

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. #)

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

MONTHLY PAYMENT: _____ DATE OF BIRTH: _____
PLACE OF BIRTH: _____

HOW LONG AT THIS ADDRESS: _____ LEVEL OF EDUCATION (Highest Grade Completed): _____
DATE EDUCATION OBTAINED: _____

VOCATIONAL TRAINING/SKILLS: ☐ YES ☐ NO (Describe) _____

TELEPHONE NUMBER: _____ 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: _____

SUPERVISOR: _____

DATE EMPLOYMENT BEGAN: _____ GROSS MONTHLY INCOME: _____

HOURS PER WEEK: _____ AMOUNT PER HOUR:\$ _____

EMPLOYER'S TELEPHONE NO.: _____ 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: _____

(PLEASE PROVIDE DIRECTIONS TO YOUR RESIDENCE ON THE BACK SIDE OF THIS FORM)