

**HARRIS COUNTY DOMESTIC RELATIONS OFFICE
COMMUNITY SUPERVISION UNIT
PROBATIONER DATA SHEET**

PRIVACY ACT NOTICE: Disclosure of your social security number is required by federal law (42 USC 666). Failure to disclose this information will result in an incomplete probation file. The Community Supervision Unit will use your social security number for verifying employment and accessing criminal history information.

PERSONAL INFORMATION

Cause Number: _____
Name _____ Social Security Number _____
Date of Birth _____ Place of Birth _____ Driver's License Number _____ State _____
Race _____ Sex _____ Ht. _____ Wt. _____ Eyes _____ Hair _____
Tattoos/Scars _____

LOCATE INFORMATION

Home Address _____ Rent/Own _____
Street City State Zip Code
Home Phone Number _____ Cell Phone Number _____
Pager Number _____ E-Mail Address _____
Employer _____
Address _____ Occupation _____
Street City State Zip Code
Work Phone Number _____ Length of Employment _____
Salary _____ Hourly/Weekly/Monthly
Do you receive any other income or financial aid such as the following: social security, disability benefits, retirement, unemployment compensation, stocks, rental property, real estate, bonds, mutual funds, etc.? Yes _____ No _____
If yes, give source and amount. _____

FAMILY INFORMATION

Spouse _____ Work Phone Number _____
Do you have any other children besides the one(s) listed in this Court order? Yes _____ No _____ If yes, how many? _____
Are you under any other child support order? Yes _____ No _____ Where _____

Father/Step-father _____ Phone _____
Mother/Step-mother _____ Phone _____
Brother/Sister _____ Phone _____
Brother/Sister _____ Phone _____

PERSONAL REFERENCES

Name _____ Phone _____
Name _____ Phone _____

VEHICLE INFORMATION

Make/Model _____ Color _____ Year _____ Own/Buying _____ License. Plate _____

CRIMINAL BACKGROUND INFORMATION

Prior Convictions/Arrests (county, state or federal) including traffic tickets, bad checks, etc.:

Date	Location	Offense	Outcome

Are you currently on community supervision or parole for another case? Yes ___ No ___ County/State: _____

Offense _____ Probation Officer _____ Ph. Number _____

ALCOHOL/DRUG ABUSE HISTORY

How often do you drink alcohol? _____

How often do you use drugs? _____. When was the last time you used drugs? _____

Have you ever sought treatment for substance abuse (alcohol or drug use)? Yes _____ No _____ If yes, when and where? _____

EDUCATION INFORMATION

Highest Level (Grade) of Education _____ GED _____ When completed _____

Are you currently enrolled in a program leading to a high school diploma, college degree, or any type of job training? Yes _____

No _____ If yes, describe the degree or program you are pursuing. _____

MEDICAL INFORMATION

Have you ever had any serious mental or physical problems? Yes _____ No _____ If yes, describe: _____

Do you have any illness or injury now? Yes _____ No _____ List _____

MILITARY INFORMATION

Military Service: Yes _____ No _____ If yes, Branch/Service _____ Length of Service _____

Date and type of discharge _____

Probationer’s Statement: I have prepared this Data Sheet to submit to the Harris County Domestic Relations Office, Community Supervision Unit. I have carefully checked the same for accuracy and understand that any false statement made here may be grounds for revoking probation.

Date

Probationer’s Signature

Community Supervision Officer’s Signature