

**PERSONAL DATA INFORMATION
PAYMENT PLAN APPLICATION**

Currently on Supervision: Yes No Previously on Supervision: Yes No Where: _____

LAST FIRST MIDDLE SUFFIX (SR, JR, II, III)

MAILING ADDRESS APT. CITY STATE ZIP CODE

PHYSICAL ADDRESS (if different) CITY STATE ZIP CODE

HOME PHONE CELL PHONE EMAIL ADDRESS

WHO WILL YOU BE LIVING WITH? NAME OF MINORS IN HOME

NAMES OF ANY VICTIM(S) OR CO-DEFENDANTS IN HOME

PERSONAL REFERENCES: (list 3 references one of which that does not reside with you)

1. _____
NAME RELATIONSHIP

ADDRESS CITY STATE ZIP CODE PHONE

2. _____
NAME RELATIONSHIP

ADDRESS CITY STATE ZIP CODE PHONE

3. _____
NAME RELATIONSHIP

ADDRESS CITY STATE ZIP CODE PHONE

EMPLOYMENT:

FULL-TIME PART-TIME SEASONAL STUDENT/RETIRED/DISABLED UNEMPLOYED

EMPLOYER START/END DATE EMPLOYER PHONE NUMBER

ADDRESS CITY STATE ZIP CODE

WAGES POSITION SUPERVISOR'S NAME IS YOUR EMPLOYER AWARE (Y OR N)

PERSONAL INFORMATION:

DATE OF BIRTH: _____ Month Day Year	RACE: <input type="checkbox"/> African American <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian <input type="checkbox"/> Caucasian <input type="checkbox"/> Other: _____	HS DIPLOMA: <input type="checkbox"/> Yes <input type="checkbox"/> No GED: <input type="checkbox"/> Yes <input type="checkbox"/> No
SEX: <input type="checkbox"/> MALE <input type="checkbox"/> FEMALE	ETHNICITY: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	HIGHEST GRADE COMPLETED: (Including those with GED)
HAIR:	CITIZENSHIP: <input type="checkbox"/> US <input type="checkbox"/> Mexico <input type="checkbox"/> Resident Alien <input type="checkbox"/> Other: _____	MARITAL STATUS: <input type="checkbox"/> Single <input type="checkbox"/> Separated <input type="checkbox"/> Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced
EYES:	PLACE OF BIRTH: City _____ State _____ Country _____	# OF CHILDREN UNDER 18:
HEIGHT: _____ WEIGHT: _____	MILITARY STATUS: <input type="checkbox"/> Active <input type="checkbox"/> Retired <input type="checkbox"/> Discharged <input type="checkbox"/> None Type of Discharge: _____	LANGUAGE: <input type="checkbox"/> English <input type="checkbox"/> Spanish <input type="checkbox"/> Other: _____

SOCIAL SECURITY NUMBER DL # & STATE DL EXPIRATION DATE

AUTO:

MAKE:	MODEL:	BODY STYLE:	COLOR:
YEAR:	LICENSE PLATE:	STATE:	

SCARS/MARKS/TATTOOS:

LIST ALL YOUR CREDITORS: (Mortgage, Banks, Credit Cards, Finance Companies, Department Stores, etc.)

Company Name	Balance Owed	Payment Amount (month)
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Company Name	Balance Owed	Payment Amount (month)
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Company Name	Balance Owed	Payment Amount (month)
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LIST CURRENT BALANCES:

Bank: _____ Checking Account Balance: _____

Bank: _____ Savings Account Balance: _____

Other: _____

ACKNOWLEDGEMENT AND DECLARATION:

Under penalty of perjury, I hereby certify that the foregoing as being a complete and accurate statement of my current financial condition. It is with this understanding and acknowledgement that I formally request an extension of time for payment of the fine/fee and court costs now due and payable to the Collin County District Clerks Office.

Defendant Signature

Date

Office Use Only			Staff Initial	Date
<input type="checkbox"/> Home	<input type="checkbox"/> Cell	<input type="checkbox"/> Work (call/visual)		
<input type="checkbox"/> Ref #1	<input type="checkbox"/> Ref # 2			

COLLIN COUNTY CSCD QUESTIONNAIRE

Name: _____ Date: _____

This questionnaire is to assist the probation department in expediting your intake processing. Please answer as honestly as you are able to about each question. Fill in the blank, check the appropriate answer or circle the answer(s) that best applies to you when given a choice.

THE OFFENSE/ CRIMINAL HISTORY

1. Were you drinking/using drugs when you got involved with the offense you were just placed on probation for, or any other offenses? Yes No If so, which offenses?

