



San Benito County Probation Department

400 Monterey Street
Hollister, CA 95023
831-636-4070
831-636-5682 FAX



Ashlyn A. Canez
Chief Probation Officer

John Oliveira
Assistant Chief

Adult Interview Form

DNA COLLECTED? YES NO
DATE COLLECTED: _____

PERSONAL HISTORY:

TODAY'S DATE: _____

NAME:

LAST: _____ FIRST: _____ MIDDLE: _____

AGE: _____ DATE OF BIRTH: _____ PLACE OF BIRTH: _____

ALIAS/MAIDEN NAME: _____

ADDRESS: _____
CITY STATE LENGTH

LIVE WITH: _____

HOME PHONE: _____ CELL PHONE: _____

PREVIOUS ADDRESS: _____
CITY STATE LENGTH

LIVED WITH: _____

ARRIVED IN CALIFORNIA: _____ IN SAN BENITO COUNTY: _____

EVER LIVED OUT OF STATE: YES NO LOCATION: _____

EVER LIVED OUT OF COUNTY: YES NO LOCATION: _____

SOCIAL SECURITY #: _____ RESIDENT ALIEN ID#: _____

DRIVER'S LICENSE #: _____ VALID SUSPENDED REVOKED

HGT: _____ WT: _____ HAIR: _____ EYES: _____ RACE: _____

SCARS/MARKS: _____

TATTOOS: _____

(PLEASE USE BACK OF THIS SHEET IF YOU NEED MORE ROOM)

RELIGIOUS AFFILIATION: _____ CHURCH/PARISH: _____

DO YOU ATTEND SERVICES: REGULARLY OFTEN SOMETIMES NEVER

OTHER ORGANIZATIONS: _____

HOBBIES/ACTIVITIES: _____

WHERE DID YOU GROW UP? _____ WHO RAISED YOU? _____

DESCRIBE YOUR CHILDHOOD: _____

MARITAL STATUS: SINGLE MARRIED CO-HAB SEPARATED DIVORCED

SPOUSE/OTHER: _____ DATE MARRIED: _____

PREVIOUS SPOUSE: _____ DATE DIVORCED: _____

SPOUSE DECEASED: YES NO DATE: _____ CAUSE OF DEATH: _____

CHILDREN:

NAME: _____ DOB: _____ OTHER PARENT: _____ LOCATION: _____

NAME: _____ DOB: _____ OTHER PARENT: _____ LOCATION: _____

NAME: _____ DOB: _____ OTHER PARENT: _____ LOCATION: _____

NAME: _____ DOB: _____ OTHER PARENT: _____ LOCATION: _____

NAME: _____ DOB: _____ OTHER PARENT: _____ LOCATION: _____

(PLEASE USE BACK OF THIS SHEET IF YOU NEED MORE ROOM)

OPEN CPS CASE: YES NO IF YES, IN WHAT COUNTY: _____

FAMILY HISTORY: DATE PARENTS MARRIED: _____ DATE PARENTS DIVORCED: _____

FATHER

NAME: _____ AGE: _____ PLACE OF BIRTH: _____

ADDRESS: _____ DATE NATURALIZED: _____

DECEASED: YES NO DATE: _____

PHONE: _____ REMARRIED: YES NO TO: _____

OCCUPATION: _____ EMPLOYER: _____

MOTHER

NAME: _____ AGE: _____ PLACE OF BIRTH: _____

ADDRESS: _____ DATE NATURALIZED: _____

DECEASED: YES NO DATE: _____

PHONE: _____ REMARRIED: YES NO TO: _____

OCCUPATION: _____ EMPLOYER: _____

BROTHERS AND SISTERS:

_____ AGE: _____ _____ AGE: _____

_____ AGE: _____ _____ AGE: _____

_____ AGE: _____ _____ AGE: _____

IS THERE A FAMILY HISTORY OF:
CRIMINAL HISOTRY: YES NO (PLEASE EXPLAIN ON BACK IF NEEDED)

MENTAL ILLNESS: YES NO DIAGNOSIS: _____

EDUCATION:

