



15th Judicial Circuit Community Corrections
Day Report Center and Home
Incarceration
QUESTIONNAIRE

Instructions

Please complete this form as accurately and honestly as possible. Completion and submission of this form does not replace the intake interview, it is merely one portion of the process. Please provide as much information as possible on this form.

Bring valid identification, including driver's license and Social Security card to the intake interview.

Date: _____ Driver's License Number/State ID: _____

Last Name: _____ First Name: _____ Middle: _____

SSN: _____ Race: _____ Gender: Male Female

D.O.B _____ Height: _____ Weight: _____ Hair Color: _____

Eye Color: _____ Tattoos/Scars: _____

Place of Birth: _____

Are you a U.S. Citizen? _____ Yes _____ No

What is your native language? _____

Do you follow any specific cultural or religious traditions involving diet, appearance, clothing or special sacred activities? _____ Yes _____ No

Contact Information

Home: _____ Cell: _____ Other: _____

Address: _____

Mailing Address: _____

Housing Information

Living Status : _____ Own _____ Rent _____ Other: _____ Length at residence: _____

Number of Occupants: _____

Persons living in residence and their relationship to you: _____

Former Addresses: _____

Family Information

Marital Status: _____ Name of Spouse/Partner: _____
Dependents: _____
Custody Status: _____ Child Support: _____ Amount: _____
Emergency Contact: _____ Number: _____

Parents

Name: _____ Birth Date: _____ Age: _____
Address: _____
Telephone Number: _____ Occupation: _____
If Deceased, cause of death: _____ Date of Death: _____

Name: _____ Birth Date: _____ Age: _____
Address: _____
Telephone Number: _____ Occupation: _____
If Deceased, cause of death: _____ Date of Death: _____

Siblings

Name: _____ Birth Date: _____ Age: _____
Address: _____
Telephone Number: _____ Occupation: _____

Name: _____ Birth Date: _____ Age: _____
Address: _____
Telephone Number: _____ Occupation: _____

Name: _____ Birth Date: _____ Age: _____
Address: _____
Telephone Number: _____ Occupation: _____

Name: _____ Birth Date: _____ Age: _____
Address: _____
Telephone Number: _____ Occupation: _____
If Deceased, cause of death: _____ Date of Death: _____

Describe how well your family functioned. Was there physical and/or substance abuse? _____

Does anyone in your family, including spouse and close relatives have a criminal record?

Education

Highest level completed: _____ Diploma: _____ GED: _____ Year: _____

Name of Schools attended:

<u>Name of School</u>	<u>Location</u>	<u>Dates and Grades Attended</u>	<u>Graduate (Y/N)</u>
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1. _____

2. _____

3. _____

4. _____

5. _____

Employment

Are you disabled? _____ Yes _____ No

If yes, what is your disability, who is your physician, and when were you qualified for or awarded disability?

Disability/Retirement/Unemployment income: _____

Employment Status: _____

Longest full-time employment: _____

Current Employer: _____

Employer Address: _____

Telephone Number: _____

Name of Supervisor: _____

List work record beginning with your most recent job:

	<u>Business</u>	<u>Position</u>	<u>Dates</u>	<u>Hours</u>	<u>Salary</u>	<u>Reason for Leaving</u>
1.						
2.						
3.						
4.						
5.						
6.						
7.						

List name(s) and address(es) of union(s) in which you were or are a member, and include dates of membership:

In the last year, or in the year before you were incarcerated, how many months have you been employed? _____

Military

Have you been in the Military Service? _____ Yes _____ No

Branch of Service: _____

Approximate Entry Date: _____

Approximate Discharge Date: _____

What rank did you achieve? _____

What duties did you have? _____

Did you have any particular problems, disciplinary or otherwise? _____ Yes _____ No

If yes, explain:

Where were you stationed? _____

What type of discharge did you receive? _____

Civic

Do you belong to any religious and/or civic organizations? _____ Yes _____ No

If yes, please list: _____

How do you usually spend your free time, such as hobbies? _____

Health Information

Health Physical/Mental: _____

Medications: _____

Health Insurance: _____ Yes _____ No Name of Provider: _____

Criminal History

_____ No Criminal History

List any and all arrests and charges that may be on file anywhere.

