

Investigation Outline/Intake
Hendricks County Superior Courts Probation Department
101 W. Marion Street
Danville, Indiana 46122
(317) 745-9264
Fax: (317) 745-9319

Please fill out the following outline completely and honestly.
(PLEASE PRINT)

NAME _____ Alias(es)/Maiden _____

Address _____
Street Apt. # City State Zip code

Phone () _____ Cell () _____ Work () _____

Email
Address _____

Date of birth _____ Place of birth _____ SS# _____

Age ____ Race ____ Sex ____ Height ____ Weight ____ Eye color ____ Hair color ____

Describe any large scars or tattoos : _____

Are you a U. S. citizen? Yes / No Alien Status _____

Driver's License #: _____ State of Issue ____ Status _____

Please list two emergency contacts that do **NOT** live with you:

Name _____ Relationship _____

Phone _____ Address _____

Name _____ Relationship _____

Phone _____ Address _____

IMMEDIATE OFFENSE:

Criminal Charge: _____

Date of Offense: _____ Date of Arrest: _____

Days in Jail: _____ Attorney: _____

Sentencing Date: _____ Blood Alcohol Content: _____

Co-Defendants: _____

Plea Agreement: _____

Court Trial: _____ Jury Trial: _____

DEFENDANT'S VERSION OF THE OFFENSE:

Explain your version of the offense:

Were you under the influence of alcohol or drugs when the offense occurred? YES NO

LEGAL HISTORY:

Juvenile

Have you ever been a member of a gang? YES NO If yes, what gang? _____

Were you ever arrested as a juvenile? YES NO If yes, age at first arrest? _____

Have you ever served a sentence at the Indiana Boys' or Girls' School? YES NO

RECORD:

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

LEGAL HISTORY:

Adult

Are you currently on probation in another county? YES NO Parole? YES NO

If yes, officer _____

Have you been on probation or parole in the past? YES NO If yes, when? _____
(If you answered yes to this question then list below)

Have you ever served a prison sentence? YES NO

If yes, when were you released? _____ What is your DOC #: _____

RECORD:

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

Do you currently have any other charges pending? Yes No

Explain: _____

FAMILY/PERSONAL BACKGROUND

Please provide information about your family and childhood.

Father's name _____ Age _____ Phone number: _____

Address _____
Street Apt. # City State Zip code

Employer: _____ Occupation: _____

Mother's name _____ Age _____ Phone number: _____

Address _____
Street Apt. # City State Zip code

Employer: _____ Occupation: _____

Stepfather's name _____ Age _____ Employer _____

Stepmother's name _____ Age _____ Employer _____

Brothers and Sisters:

Name	Age	City	Occupation:
1. _____	_____	_____	_____
2. _____	_____	_____	_____
3. _____	_____	_____	_____
4. _____	_____	_____	_____
5. _____	_____	_____	_____

Please describe your family life during your **CHILDHOOD (Circle one)**:

Bad Fair Good Excellent

Please describe your family life at the **PRESENT TIME (Circle one)**:

Bad Fair Good Excellent

Who was the main person responsible for raising you? _____ Relation _____

Did your family ever receive welfare services when you were growing up? _____

Have you ever been abused in the following ways **(Circle all that apply)**:

Mentally Physically Sexually

Your abuser's name: _____ Relation to you: _____

Your age: _____ Abuser's age: _____

Were charges filed? YES NO Was there a conviction? YES NO

What charge(s) _____

Please list any family members who have been arrested: _____

Are any family members currently in prison? _____ If so, who? _____

Where are they incarcerated? _____

MARITAL/RELATIONSHIPS

Current marital status: Never married Married Divorced Separated Widowed

Name of Husband/Wife: _____ Age: _____

Address: _____ Date of Marriage: _____

Employer: _____

Prior marriages:

Name (Maiden, if applies)	Dates:	Why ended:
_____	_____	_____
_____	_____	_____
_____	_____	_____

Circle any of the following that contributed to marital problems:

	Alcohol/Drugs	Sexual Abuse	Physical Abuse	Emotional Abuse	
Child's full name	Age	Lives with	Amt. Of Support	Current?	Name of other parent
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

HOME AND COMMUNITY:

Where were you born? _____ Where were you raised? _____

Cities you have lived in: _____

Who do you live with? _____

Religious preference: _____ Place of worship: _____ Last attended: _____

EDUCATION

Name of high school: _____ City/State: _____

Did you graduate from high school? YES NO If so, what year? _____

If not, what was your highest grade completed? _____

Were you ever in special education classes? _____

If you did not graduate, why did you quit? _____

Were you ever suspended or expelled? YES NO If so, why? _____

Have you obtained a GED? YES NO If so, what year? _____

College/Trade School: _____ Graduate? _____ If so, year? _____

Future educational plans: _____

EMPLOYMENT

Are you currently employed? YES NO PART-TIME FULL-TIME

Present Employer: _____ Phone number: _____

Address: _____

Supervisor: _____ Duties/Title: _____

Date hired: _____ Salary: _____ Hours per week? _____

Start Time _____

End Time _____

List all employment within the last ten (10) years, starting with most **recent** job:

Dates of employment	Employer	Job title	Why did you Leave?	Contact person/ Phone number:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FINANCIAL

Your income: _____ Your spouse's income: _____

Total Monthly Expenses for your household:

Rent/Mortgage	\$ _____	Car payment(s)	\$ _____	Child care	\$ _____
Utilities	\$ _____	Cell phone/Pager	\$ _____	Child support	\$ _____
Food	\$ _____	Credit Card(s)	\$ _____	Loans	\$ _____
Insurance	\$ _____	Medical bills	\$ _____	Other	\$ _____

Do you have a savings account? _____ Approximate balance: _____

Do you have a checking account? _____ Approximate balance: _____

Vehicles owned: _____ Approximate value: _____

Do you own any assets? YES NO If so, list: _____

Do you have any past due debts? YES NO If so, list: _____

Have you ever filed bankruptcy? YES NO If so, what year? _____

MILITARY

Were you ever in the military? _____ If yes, please provide the following information:

Start Date	End Date	Branch	Rank at Discharge	AWOL History?	Type of Discharge
_____	_____	_____	_____	_____	_____

Do you suffer from any physical or emotional problems due to your military experience? _____

If so, describe: _____

PHYSICAL HEALTH

What best describes your **current** health (**Circle one**): EXCELLENT GOOD FAIR POOR

Have you ever suffered from any of the following conditions:

High Blood Pressure	YES	NO	Heart Condition	YES	NO
Hepatitis	YES	NO	HIV/AIDS	YES	NO
Diabetes	YES	NO	_____	YES	NO

List dates and reasons for hospitalizations: _____

Current doctor[s]: _____

List all medications: _____

MENTAL HEALTH

What best describes your **current** mental health (**Circle one**): EXCELLENT GOOD FAIR POOR

Have you ever suffered from:

Have you ever been involved in:

Depression?	YES	NO	Parenting classes?	YES	NO
Nervousness?	YES	NO	Anger Control Classes?	YES	NO
Anxiety?	YES	NO	Domestic Violence Classes?	YES	NO
Psychological Disorders?	YES	NO	Mental Health Treatment?	YES	NO

(Paranoid schizophrenia, bipolar, manic depression, etc.)

Have you ever received a mental health evaluation or treatment? YES NO

If yes, describe where, when, and why?

Have you ever attempted suicide: YES NO When? _____

Explain: _____

ALCOHOL/DRUG USE

Please circle the best description of your use:

Alcohol	Serious	Moderate	Social	None
Marijuana	Serious	Moderate	Social	None
Cocaine	Serious	Moderate	Social	None
Methamphetamine	Serious	Moderate	Social	None
Prescription Drugs	Serious	Moderate	Social	None
Other _____	Serious	Moderate	Social	None
Other _____	Serious	Moderate	Social	None

Substance: Age of First Use: How Often Used: How Used: Date of Last Use:

ALCOHOL _____.

MARIJUANA _____.

OPIATES _____.

COCAINE _____.

METH. _____.

DEPRESSANTS _____.

HALLUCINOGENS _____.

PRESCRIPTIONS _____.

Do you feel you have a problem with alcohol or drugs? _____

If so, what? _____

Did you use any alcohol or drugs on the date of your arrest? YES NO

If so, what? _____

Have you previously been in substance abuse treatment? YES NO

Dates	Agency	Type of Program	Completed Successfully?	Notes

Family members' attitude toward **YOUR** alcohol/drug use: _____

Family members with alcohol/drug problems: _____

THE ABOVE INFORMATION IS CORRECT TO THE BEST OF MY KNOWLEDGE.

PLEASE SIGN AND DATE THIS PAGE.

SIGNED NAME _____ **DATE** _____

PRINTED NAME _____