2. Was anyone ever hurt or threatened during any of your offenses? Yes No
3. Were you with someone else who was also arrested during any of your offenses? Yes No
4. Have you had a probation or parole sentence revoked? Yes No

RESIDENCE

5. How long have you lived at your current address? _____
6. How many times have you moved in the past year? _____
7. Who do you live with? a) spouse b) partner c) friend d) parent e) other relative f) alone
8. Current marital status: a) single b) married c) divorced d) separated e) widowed

EMPLOYMENT

9. If not working, what is your current status? a) unemployed b) homemaker c) student
d) retired e) other _____
10. If not working, what is your means of support? _____

PREVIOUS EMPLOYMENT

BUSINESS	LENGTH OF EMP	REASON FOR LEAVING
_____	_____	_____
_____	_____	_____
_____	_____	_____

EDUCATION

11. Have you ever received any of the following? a) GED b) High school diploma
c) Associate's degree d) Bachelor's degree e) Master's degree f) Other _____

FINANCIAL

12. Monthly household take-home income: _____ Monthly expenses: _____

13. Do you have any financial problems? Explain: _____

ALCOHOL/DRUG ABUSE

14. How often did you drink alcohol? a) daily b) weekly c) monthly d) occasionally e) N/A

15. How many drinks per sitting do you usually have? a) 1-2 b) 3-4 c) 5+ d) N/A

16. When did you last consume alcohol? _____

17. How often did you use drugs? a) daily b) weekly c) monthly d) occasionally e) N/A

18. What kind of drugs have you used? _____

19. When did you last use drugs? _____ What did you use? _____

HEALTH

20. Have you ever received counseling/treatment for a problem related to (*circle all that apply*):
a) Emotional b) Substance abuse c) Mental d) Physical e) Sexual

****Please take a minute to seriously consider and answer the following:**

21. What problem area(s) in your life has had the greatest influence on your negative and criminal behavior (*circle all that apply*): a) Family b) Spouse c) Friends d) Employment
e) Finances f) Drugs g) Alcohol h) Education i) Health j) Other _____

22. What problem(s) are you experiencing in your life at this time that you would like help with?

PRESENTENCE INVESTIGATION PERSONAL DATA INFORMATION

Date: _____ Name: _____ Alias/AKA: _____

Date of Birth: _____ Citizenship: _____ Alien Number: _____
Attorney's name: _____ Alien Status: _____

CURRENT OFFENSE:

Did you have a weapon?: Yes No Type of weapon: _____

Are you guilty of the offense you just went to court for?: Yes No

Do you have any pending charges?: Yes No What for?: _____
City/County/State: _____

CRIMINAL HISTORY:

Were you ever arrested as a **juvenile**?: Yes No

If yes: Number of Convictions: _____ Number of Arrests: _____ Number of Probations: _____

Do you have an **adult** criminal history?: Yes No

Age at first conviction: _____

Do you have a history of gang affiliation? Yes No Type: _____

MEDICAL HISTORY:

Have you ever been treated at a psychiatric hospital?: Yes No Where?: _____

At an MHMR Facility?: Yes No Where?: _____

List any physical/medical impairments: _____

Are you taking any medications, including psychotropic?: Yes No

If Yes, list: _____

Have you ever attempted suicide?: Yes No If yes, date of last attempt: _____

EDUCATION/JOB SKILLS:

High School Diploma: Yes No GED: Yes No

List any special classes you were in while in school: _____

Have you attended some college?: Yes No College Graduate: Yes No

Vocational training: Yes No Type: _____

Job skills: _____ Principal Language: _____ Can you read?: Yes No

EMPLOYMENT:

Current/Most recent employer: _____

Date Employed: _____ Job Type: _____

If unemployed, how long (months/years): _____

Reason for leaving: _____

Income sources/amount: _____

Are you paying child support? Yes No

ALCOHOL/DRUG HISTORY:

Indicate the type and frequency of drug(s) use **as it applies to your entire life** by placing an "X" in the appropriate space.

	Daily	Weekly	Monthly	Occasionally	Age 1 st Used	Date Last Used	Denied Use
1. Alcohol/Beer							
How many drinks – shots or beers – do you have in one sitting? <input type="checkbox"/> 1-4 drinks <input type="checkbox"/> 5-8 <input type="checkbox"/> 9 or more							
2. Cocaine							
3. Crack							
4. Heroin							
5. Marijuana							
6. Amphet/ Methamphetamine							
7. LSD							
8. PCP							
9. Inhalants							
10. Other drugs: _____ _____							

Indicate the type and number of incidents of drug counseling or treatment received:

_____ DWI education	_____ AA/NA, etc.
_____ Individual counseling	_____ Drug education classes
_____ Out-patient group counseling	_____ Residential treatment

Were you under the influence of drugs/alcohol at the time of the offense? Y N

Was the offense committed to buy drugs/alcohol? Y N

Last drug use: _____ Drug of Choice: _____

History of IV drug use? Y N

AFFIDAVIT

I swear the above answers are true.

Defendant