

Lea County Probation - Misdemeanor Compliance

BY SIGNING THIS FORM YOU ARE AGREEING THAT ALL INFORMATION PROVIDED IN THIS DOCUMENT IS TRUTHFUL:

PLEASE PRINT AND FILL OUT COMPLETELY **STOP!!!**  SIGNATURE: _____ DATE: _____

PERSONAL INFORMATION:						
FIRST NAME		MIDDLE		LAST NAME		MOTHER'S MAIDEN NAME
DOB / /		GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female <input type="checkbox"/> Other		HAIR COLOR		EYE COLOR
HEIGHT	WEIGHT	SKIN COMPLEXION (Circle) Fair, Medium, Dark		Social Security Number	Marital Status (Married, Divorced, etc.)	FAMILY SIZE
RELIGION:		OCCUPATION:		You were Raised by? (Parents, Relatives, Foster Parents, etc.)		
HEALTH INSURANCE:				U.S. CITIZENSHIP <input type="checkbox"/> Yes <input type="checkbox"/> No		RACE ETHNICITY
PRIMARY LANGUAGE		INTERPRETER NEEDED (LANGUAGE) <input type="checkbox"/> Yes <input type="checkbox"/> No		BIRTH CITY		BIRTH STATE
BIRTH COUNTRY (i.e. USA, etc.)		LEGAL COUNTY (i.e. Lea, Eddy, Chaves, etc.)		Years lived in United States:	Years lived in New Mexico:	Years lived in Lea County:
IF MARRIED OR NAME CHANGED - PREVIOUS NAME(S) USED:						
FIRST NAME 1		LAST NAME		When changed? (Year)	Why Changed?	
FIRST NAME 2		LAST NAME		When changed? (Year)	Why Changed?	
EMERGENCY CONTACT:						
NAME		DOB	RELATIONSHIP	GENDER Male Female Other	CELL PHONE NUMBER () -	OTHER PHONE NUMBER () -
ADDRESS			CITY	STATE	ZIP	
SIGNIFICANT OTHER INFORMATION: (Husband, Wife, Boyfriend, Girlfriend)						
NAME			RELATIONSHIP	CELL PHONE NUMBER () -	OTHER PHONE NUMBER () -	
GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female			On Probation or Parole <input type="checkbox"/> Yes <input type="checkbox"/> No	DOB or AGE	Length of time together?	
ADDRESS			CITY	STATE	ZIP	
PARENT'S INFORMATION:						
FATHER'S NAME		DOB or AGE	Is he still alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	CELL PHONE NUMBER () -	OTHER PHONE NUMBER () -	
ADDRESS			CITY	STATE	ZIP	
MOTHER'S NAME		DOB or AGE	Is she still alive? <input type="checkbox"/> Yes <input type="checkbox"/> No	CELL PHONE NUMBER () -	OTHER PHONE NUMBER () -	
ADDRESS			CITY	STATE	ZIP	
BROTHER(S) and/or SISTER(S):						
FIRST NAME		LAST NAME	RELATIONSHIP	DOB or AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	On Probation or Parole <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST NAME		LAST NAME	RELATIONSHIP	DOB or AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	On Probation or Parole <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST NAME		LAST NAME	RELATIONSHIP	DOB or AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	On Probation or Parole <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST NAME		LAST NAME	RELATIONSHIP	DOB or AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	On Probation or Parole <input type="checkbox"/> Yes <input type="checkbox"/> No

WITH WHOM DO YOU PRESENTLY LIVE:

FIRST NAME	LAST NAME	RELATIONSHIP	DOB or AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	On Probation or Parole <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST NAME	LAST NAME	RELATIONSHIP	DOB or AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	On Probation or Parole <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST NAME	LAST NAME	RELATIONSHIP	DOB or AGE	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	On Probation or Parole <input type="checkbox"/> Yes <input type="checkbox"/> No

DO YOU HAVE ANY CHILDREN:

FIRST NAME	LAST NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB or AGE	If Minor, Do you have Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST NAME	LAST NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB or AGE	If Minor, Do you have Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST NAME	LAST NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB or AGE	If Minor, Do you have Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No
FIRST NAME	LAST NAME	GENDER <input type="checkbox"/> Male <input type="checkbox"/> Female	DOB or AGE	If Minor, Do you have Custody? <input type="checkbox"/> Yes <input type="checkbox"/> No

IDENTIFYING MARKS: (Mark Types: Tattoos, Piercings, Scars, Birthmarks - If more than one list on bottom of last page)

MARK TYPE:	BODY LOCATION:	DESCRIPTION:
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YOUR ADDRESSES:

PHYSICAL ADDRESS	CITY	STATE	ZIP	Length of time there?
MAILING ADDRESS	CITY	STATE	ZIP	Length of time used?
PREVIOUS ADDRESS	CITY	STATE	ZIP	Length of time there?

YOUR PHONE NUMBERS & E-MAIL ADDRESSES:

CELL () -	CELL CARRIER " REQUIRED " (i.e., AT&T, Verizon, Sprint)	PRIMARY PHONE <input type="checkbox"/> Yes <input type="checkbox"/> No
HOME () -		PRIMARY PHONE <input type="checkbox"/> Yes <input type="checkbox"/> No
WORK \ OTHER () -	TYPE: (i.e. Friend's Phone, Work Phone, etc.)	PRIMARY PHONE <input type="checkbox"/> Yes <input type="checkbox"/> No
Primary E-MAIL Address:	Secondary E-MAIL Address:	FACEBOOK PAGE: <input type="checkbox"/> Yes <input type="checkbox"/> No

EDUCATION

HIGH SCHOOL ATTENDED	LAST ATTENDED: Month: _____ Year: _____	Highest Grade Level Completed: GED: _____ Yes No
Were you ever in Special Education? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, Diagnosis: _____	Did you graduate from High School? <input type="checkbox"/> Yes <input type="checkbox"/> No	Did you graduate from College? <input type="checkbox"/> Yes <input type="checkbox"/> No

MONTHLY INCOME SOURCES

Are You Presently Employed? If YES, Length of Employment <input type="checkbox"/> Yes <input type="checkbox"/> No _____ Years _____ Mon	Are You a Full-Time Student? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You Retired? <input type="checkbox"/> Yes <input type="checkbox"/> No	Are You a Full-Time Caretaker? <input type="checkbox"/> Yes <input type="checkbox"/> No
If Presently Employed, NAME OF COMPANY	Job Title:	Supervisor's Name:	INCOME PER HOUR \$ _____
ADDRESS	CITY	STATE	ZIP
OTHER INCOME SOURCE <input type="checkbox"/> Child Support <input type="checkbox"/> Alimony <input type="checkbox"/> Disability <input type="checkbox"/> Other Aid (Describe) _____	MONTHLY INCOME AMOUNT: \$ _____		

MONTHLY EXPENSES

1 Mortgage/Rent \$ _____ Utilities \$ _____ Car Payment \$ _____ Insurance \$ _____ Food \$ _____ Gas for Car \$ _____			
OTHER EXPENSES: 2 Child Support \$ _____ Alimony \$ _____ Other _____ \$ _____ Other _____ \$ _____			MONTHLY EXPENSES TOTAL \$ _____

