

# CSCD INFORMATION PACKET

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Sex: (circle one) Male / Female Race: \_\_\_\_\_ SS#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

List all other names you have used (ie.. maiden name, foster name, nicknames, alias, etc..)? \_\_\_\_\_

\_\_\_\_\_

Current Physical Address: \_\_\_\_\_  
(Include City, State & Zip Code; Include Apt #)

Mailing Address (If Different): \_\_\_\_\_  
(Include City, State & Zip Code)

How long have you lived at above address: \_\_\_\_\_

Name all persons living in your home, their ages and relationship to you: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## EMERGENCY CONTACT

Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_  
(Include City, State & Zip Code)

How is this person related to you (family/friend): \_\_\_\_\_

## HEALTH & MENTAL HEALTH INFORMATION

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Rate your health: Good \_\_\_\_\_ Average \_\_\_\_\_ Fair \_\_\_\_\_ Poor \_\_\_\_\_

Any Physical, Medical or Mental Handicaps/Limitations: \_\_\_\_\_  
(If yes, list)

Have you ever attempted suicide? \_\_\_\_\_ If yes, date of last attempt? \_\_\_\_\_

Have you ever had a psychological evaluation? \_\_\_\_\_ If yes, when & where? \_\_\_\_\_

\_\_\_\_\_

Have you ever been treated in a psychiatric hospital:\_\_\_\_\_ If yes, when & where?\_\_\_\_\_

Have you been treated by an MHMR facility?\_\_\_\_\_ If yes, when & where?\_\_\_\_\_

List any serious illnesses, accidents or operations including dates:\_\_\_\_\_

List any Birthmarks, Scars and/or Tattoos:\_\_\_\_\_

### EDUCATION

Did you complete High School?\_\_\_\_\_ If yes, when & where?\_\_\_\_\_

If no, list last grade completed?\_\_\_\_\_ GED:\_\_\_\_\_ Other Education:\_\_\_\_\_

Year you left school & why?\_\_\_\_\_

Did you have any discipline/learning problems in school?\_\_\_\_\_ If yes, explain:\_\_\_\_\_

### WORK HISTORY

Current Employer:\_\_\_\_\_

Address:\_\_\_\_\_

(Include Street, City, State & Zip Code)

Supervisor:\_\_\_\_\_ Work Phone:\_\_\_\_\_-\_\_\_\_\_-\_\_\_\_\_

Salary:\_\_\_\_\_ Start date:\_\_\_\_\_ Type of work/position:\_\_\_\_\_

### PRIOR EMPLOYMENT

DATES	EMPLOYER	ADDRESS	TYPE OF WORK	REASON LEFT

### SUBSTANCE ABUSE HISTORY

SUBSTANCE	AGE AT FIRST USE	DATE LAST USED
ALCOHOL		
COCAINE		
CRACK		
HEROIN		
MARIJUANA		
METHAMPHETAMINE		
LSD		
PCP		
ECSTASY ("X")		
K2		
BATH SALTS		
LORTAB		
OXYCONTIN		
XANAX		
OTHER:		

Have you ever been treated for any type of substance abuse? \_\_\_\_\_ If yes, when & where? \_\_\_\_\_

Do you think your drug use has had any negative affect on your life? \_\_\_\_\_ If yes, how? \_\_\_\_\_

### FINANCES

**LIVING EXPENSE:**

Housing: \_\_\_\_\_  
 Utilities: \_\_\_\_\_  
     Electric: \_\_\_\_\_  
     Gas: \_\_\_\_\_  
     Water: \_\_\_\_\_  
     Cable: \_\_\_\_\_  
 Food: \_\_\_\_\_  
 DR/RX: \_\_\_\_\_

**OTHER EXPENSES:**

Insurance: \_\_\_\_\_  
 Phone/Cell: \_\_\_\_\_  
 Child Support: \_\_\_\_\_  
 Installment loans: \_\_\_\_\_  
 Credit Card: \_\_\_\_\_  
 Car: \_\_\_\_\_  
 Gas: \_\_\_\_\_

**Total Expenses:** \_\_\_\_\_

Net Income per month: \_\_\_\_\_ List all sources & amounts of income: \_\_\_\_\_

If **NOT** currently employed, explain how/who pays your living expenses: \_\_\_\_\_

If paying Child Support, through what agency? \_\_\_\_\_

Do you own a vehicle? \_\_\_\_\_ Year Model: \_\_\_\_\_ Make: \_\_\_\_\_ Color: \_\_\_\_\_  
License/Tag#: \_\_\_\_\_ DL#: \_\_\_\_\_ Type: \_\_\_\_\_ Expiration Date: \_\_\_\_\_  
Insurance Company: \_\_\_\_\_

### MILITARY SERVICE

Selective Service Classification: \_\_\_\_\_ Branch of Military: \_\_\_\_\_  
Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_  
If other than Honorable, explain: \_\_\_\_\_  
Any Discipline Action in service? \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
What was your job? \_\_\_\_\_

### FAMILY HISTORY

Father's Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
(City, State & Zip Code)  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Health: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Do you get along with your father? \_\_\_\_\_ explain: \_\_\_\_\_  
Mother's Name: \_\_\_\_\_  
Current Address: \_\_\_\_\_  
(City, State & Zip Code)  
Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Health: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
Do you get along with your mother? \_\_\_\_\_ explain: \_\_\_\_\_  
Are your parents divorced: \_\_\_\_\_ separated: \_\_\_\_\_ Date of divorce/separation: \_\_\_\_\_  
Your age at time: \_\_\_\_\_ Were you ever victim of physical, mental or sexual abuse: \_\_\_\_\_  
If yes, explain: \_\_\_\_\_  
Step Parents: (Include name & address with City, State & Zip Code)  
\_\_\_\_\_  
\_\_\_\_\_

List ALL brothers & sisters (include step/half/adopted: name, age, address & occupation; may write on back)

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**MARITAL**

Marital Status (Circle One):    Single    Married    Engaged    Divorced    Widowed

Name of Spouse/Finance/Significant Other: \_\_\_\_\_

Address (City, State & Zip Code): \_\_\_\_\_

Employer: \_\_\_\_\_ Phone: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Address (City, state & Zip Code): \_\_\_\_\_

Children (Include Name, Age, Address & School and/or Occupation):

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Do all children belong to you & present spouse: \_\_\_\_\_ If no, explain (include name of child & name of parent):

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**CURRENT OFFENSE**

Why were you arrested? \_\_\_\_\_

Give brief account of your version of offense & circumstances involved:

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Do you feel you were dealt with fairly? \_\_\_\_\_ Why? \_\_\_\_\_

List all prior arrests (include year & charge): \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Do you know anyone on probation or parole? \_\_\_\_\_ If yes, who? \_\_\_\_\_

**REFERENCES**

List 3 references that do **NOT** live with you:

NAME	RELATIONSHIP	ADDRESS	PHONE

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date