HIGH SCHOOL ATTENDED: _____ GRADUATED: YES NO YEAR: _____

DROPPED OUT YEAR: _____ GED YEAR: _____

DID YOU ATTEND AN ALTERNATIVE SCHOOL OR CONTINUATION SCHOOL? YES NO

IF YES, NAME OF SCHOOL ATTENDED: _____

GRADUATED: YES NO YEAR: _____ DROPPED OUT YEAR: _____

DESCRIBE ANY DISCIPLINARY ACTIONS DURING HIGH SCHOOL (i.e. detentions, suspensions, etc.):

COLLEGE OR VOCATIONAL SCHOOL: _____

FROM: _____ TO: _____ DEGREE: AA BA BS NOT COMPLETED

MAJOR _____ UNITS COMPLETED: _____

PLEASE LIST ANY OTHER TRADE SCHOOLS, TECHNICAL TRAINING, OR VOCATIONAL TRAINING:

SCHOOL: _____ COURSE: _____

FROM: _____ TO: _____ COMPLETED: YES NO

EMPLOYMENT:

PRESENT EMPLOYER: _____ YOUR TITLE: _____

EMPLOYER'S ADDRESS: _____ JOB DUTIES: _____

DATE OF EMPLOYMENT: _____ SALARY: _____

PAST EMPLOYMENT:

1. _____ START _____ END _____ SALARY: _____

ADDRESS: _____ JOB DUTIES: _____

2. _____ START _____ END _____ SALARY: _____

ADDRESS: _____ JOB DUTIES: _____

3. _____ START _____ END _____ SALARY: _____

ADDRESS: _____ JOB DUTIES: _____

HAVE YOU EVER BEEN FIRED? YES NO IF YES, WHY? _____

LONGEST LENGTH OF EMPLOYMENT? _____

GAP IN EMPLOYMENT? YES NO IF YES, EXPLAIN: _____

IF CURRENTLY UNEMPLOYED, HOW DO YOU SUPPORT YOURSELF? _____

MILITARY SERVICE: YES NO

IF YES, BRANCH: _____ FROM _____ TO _____

DESCRIBE DUTIES: _____

TYPE OF DISCHARGE: _____

PRIOR CRIMINAL RECORD/CPS HISTORY:

<u>DATE</u>	<u>VIOLATION</u>	<u>STATE OR COUNTY</u>	<u>DISPOSITION</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

CURRENTLY ON PROBATION? YES NO COUNTY: _____ PO: _____

CURRENTLY ON PAROLE? YES NO PAROLE OFFICER: _____

GANG AFFILIATION: YES NO NAME: _____

ENEMIES: _____

HAVE YOU EVER THREATENED ANOTHER PERSON WITH OR WITHOUT A WEAPON? YES NO

IF YES, PLEASE EXPLAIN: _____

ARE YOU WILLING AND ABLE TO COMPLY WITH ALL TERMS AND CONDITIONS OF PROBATION? YES NO

DO YOU BELIEVE YOU WILL BE SUCCESSFUL ON PROBATION? YES NO

IF GRANTED PROBATION, HOW WILL YOU PERFORM DIFFERENTLY? _____

DRUGS AND ALCOHOL: DO YOU CURRENTLY OR HAVE YOU EVER USED ANY OF THE FOLLOWING?

		<u>AGE @ FIRST USE</u>	<u>LAST USED</u>	<u>FREQUENCY</u>	<u>AMOUNT</u>
WINE	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	_____
BEER	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	_____
LIQUOR	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	_____
MARIJUANA	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	_____
COCAINE	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	_____
METH	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	_____
HEROIN	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	_____
LSD	<input type="checkbox"/> YES <input type="checkbox"/> NO	_____	_____	_____	_____

IF YOU HAVE EVER USED ANY OTHER DRUGS, NOT LISTED ABOVE (i.e. PCP, psilocybin mushrooms, etc.), PLEASE LIST: _____

HAVE YOU EVER MISUSED ANY PRESCRIPTION MEDICATIONS? (i.e. Norco, Oxy, Fentanyl, etc.) YES NO
IF YES, PLEASE EXPLAIN: _____