<u>Offense</u>	<u>Location</u>	<u>Date of Offense</u>	<u>Disposition</u>
1.			
2.			
3.			
4.			
5.			
6.			
7.			
8.			

PLEASE ATTACH AN ADDITIONAL SHEET OF PAPER IF NECESSARY.

How many prior dispositions (or convictions) did you have as a youth (under age of 18)? _____

How many prior adult convictions do you have? Felony _____ Misdemeanor _____

At what age were you first arrested or charged with a crime? _____

Were you ever arrested under the age of 16? _____ Yes _____ No

If yes, please explain: _____

Were you ever incarcerated as a result of a conviction? _____ Yes _____ No

Were you ever punished for an institutional misconduct? _____ No _____ Yes How Many? _____

Have you had any behavior reports while in prison? _____ No _____ Yes How Many? _____

For what infraction(s)? _____

Have you ever had your probation or parole suspended or revoked while you were under any kind of prior community supervision? Have you ever had new charges laid while you were under any kind of prior community supervision?

If yes, describe the event. _____

VEHICLE INFORMATION

How many vehicles do you own? _____

Please list ALL vehicles accessible to you: _____

	Color	Make	Model	Year	License Plate Number	Owner
1.						
2.						
3.						
4.						
5.						

CURRENT OFFENCE INFORMATION:

Current Offense(s): _____

Offense Class: Felony
 Misdemeanor

Judge: _____

Case Number: _____

Are you on Bond? _____

Offense Date: _____

Sentence Date: _____

Sentence Time: _____

Sentence Details: _____

Supervising Officer: _____

Prosecuting Attorney: _____

Attorney name/number: _____

Defendant's Version

Describe, in your own words, the events of the offense and your arrest.
You may also give a reason for your involvement in the crime.

Future Plans and Goals

Client Signature: _____ Date: _____

Staff Signature: _____ Date: _____



HARRISON COUNTY COMMUNITY CORRECTIONS

215 South 3rd Street
Chase Tower West
Clarksburg, West Virginia 26301
FAX: 304-626-1085 PHONE: 304-624-8556

CONSENT FOR THE RELEASE OF CONFIDENTIAL INFORMATION: CRIMINAL JUSTICE SYSTEM REFERRAL

I, _____, hereby consent to communication between the Harrison County Day Report Center and the following persons or agencies (check as appropriate):

- _____ 1. Presiding Judge for the Circuit Court of _____ County
 - _____ 2. Presiding Magistrate for the Magistrate Court of _____ County
 - _____ 3. Prosecuting Attorney's Office for _____ County
 - _____ 4. Defense Counsel
 - _____ 5. Supervising Probation Office for _____ County.
 - _____ 6. Supervising Parole Office and, if required, Paroling Authority
 - _____ 7. Home Incarceration Office for _____ County
 - _____ 8. Other
-

The purpose of and need for the disclosure is to inform the criminal justice agencies listed above of my attendance and progress in treatment. The extent of information to be disclosed is my diagnosis, information about my attendance or lack of attendance at treatment sessions, my cooperation with the treatment program, prognosis, drug test results, and

I understand that such information, where necessary, will be disclosed in open-court, which is a public forum, and I hereby authorize the same.

I understand that this consent will remain in effect for one year from the date of this contract or until I provide written notice to the agency withdrawing my consent.

I also understand that any disclosure made is bound by part 2 of Title 42 of the Code of Federal Regulations governing confidentiality of alcohol and drug abuse patient records and that the recipients of this information may re-disclose it only in connection with their official duties.

DATE

SIGNATURE OF CLIENT

SIGNATURE OF DRC STAFF