



# Probationer Data Sheet

You must complete the *entire* form.

Harris County Domestic Relations Office  
 Community Supervision Unit  
 1310 Prairie Street, Suite 600  
 Houston, TX 77002  
 Ph. (713) 274-7302; Fax. (713) 437-4732

1. Case Information				
Cause Number:		Attorney Name:		
		Phone Number:		
Does your child(ren) have health insurance? <b>Yes</b> <b>No</b> If "yes," what is the source?		Is your child support deducted by wage garnishment? <b>Yes</b> <b>No</b>		
2. Personal Information				
Client Name Last:		First:		Middle:
Alias/Nickname:				
Social Security #:		Date of Birth:		Place of Birth:
Driver's License #: State:		State ID #: State:		Other Form of ID: State/Country:
Race:	Height:	Weight:	Eye Color:	Hair Color:
Tattoos/Scars:				
3. Contact and Employment Information				
Home Address:		Mailing Address (if different than home address)		City:
Apt. #:				State/Zip:
Home Phone #:		Cell Phone #:		Alternative Phone #:
Email:				
Current Employer:		Occupation:		Length of Employment:
				Salary: <b>Hourly</b> (Choose) <b>Weekly</b> <b>Monthly</b>
Employer Address:		City:		State/Zip:
				Phone #:
Supervisor's Name:		Phone #:		What days do you work? (Check) <b>Mon</b> <b>Tues</b> <b>Wed</b> <b>Thurs</b> <b>Fri</b> <b>Sat</b> <b>Sun</b>
				What hours do you work? From _____ to _____
Previous Employer:		Phone #:		Length of Employment:
				Reason for Dismissal:



<b>10. Criminal Background Information (Three most recent arrests)</b>			
<b>Date</b>	<b>Location</b>	<b>Offense</b>	<b>Outcome</b>
Are you currently on criminal probation or parole for another case? Yes No Offense:		Probation/Parole Officer:	
State/County:		Phone #:	
<b>11. History of Substance Abuse (Alcohol and Drugs)</b>			
How often do you drink alcohol? <b>(Choose)</b> None 3-5 times a day On special occasions Every day Only on Weekends		Have you ever used drugs? <b>(Choose) Yes No</b> If "yes," when was the late time? Please describe.	
Have you ever sought treatment for substance abuse? <b>(Choose) Yes No</b> The treatment was for: <b>(Choose) Alcohol Drugs Both</b>		If "yes," what was the date? Location/Facility Name:	
<b>12. Medical Information</b>			
<b>Physical/Mental Diagnosis</b>	<b>Date of Injury or Diagnosis</b>		<b>Type of Treatment Received</b>
	Date: Are you currently experiencing pain/symptoms? <b>(Choose) Yes No</b>		
	Date: Are you currently experiencing pain/symptoms? <b>(Choose) Yes No</b>		
	Date: Are you currently experiencing pain/symptoms? <b>(Choose) Yes No</b>		
<b>13. Military Information</b>			
Have you served in the military? <b>(Choose) Yes No</b>	If "yes," which branch?	Length of Service:	Date and Type of Discharge:
<b>14. Probationer's Statement and Signatures</b>			
Probationer's Statement: I have completed this Data Sheet as part of my community supervision with the Harris County Domestic Relations Office, Community Supervision Unit. I attest that the information contained herein is true and correct, and understand that any false statement made here may be grounds for revoking probation.			
<b>Date:</b>	<b>Probationer's Signature:</b>	<b>Community Supervision Officer's Signature:</b>	