DO YOU BELIEVE YOU ARE ADDICTED TO ANY CONTROLLED SUBSTANCES OR ALCOHOL? YES NO
IF SO, WHAT? _____

HAVE YOU EVER HAD DRUG OR ALCOHOL COUNSELING? YES NO

RESIDENTIAL TREATMENT? YES NO

AGENCY: _____ DATE: _____

AGENCY: _____ DATE: _____

ARE YOU CURRENTLY PARTICIPATING IN ANY TYPE OF SUBSTANCE ABUSE TREATMENT? YES NO
IF YES, PLEASE EXPLAIN: _____

HEALTH

HAVE YOU EVER BEEN HOSPITALIZED? YES NO
DATE: _____ LOCATION: _____ REASON: _____

ARE YOU CURRENTLY UNDER THE CARE OF A PHYSICIAN FOR ANY CHRONIC, LENGTHY, OR CONTAGIOUS DISEASES?
 YES NO IF YES, PLEASE EXPLAIN: _____

ARE YOU TAKING MEDICATIONS? YES NO
IF YES, PLEASE SPECIFY: _____

HEALTH INSURANCE: YES NO IF YES, LIST PROVIDER: _____

HAVE YOU EVERY EXPERIENCED ANY MENTAL HEALTH CONCERNS? YES NO
IF YES, PLEASE SPECIFY: _____

HAVE YOU EVER HAD SUICIDAL THOUGHTS OR ATTEMPTED SUICIDE? YES NO
PLEASE EXPLAIN: _____

ARE YOU CURRENTLY IN COUNSELING? YES NO IF YES, DATE STARTED: _____
THERAPIST: _____ AGENCY: _____

HAVE YOU EVER PARTICIPATED IN COUNSELING? YES NO FROM: _____ TO: _____

THERAPIST: _____ AGENCY: _____

DO YOU BELIEVE COUNSELING WOULD BE BENEFICIAL TO YOU? YES NO

WHY OR WHY NOT? _____

FINANCIAL:

MONTHLY INCOME: \$ _____ SOURCE: _____

BENEFITS:

AFDC: \$ _____ CHILD SUPPORT: \$ _____ FOOD STAMPS: \$ _____

DISABILITY: \$ _____ VETERAN'S BENEFITS: \$ _____ SSI: \$ _____

UNEMPLOYMENT INSURANCE: \$ _____ PER WEEK MONTH

OTHER SOURCES OF INCOME: _____

ASSETS:

SAVINGS: \$ _____ ANNUITIES: \$ _____ PENSION: \$ _____

DO YOU OWN A HOME? YES NO

VALUE: \$ _____ MORTGAGE: \$ _____ MONTHLY PMT: \$ _____

DO YOU OWN A VEHICLE? YES NO

YEAR: _____ MAKE: _____ MODEL: _____

YEAR: _____ MAKE: _____ MODEL: _____

YEAR: _____ MAKE: _____ MODEL: _____

OTHER ASSETS: _____

DEBTS:

OWED TO: _____ AMOUNT \$ _____ MONTHLY PMT: \$ _____

OWED TO: _____ AMOUNT \$ _____ MONTHLY PMT: \$ _____

OWED TO: _____ AMOUNT \$ _____ MONTHLY PMT: \$ _____

MONTHLY EXPENSES:

CURRENTLY PAYING?

RENT: \$ _____ UTILITIES: \$ _____ YES NO

CHILD SUPPORT: \$ _____ PAID TO: _____ YES NO

\$ _____ PAID TO: _____ YES NO

DEFENDANT'S STATEMENT:

PLEASE WRITE A STATEMENT TELLING YOUR SIDE OF THE OFFENSE, WHAT SORT OF PUNISHMENT YOU DESERVE, WHAT YOU HAVE LEARNED FROM THE INCIDENT AND ANY OTHER PERTINENT INFORMATION:
(PLEASE USE BACK OF THIS SHEET IF YOU NEED MORE ROOM)

STATEMENT FROM INTERESTED PARTIES:

(YOU MAY SUBMIT WRITTEN STATEMENTS FROM RELATIVES, FRIENDS, OR EMPLOYERS WITH THIS FORM)