



PALO PINTO COUNTY COMMUNITY SUPERVISION & CORRECTIONS DEPARTMENT

PERSONAL DATA FORM

NAME:

Last First Middle Suffix

OTHER NAMES/NICKNAMES USED: _____

MAILING ADDRESS: _____
Street Address/P.O. Box # City State Zip Code

PHYSICAL ADDRESS: _____
Street Address/Route # City State Zip Code

HOME PHONE #: _() CELL PHONE #: _()

WORK PHONE #: _() COUNTY OF RESIDENCE: _____

LIST 3 PERSONS WHO WILL KNOW HOW TO CONTACT YOU AT ALL TIMES (List Spouse first, if married):

(1) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _()

(2) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _()

(3) NAME: _____ RELATIONSHIP: _____

ADDRESS: _____ TELEPHONE: _()

EMPLOYER: _____ POSITION: _____

ADDRESS: _____

SUPERVISOR: _____ DATE STARTED: _____

BUSINESS PHONE: _() BUSINESS FAX: _()

WAGES: _____ WORK HOURS/DAYS: _____

DOES EMPLOYER KNOW OF YOUR PROBATION? **Y** **N** JOB STATUS? **FT** **PT** **TEMP**

SEX: **M** **F** HEIGHT: _____ WEIGHT: _____ EYE COLOR: _____

HAIR COLOR: _____ RACE: _____ ETHNICITY: _____

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

U. S. CITIZEN? **Y** **N** PRIMARY LANGUAGE: _____

HIGH SCHOOL DIPLOMA / G.E.D.? **Y** **N** HIGHEST GRADE COMPLETED: _____

MARITAL STATUS: _____ # OF DEPENDENTS (Exclude Self): _____

IDENTIFYING SCARS / MARKS / TATTOOS (Location/Description): _____

PHYSICAL / MEDICAL / MENTAL DISABILITIES, CONDITIONS OR IMPAIRMENTS: _____

SOCIAL SECURITY #: _____ DRIVERS' LICENSE #: _____

DRIVERS' LICENSE: _____

STATE TYPE EXPIRATION DATE

MILITARY SERVICE? _____

Y **N** DATES OF SERVICE BRANCH TYPE OF DISCHARGE

MOTOR VEHICLES:

(1) _____
YEAR MAKE MODEL BODY TYPE COLOR

LICENSE PLATE #: _____ LICENSE PLATE STATE: _____

(2) _____
YEAR MAKE MODEL BODY TYPE COLOR

LICENSE PLATE #: _____ LICENSE PLATE STATE: _____

ARE YOU CURRENTLY ON PROBATION

AND / OR PAROLE OR HAVE PENDING COURT ACTION ELSEWHERE?

Y **N**

IF YES, WHERE AND FOR WHAT OFFENSE(S)? _____

DATE COMPLETED

SIGNATURE OF PROBATIONER