MONROE CIRCUIT COURT PROBATION DEPARTMENT
HOME STUDY DEMOGRAPHICS FORMS

"Be advised that you may receive automated calls or text message from phone number (812) 558-9115 or (812) 349-2645 that have been generated by Monroe Circuit Court Probation Department to remind you of future events."

PERSON DETAIL

Name:_____
(First) (Middle) (Last)

Nicknames / Alias / Other Names Used: _____

Race: ☐ Caucasian / White ☐ Black / African American ☐ Multiracial ☐ Asian
☐ American Indian/Alaskan Native ☐ Native Hawaiian or Other Pacific Islander ☐ Other (specify)_____

Sex: ☐ Male ☐ Female Preferred Pronouns:_____
Gender: ☐ Male ☐ Female ☐ Transgender ☐ Non-binary ☐ Other: _____

Date of Birth: _____-_____-_____ **Ethnicity:** ☐ Hispanic/Latino
(Month) (Day) (Year) ☐ Not Hispanic/ Latino

Citizenship: ☐ US Citizen (Native or naturalized) ☐ Non US Citizen

Primary Language: ☐ English ☐ Spanish ☐ Sign Language ☐ Arabic ☐ Chinese ☐ Japanese
☐ Korean ☐ Other Language (specify) _____

Marital Status: ☐ Single ☐ Married ☐ Separated ☐ Divorced ☐ Widowed ☐ Living together not married

Religion (optional): _____ **Height:** _____ **Weight:** _____

Hair Color: ☐ Bald ☐ Black ☐ Blonde ☐ Brown ☐ Gray ☐ Red ☐ White ☐ Other
Eye Color: ☐ Black ☐ Blue ☐ Brown ☐ Gray ☐ Green ☐ Hazel ☐ Other

Place of Birth: _____ **Social Security Number:** _____--_____--_____

ADDRESS/CONTACT INFORMATION

Current / Home / Local Address: _____
(Number / Street) (Apt/Lot) (City/State) (Zip)

Length of Time at Above Address:_____ Number of bedrooms: _____ Number of bathrooms: _____

If renting, are you named on the lease as a resident? ☐ yes ☐ no If no, name(s) listed on the lease: _____

Number and type of animals in your home: _____

Do you own any firearms: ☐ yes ☐ no If yes, where are they kept: _____

Mailing Address: _____
(if different from above) (Number / Street) (Apt/Lot) (City/State) (Zip)

Contact Numbers: _____ _____ _____
Cell Accept text messages? ☐ yes ☐ no **Home Phone** **Work Phone & Extension**

Email Address: _____

PHYSICAL IDENTIFIERS

Scars/Identifying Marks: *Please check all that apply and provide location and a description of the identifier on the lines below.*

☐ Birth Mark_____

☐ Body Piercing_____

☐ Scars _____

☐ Tattoos_____

OTHER IDENTIFIERS

Driver's License Number _____ **State issued:** _____

Current Driver's License Status: ☐ Valid ☐ Suspended ☐ Expired ☐ Never Licensed ☐ Learners Permit

Vehicle Make / Model / Year: _____ **Vehicle Color:** _____

State ID: _____ **State issued:** _____ **Status:** ☐ Valid ☐ Expired

Resident Alien or Green Card Number: _____ **Gang Affiliation:** ☐ yes ☐ no If Yes, name: _____

SCHOOLS ATTENDED

Please list the name of the school(s) you attended or are currently attending:

High School: _____
(Name of High School / City and State)

Start date: _____ End date: _____ Year graduated: _____

High School Status: ☐ Attending/Currently Enrolled ☐ Completed/Graduated ☐ Dropped Out ☐ Expelled

Last High School Grade Completed: ☐ 9th ☐ 10th ☐ 11th ☐ 12th
☐ High School Diploma ☐ TASC / GED when and where was it received? _____
Year / City / State

College/Trade School #1:_____
(Name of School / City and State)

College ☐ or Trade School ☐ Start date: _____ End date: _____ Year graduated: _____

College/Trade School #1 Status: ☐ Attending/Enrolled ☐ Completed ☐ Graduated ☐ Dropped Out ☐ Pending Admission ☐ Withdrew

College/Trade School #2: _____
(Name of School / City and State)

College ☐ or Trade School ☐ Start date: _____ End date: _____ Year graduated: _____

College/Trade School #2 Status: ☐ Attending/Enrolled ☐ Completed ☐ Graduated ☐ Dropped Out ☐ Pending Admission ☐ Withdrew

