

4) PRESENT STATUS:

Residence Address _____

With Whom Living (be sure to include children):

NAME	RELATIONSHIP	AGE	OCCUPATION
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

5) MARITAL HISTORY:

SPOUSES'S NAME	AGE	MARRIAGE	DIVORCE/DEATH	REASON
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

PRESENT MARRIAGE:

Date and Place of Marriage _____

Name of Spouse _____

Occupation of Spouse _____

Place of Employment _____

Salary of Spouse _____

6) EDUCATION/TRAINING:

Academic:

A. Highest Grade Achieved/Degree Attained _____

B. Age Left School/Reason _____

C. Last School Attended _____

Dates Attended _____

Vocational:

A. Vocational School Attended _____

B. Dates Attended _____

C. Licenses/Certificates/Degrees _____

7) EMPLOYMENT AND EMPLOYMENT HISTORY

Please give employment history for the past ten years. Start with present job and work backward. Please explain periods of unemployment.

From _____
To _____
Hours Per Week _____
Last Salary _____
Number of Employees you Supervised _____
Immediate Supervisor's Name _____
Reason for Leaving _____

Employing Firm _____
Firm Address _____
Your Title _____
Specific Duties _____

From _____
To _____
Hours Per Week _____
Last Salary _____
Number of Employees you Supervised _____
Immediate Supervisor's Name _____
Reason for Leaving _____

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8) MILITARY SERVICE

Branch of Service: Army____ Navy____ Air Force____ Marines____
Reserves____ Other_____

A. Inclusive Dates of each period of military service & military occupational specialty____

B. Highest grade/rank achieved and current grade/rank; decoration/citations at separation:

C. Type and date of discharge (if other than honorable, state reason):

9) FINANCIAL STATUS: ASSETS AND LIABILITIES:

A. Statement of financial assets including real property & insurance

1. Checking Account: Bank/Account_____ Amount:_____
2. Savings Account: Bank/Account_____ Amount:_____
3. Securities (stocks/bonds, type, value, income)

4. Accounts receivable:_____
5. Description of Property (automobile, boat, furniture):_____
6. Other income to applicant and family and source:_____
7. Amount(s) and source(s) of public economic support:_____

B. Financial Obligations, including:

1. Home mortgage and monthly payments:_____
2. Vehicle payments:_____
3. Monthly payments:_____
4. Medical payments:_____
5. Charge accounts:_____
6. Outstanding fines/restitution:_____
7. Spousal/child support:_____

10) **INTERESTS AND LEISURE TIME ACTIVITIES:**

A. Talents and accomplishments: _____

B. Primary leisure time interests and degree on involvement (including religious affiliations/social interests/hobbies): _____

11) **PHYSICAL HEALTH**

A. General physical condition/health problems: _____

B. History of serious disease/accidents including their nature, dates, and effects: _____

C. History of major surgery and serious injuries, including their nature, dates, and effects: _____

D. Medical Examination: Date: _____ Place: _____
Examiner: _____
Medical Findings (attach report): _____

12) **PRIOR RECORD:**

- A. Juvenile Adjuncations- date, where, offense, result: _____

- B. Juvenile Institutional Placements: _____

- C. Juvenile Probation Experiences date, violations, (if any), results: _____

- D. Traffic Convictions date, where, offense, result: _____

- E. Adult Convictions (in chronological order): _____

- F. Adult Probation, Parole experiences date, violations, (if any), results: _____

13) **SUBSTANCE ABUSE:**

A. Use:	USE	FREQUENCY OF USE	LENGTH OF TIME
DRUG			
Alcohol	_____	_____	_____
Heroin	_____	_____	_____
Other Opiates	_____	_____	_____
Methadone	_____	_____	_____
Cocaine	_____	_____	_____
Amphetamines	_____	_____	_____
Barbituates	_____	_____	_____
Tranquilizers	_____	_____	_____
Hallucinogens	_____	_____	_____
Hash	_____	_____	_____
Marijuana	_____	_____	_____

- B. Have you ever lost consciousness while using alcohol?
_____Yes _____No How many times?_____
- C. Have you been drunk continuously for several days?
___Continuously ___Frequently ___Sometimes ___Seldom ___Never
- D. Were you under the influence of drugs or alcohol at the time of offense?_Yes _No
- E. With which drugs do you feel you have a problem?_____
- If you feel you have an Alcohol/Substance Abuse problem, would you be willing to undergo treatment? _____Yes _____No
- F. Impact of substance abuse on family, employment, social situations_____
- _____
- _____
- G. Record of substance abuse treatment/hospitalization dates and names of hospitals/programs:_____
- _____
- _____
- _____