

PERSONAL DATA SHEET

(Please Print)

Date: _____

Docket Number: _____

TRUE NAME: _____ SEX: _____ AGE: _____
(Last) (First) (Middle)

OTHER NAMES USED: _____ HISPANIC _____ NON-HISPANIC _____
RACE: _____

MAIDEN NAME: _____ SOCIAL SECURITY NO: _____

PRESENT ADDRESS: _____ HEIGHT: _____ WEIGHT: _____
(Including Apt. #)

COLOR OF EYES: _____

RESIDENTIAL STATUS (Own, Buying, Renting, No Contribution): _____ COLOR OF HAIR: _____

MONTHLY PAYMENT: _____ DATE OF BIRTH: _____

HOW LONG AT THIS ADDRESS: _____ PLACE OF BIRTH: _____

VOCATIONAL TRAINING/SKILLS: YES NO (Describe) _____

LEVEL OF EDUCATION (Highest Grade Completed): _____

TELEPHONE NUMBER: _____ DATE EDUCATION OBTAINED: _____

CITIZENSHIP: _____

PREVIOUS ADDRESSES (Past 15 years - give street address, city, state, and dates you lived there):

(1)	Street Address	City	State	Dates
(2)	_____	_____	_____	_____
(3)	_____	_____	_____	_____

MARITAL STATUS (Single, Married, Divorced, Separated, Widow, Cohabiting): _____

DATE AND PLACE OF MARRIAGE: _____

NAME OF SPOUSE: _____

IF APPLICABLE, DATE AND PLACE OF DIVORCE OR SEPARATION: _____

DEPENDENTS:	Name	Age	Relationship
_____	_____	_____	_____

NAME OF EMPLOYER: _____

ADDRESS OF EMPLOYER: _____

DATE EMPLOYMENT BEGAN: _____ SUPERVISOR: _____

HOURS PER WEEK: _____ GROSS MONTHLY INCOME: _____

EMPLOYER'S TELEPHONE NO.: _____ AMOUNT PER HOUR:\$ _____

MAY EMPLOYER BE CONTACTED?: _____

HAVE YOU EVER BEEN TREATED FOR DRUG OR ALCOHOL ABUSE? YES NO (If "yes", provide the name and address of the treatment program, and the dates and type of treatment received): _____

DO YOU HAVE ANY CURRENT MEDICAL CONDITIONS? YES NO (If "yes", provide the name and address of the physician, and the dates and type of treatment received): _____

HAVE YOU BEEN TREATED FOR A MENTAL HEALTH CONDITION? YES NO (If "yes", provide the name and address of the doctor/facility, and the dates and type of treatment received): _____

HAVE YOU BEEN ARRESTED PREVIOUSLY? YES NO (If "yes", list all prior arrests by providing the offense with which you were charged, the date, and the location of the arresting agency): _____

NAME OF NEAREST RELATIVE (Not Living With You): _____ TELEPHONE NO.: _____

RELATIVE'S ADDRESS: _____

FATHER'S NAME: _____ TELEPHONE NO.: _____

ADDRESS: _____

MOTHER'S NAME: _____ TELEPHONE NO.: _____

(including maiden name)

ADDRESS: _____

IF APPLICABLE - FIRST SERGEANT: _____ DUTY PHONE: _____