Degree(s)/Certificate(s): Please check all that apply: ☐ Certificate ☐ Associates Degree ☐ Bachelor's Degree ☐ Master's Degree

EMPLOYMENT

Employment Status: ☐ Full time ☐ Part time ☐ Laid off ☐ Disabled ☐ Homemaker ☐ Unemployed
☐ Retired ☐ Student ☐ Self-Employed (explain):_____

Current Employer: _____ _____
(Name / Business Name) (Start Date)

_____ _____
(Number / Street Address) (End Date)

_____ _____
(City) (State) (Zip) (Average Hours per week)

Position: _____ **Hourly Income or Annual Income: $**_____

Previous Employer: _____ _____
(Name / Business Name) (Start Date)

_____ _____
(Number / Street Address) (End Date)

_____ _____
(City) (State) (Zip) (Average Hours per week)

- **Reason for Leaving Previous Employer:** ☐ Laid off ☐ Quit ☐ Retired ☐ Terminated/Fired ☐ Disabled

MILITARY HISTORY

☐ Yes ☐ No If YES, current or past? ☐ Current ☐ Past Branch of Service_____

Dates of service: _____to _____ Type of discharge: _____

Do you receive VA benefits? ☐ Yes ☐ No

LEGAL HISTORY (JUVENILE AND/OR ADULT)

Have you ever been charged with a prior criminal offense? ☐ yes ☐ no If yes, where?_____
Have you ever been convicted of a felony? ☐ yes ☐ no If yes, where?_____
Have you ever been placed on probation? ☐ yes ☐ no If yes, where?_____
Have you ever been incarcerated in a state prison? ☐ yes ☐ no If yes, where?_____

If yes to any of the above, please list the offense(s)/charge(s), date of offense(s)/charge(s), and County/State:

Offense(s): _____

_____

County / State:_____ Date(s):_____

Do you have **pending** legal charges against you in any other county or state? ☐ yes ☐ no

If yes, please list Charges, County/State, and Date of Charges:

Pending Charge(s): _____

_____

County / State:_____ Date(s):_____

FAMILY INFORMATION

Number of times married:_____ Date of most recent marriage:_____ Date of most recent divorce:_____

Number of children? _____ Number of children you are supporting:_____

Spouse/Significant Other: _____ Date of Birth_____ - _____ - _____
(First) (Middle) (Last) (Month) (Day) (Year)

Address: _____
(If different from yours) (Number / Street) (Apt/Lot) (City/State) (Zip Code)

Contact Numbers: ☐ Cell _____ ☐ Home _____ ☐ Work_____

Father: _____ Date of Birth_____ - _____ -_____
(First) (Middle) (Last) (Month) (Day) (Year)

Address: _____
(Number / Street) (Apt/Lot) (City/State) (Zip Code)

Contact Numbers: ☐ Cell _____ ☐ Home_____

Mother: _____ Date of Birth_____ - _____ - _____
(First) (Middle) (Last) (Month) (Day) (Year)

Address: _____
(Number / Street) (Apt/Lot) (City/State) (Zip Code)

Contact Numbers: ☐ Cell _____ ☐ Home_____

Step-Father: _____ Date of Birth_____ - _____ - _____
(First) (Middle) (Last) (Month) (Day) (Year)

Contact Numbers: ☐ Cell _____ ☐ Home_____

Step-Mother: _____ Date of Birth_____ - _____ - _____
(First) (Middle) (Last) (Month) (Day) (Year)

Contact Numbers: ☐ Cell _____ ☐ Home_____

Brothers/Sisters (including half/step):

Name_____ _____ Date of Birth: _____-____-_____
(First) (Middle) (Last) (Phone Number) (Month) (Day) (Year)

Relationship: ☐ Full ☐ Half ☐ Step **Sex:** ☐ Male ☐ Female

Name_____ _____ Date of Birth: _____-____-_____
(First) (Middle) (Last) (Phone Number) (Month (Day) (Year)

Relationship: ☐ Full ☐ Half ☐ Step **Sex:** ☐ Male ☐ Female

Name_____ _____ Date of Birth: _____-____-_____
(First) (Middle) (Last) (Phone Number) (Month) (Day) (Year)

Relationship: ☐ Full ☐ Half ☐ Step **Sex:** ☐ Male ☐ Female

- **Additional paper may be used/requested from Receptionist is needed to list additional Brothers/Sisters.**

