

ARE YOU A REGISTERED SEX OFFENDER ___ YES ___ NO

ARE YOU A REGISTERED SEX PREDATOR ___ YES ___ NO

IF SO, IN WHAT STATE ARE YOU REGISTERED? _____

STATUS ___ RELEASED ___ SUPERVISED

Do you have any case pending in Court? ___ YES ___ NO

Offense: _____

Where?: _____

VICTIM'S INFORMATION OR PERSON INVOLVED IN THIS CASE

VICTIM'S NAME _____ RELATIONSHIP _____

ARE YOU CURRENTLY ON PROBATION? ___ YES ___ NO WHERE? _____

Officer's Name _____ Phone # _____

LIST OF ILLEGAL DRUGS USED AND DATES (Example: Cocaine - Jan/2011)

HAVE YOU EVER ATTENDED ALCOHOL/DRUG TREATMENT? ___ YES ___ NO / ___ In-Patient ___ Out-Patient ___ Day Treatment ___ Other

TREATMENT AGENCY _____ DATE _____

LIST ALL YOUR CHILDREN (name and age) NO CHILDREN: _____ ARE YOU COURT ORDERED TO PAY CHILD SUPPORT?

_____ (___) _____ (___) ___ YES ___ NO

_____ (___) _____ (___) ARE YOU CURRENT WITH YOUR PAYMENTS?

_____ (___) _____ (___) ___ YES ___ NO

DO YOU HAVE AN ATTORNEY? ___ YES ___ NO

Attorney's Name _____ Phone # _____

DO YOU OWN OR POSSESS ANY FIREARMS? ___ YES ___ NO

List your firearms:

LIST ANY MEDICATIONS CURRENTLY USING: _____ NONE _____

LIST ANY PRESCRIPTION: _____ NONE _____

DO YOU HAVE ANY PHYSICAL LIMITATION? _____

DO YOU HAVE ANY MENTAL HEALTH ISSUES? _____