcohol / drugs? Y or N

Does your behavior change when you are drinking / using drugs? Y or N

Is there any family history of alcohol or drug abuse? Y or N

Have you ever been prescribed Antabuse? Y or N

If so, when? _____

Emergency Contacts

List at least two people, friends or family (with address, phone number and relationship) who are aware of your arrest.

Please sign and date below to acknowledge the above information is true to the best of your knowledge.

Signature _____ Date _____