CHILDREN

Number of children? _____ Number of children you are supporting:_____

Name: _____ Date of Birth_____ - _____ - _____
(First) (Middle) (Last) (Month) (Day) (Year)

Sex: ☐ Male ☐ Female **Child Lives with:** _____

Address: _____ _____
(If different from yours) (Number / Street) (Apt/Lot) (City/State) (Zip) (Child's Home or Cell Phone Number)

Relationship to you: ☐ Biological ☐ Step ☐ Adopted **Child's Social Security #** _____--_____--_____

Are you child's legal guardian?: ☐ Yes ☐ No **Shared Custody?:** ☐ Yes ☐ No **Physical Custody** (you)?: ☐ Yes ☐ No

Amount of Court-Ordered Financial Support: $_____ per ☐ week ☐ month **Current on support?** ☐ Yes ☐ No

Child's School: _____ **Grade:** _____

Child's Doctor: _____ **Child's Dentist:** _____

Is this child involved in counseling? If yes, with whom? _____

Is this child prescribed medication? If yes, please describe _____

Does this child have any special needs? Please describe _____

Name: _____ Date of Birth_____ - _____ - _____
(First) (Middle) (Last) (Month) (Day) (Year)

Sex: ☐ Male ☐ Female **Child Lives with:** _____

Address: _____ _____
(If different from yours) (Number / Street) (Apt/Lot) (City/State) (Zip) (Child's Home or Cell Phone Number)

Relationship to you: ☐ Biological ☐ Step ☐ Adopted **Child's Social Security #** _____--_____--_____

Are you child's legal guardian?: ☐ Yes ☐ No **Shared Custody?:** ☐ Yes ☐ No **Physical Custody** (you)?: ☐ Yes ☐ No

Amount of Court-Ordered Financial Support: $_____ per ☐ week ☐ month **Current on support?** ☐ Yes ☐ No

Child's School: _____ **Grade:** _____

Child's Doctor: _____ **Child's Dentist:** _____

Is this child involved in counseling? If yes, with whom? _____

Is this child prescribed medication? If yes, please describe _____

Does this child have any special needs? Please describe _____

Name: _____ Date of Birth_____ - _____ - _____
(First) (Middle) (Last) (Month) (Day) (Year)

Sex: ☐ Male ☐ Female **Child Lives with:** _____

Address: _____ _____
(If different from yours) (Number / Street) (Apt/Lot) (City/State) (Zip) (Child's Home or Cell Phone Number)

Relationship to you: ☐ Biological ☐ Step ☐ Adopted **Child's Social Security #** _____--_____--_____

Are you child's legal guardian?: ☐ Yes ☐ No **Shared Custody?:** ☐ Yes ☐ No **Physical Custody** (you)?: ☐ Yes ☐ No

Amount of Court-Ordered Financial Support: $_____ per ☐ week ☐ month **Current on support?** ☐ Yes ☐ No

Child's School: _____ **Grade:** _____

Child's Doctor: _____ **Child's Dentist:** _____

Is this child involved in counseling? If yes, with whom? _____

Is this child prescribed medication? If yes, please describe _____

Does this child have any special needs? Please describe _____

Name: _____ Date of Birth_____ - _____ - _____
(First) (Middle) (Last) (Month) (Day) (Year)

Sex: ☐ Male ☐ Female **Child Lives with:** _____

Address: _____ _____
(If different from yours) (Number / Street) (Apt/Lot) (City/State) (Zip) (Child's Home or Cell Phone Number)

Relationship to you: ☐ Biological ☐ Step ☐ Adopted **Child's Social Security #** _____--_____--_____

Are you child's legal guardian?: ☐ Yes ☐ No **Shared Custody?:** ☐ Yes ☐ No **Physical Custody** (you)?: ☐ Yes ☐ No

Amount of Court-Ordered Financial Support: $_____ per ☐ week ☐ month **Current on support?** ☐ Yes ☐ No

Child's School: _____ **Grade:** _____

Child's Doctor: _____ **Child's Dentist:** _____

Is this child involved in counseling? If yes, with whom? _____

Is this child prescribed medication? If yes, please describe _____

Does this child have any special needs? Please describe _____

<u>Please list all the people who are presently living with you OR who have stayed with you over the past five (5) years</u>:

