SAN DIEGO COUNTY PROBATION DEPARTMENT
ADULT SERVICES
APPLICANTS PERSONAL QUESTIONNAIRE (*Drug Court Option*)

You have been ordered to complete Drug Court as a condition of Formal Probation. You are to follow the rules set forth by the Drug Court and must abide by all conditions of Probation. Please complete and return this questionnaire to the courtroom clerk by your next Drug Court Appearance Date. If you have any questions, please speak with your Attorney or Drug Court Case Manager.

Date: _____
Name: _____

Birthdate (day/month/year) _____/_____/_____Social Security # _____-_____- _____

Address: _____ Tel # (_____) _____-_____
          Number   Street   City   Zip Code

Education
_____
     Grade Completed   School Name

Vocational Training
_____
     Skill   School Name

Driver's License # _____Auto Model/Make _____ License # _____

LIST ALL PRIOR ARRESTS, WHETHER CONVICTED OR NOT:

Offense	Arresting Agency	Date	Disposition

HAVE YOU EVER BEEN REFERRED TO ADULT OR JUVENILE PROBATION OR PAROLE?

Agency	Location	Date

HAVE YOU EVER BEEN IN A JAIL, PRISON OR MENTAL HOSPITAL FOR JUVENILES OR ADULTS?

Name of Institution	Date	Why were you there?

GIVE COMPLETE NAMES AND MAILING ADDRESSES FOR THE NEXT THREE QUESTIONS:
Marital History:

Married to:	Date	Date Separated/ Divorced	Current Address	Tel #	Employer	Tel#

Parents:

	Name	Address	Tel #	Birthdate	Where Employed
Father:					
Mother: (Maiden Name)					
Stepfather:					
Stepmother:					
Brothers/Sisters:					

Probation Questionnaire (continued)

Children/Stepchildren:

Names	Address	Tel #	Birthdates	Where Employed

EMPLOYMENT HISTORY (List present or last employment first)

From Month	To Month/Year	Salary	Employer Name, Business, Present Address	Telephone #	Position

LIST PERSONAL REFERENCES WITH COMPLETE MAILING ADDRESSES (Persons who know you, other than relatives):

Name	Address	Tel #

I CERTIFY THAT ALL OF MY STATEMENTS AND ANSWERS IN THIS QUESTIONNAIRE ARE COMPLETE AND TRUE. I UNDERSTAND THAT ANY WILLFULLY FALSE STATEMENT I MADE WILL AFFECT MY PARTICIPATION IN THE DRUG COURT PROGRAM.

_____
Date   Signature

If someone helped you to complete this questionnaire, please print his/her name below:

Name: _____