



**REFERENCES:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home/Cell Phone: \_\_\_\_\_ Work Number: \_\_\_\_\_

Email: \_\_\_\_\_

**DEMOGRAPHICS:**

Date of Birth: \_\_\_\_\_ Sex: Male \_\_\_ Female \_\_\_

Race/Ethnic Origin: White \_\_\_ Black \_\_\_ Hispanic \_\_\_ Other \_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Place of Birth (City/State): \_\_\_\_\_ Citizenship \_\_\_\_\_ Language \_\_\_\_\_

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

Marital status: (circle one) Married Divorced Single Separated Widowed Unknown

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

Social Security #: \_\_\_\_\_ Texas ID #: \_\_\_\_\_

Driver's License # \_\_\_\_\_ State \_\_\_\_\_ Expiration \_\_\_\_\_

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

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Body: \_\_\_\_\_ Color: \_\_\_\_\_

Year: \_\_\_\_\_ License Plate #: \_\_\_\_\_ State: \_\_\_\_\_

Owner: \_\_\_\_\_

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

If currently suspended, do you have an occupational license? \_\_\_ Yes \_\_\_ No

**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? \_\_\_\_\_

**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)	_____	/	/	/
4)	_____	/	/	/

**Your Parents:**

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

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

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

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

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

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

**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

**Monthly Income Sources:**

Salary (Take home)	\$	Secondary Employment	\$	Retirement	\$
Disability	\$	Social Security	\$	Workers Comp	\$
Child Support	\$	Rental	\$	Food Stamps	\$
Retirement	\$	VA Benefits		Spouse Salary	\$
Additional Income	\$				

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

**Monthly Expenses:**

Rent/Mortgage	\$	Entertainment	\$	Electric/Gas	\$	Home Phone	\$
TV/Internet	\$	Water	\$	Cell Phone	\$	Food Bill	\$
Health Insurance	\$	Medical Bills/RX	\$	Auto Insurance	\$	Auto Payment	\$
Gas/Diesel	\$	Child Support	\$	Alimony	\$	Other:	\$
Credit Cards Name:	Monthly Payment \$	Balance \$	Name:	Monthly Payment \$	Balance \$	Other:	\$

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

**PERSONAL:**

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

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

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 or alcohol use? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

Have you received treatment for mental health, if so where? \_\_\_\_\_, When? \_\_\_\_\_

Have you ever received **INPATIENT** treatment for alcohol or drug use or mental health? If Yes, When and Where:

\_\_\_\_\_

What drugs have you used: **(List any prior use, even if only once or twice) THIS DOES NOT INCLUDE LEGAL PRESCRIPTIONS THAT ARE BEING TAKEN AS PRESCRIBED.**

	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							
Methamphetamines							
LSD							
PCP							
Inhalants							
Fentanyl							
Opioids							

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

Do you have any previous or pending cases out of state? \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes, What offense and where? County & State: \_\_\_\_\_

Are you a registered sex offender? \_\_\_\_\_ Yes \_\_\_\_\_ No

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

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

\_\_\_\_\_

Community Supervision Officer

Date