_____ _____ Date of Birth: _____-_____-_____
(First Name) (Middle) (Last) (Relationship) (Month) (Day) (Year)

_____ _____ Date of Birth: _____-_____-_____
(First Name) (Middle) (Last) (Relationship) (Month) (Day) (Year)

_____ _____ Date of Birth: _____-_____-_____
(First Name) (Middle) (Last) (Relationship) (Month) (Day) (Year)

_____ _____ Date of Birth: _____-_____-_____
(First Name) (Middle) (Last) (Relationship) (Month) (Day) (Year)

_____ _____ Date of Birth: _____-_____-_____
(First Name) (Middle) (Last) (Relationship) (Month) (Day) (Year)

FINANCIAL INFORMATION

Your Monthly Income (approximate): $_____

Spouse/Partner Monthly Income (approximate): $_____

Other (public assistance, trust fund, etc.): $_____

Sources of Income **(check all that apply)**:

☐ Salary from job ☐ Social Security ☐ SSI ☐ Retirement/Pension

☐ WIC Vouchers ☐ Section 8 Housing ☐ Title 20 ☐ TANF

☐ Child Support ☐ Food Stamps ☐ Disability ☐ Other (specify) _____

Estimate the total amount of your average monthly living expenses: $_____

Do you believe you have ever had a problem with betting money or gambling including playing the lottery? ☐ yes ☐ no

MEDICAL, PHYSICAL, AND EMOTIONAL HEALTH

Family Doctor: _____

Please rate your current physical health: ☐ Excellent ☐ Good ☐ Fair ☐ Poor

Are you taking any prescription or over-the-counter medications at this time? ☐ yes ☐ no
If yes, please list names of medications and reason:_____

Please list history of serious medical problems and/or any current medical problems/conditions: _____

_____

Do you have medical insurance? ☐ yes ☐ no Insurance Provider?:_____

Have you ever had contact with or received services from a counseling or mental health agency? ☐ yes ☐ no

If yes, please list the agency(s), location, and date:_____

Agency City & State Date(s)

Have you ever experienced any of the following?

Allergies (severe)	☐ yes	☐ no	☐ unsure	☐ Yes / must carry EpiPen
Alcoholism	☐ yes	☐ no	☐ unsure	☐ Yes / in recovery
Anger problems / Anger outbursts	☐ yes	☐ no	☐ unsure	
Anxiety (severe/panic attacks)	☐ yes	☐ no	☐ unsure	
Asthma	☐ yes	☐ no	☐ unsure	
Autism	☐ yes	☐ no	☐ unsure	
Cancer	☐ yes	☐ no	☐ unsure	
Chronic Pain	☐ yes	☐ no	☐ unsure	
Depression (lasting more than two weeks)	☐ yes	☐ no	☐ unsure	
Diabetes	☐ yes	☐ no	☐ unsure	
Fatigue for long periods	☐ yes	☐ no	☐ unsure	
Feelings of hopelessness	☐ yes	☐ no	☐ unsure	
Financial loss due to gambling	☐ yes	☐ no	☐ unsure	
Seizures	☐ yes	☐ no	☐ unsure	
Sleep disturbance	☐ yes	☐ no	☐ unsure	
Substance abuse or addiction	☐ yes	☐ no	☐ unsure	☐ Yes / in recovery
Current suicidal thoughts	☐ yes	☐ no	☐ unsure	
Past suicidal thoughts	☐ yes	☐ no	☐ unsure	
Suicide attempts	☐ yes	☐ no	☐ unsure	
Temper problems	☐ yes	☐ no	☐ unsure	
Tendency toward violence	☐ yes	☐ no	☐ unsure	
Thoughts of homicide	☐ yes	☐ no	☐ unsure	
Weight changes (unplanned)	☐ yes	☐ no	☐ unsure	

Unconscious from blow to head and/or concussion ☐ yes ☐ no ☐ unsure ☐ Traumatic Brain Injury (diagnosed)

CAREGIVERS

Please list all people who are responsible for caring for your children: include babysitters, day care, preschool, relatives, neighbors, friends, etc.

_____ _____ Date of Birth: _____-_____-_____
(First Name) (Middle) (Last) (Relationship) (Month) (Day) (Year)

_____ _____ Date of Birth: _____-_____-_____
(First Name) (Middle) (Last) (Relationship) (Month) (Day) (Year)

_____ _____ Date of Birth: _____-_____-_____
(First Name) (Middle) (Last) (Relationship) (Month) (Day) (Year)

_____ _____ Date of Birth: _____-_____-_____
(First Name) (Middle) (Last) (Relationship) (Month) (Day) (Year)

_____ _____ Date of Birth: _____-_____-_____
(First Name) (Middle) (Last) (Relationship) (Month) (Day) (Year)