

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. Thank you.
(PLEASE PRINT LEGIBLY)

Name _____ Alias(es)/Maiden _____

Physical

Address _____
Street Apt. # City State Zip code

Mailing

Address _____
Street Apt. # City State Zip code

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

Who do you live with? _____

Your e-mail 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 who 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

If so, what substance? _____

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

PLEASE LIST ALL PRIOR JUVENILE CASES:

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

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, who is your officer? _____

Have you been on probation or parole in the past? YES NO If yes, when? _____

Have you ever served a prison sentence? YES NO If so, in what state? _____

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

Do you currently have any other charges pending? YES NO

If yes, what charge(s)? _____

In what county? _____

PLEASE LIST ALL PRIOR ADULT CASES (FELONIES & MISDEMEANORS IN ANY STATE):

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

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Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

Date: _____ County: _____

Charge: _____

Disposition: _____

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.	_____	_____	_____	_____

Please describe your family life during your CHILDHOOD (check one):

☐ Bad ☐ Fair ☐ Good ☐ Excellent

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

☐ Bad ☐ Fair ☐ Good ☐ Excellent

Who was the main person responsible for raising you? _____

Their relation to you: _____

Did your family ever receive welfare services when you were growing up? YES NO

Have you ever been abused in the following ways (check 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? YES NO If so, who? _____

Where are they incarcerated? _____

MARITAL/RELATIONSHIPS

Current marital situation:

- ☐ Never married
- ☐ Married
- ☐ Divorced
- ☐ Separated
- ☐ Widowed

Are you satisfied with your current marital situation?¹⁶ (If single, how satisfied are you with being single?)

Not Satisfied
1

2

3

Very Satisfied
4

Name of Husband/Wife: _____ Age: _____

Address: _____ Date of Marriage: _____

Spouse's employer: _____

Prior marriages:

Name (Maiden, if applies)

Dates:

Why ended:

_____	_____	_____
_____	_____	_____
_____	_____	_____

Check any of the following that contributed to marital problems:

☐ Alcohol/Drugs ☐ Sexual Abuse ☐ Physical Abuse ☐ Emotional Abuse

CHILDREN

Child's full name:	Age:	Lives with:
Name of other parent:	Child support amount \$	Is child support current? YES / NO

Child's full name:	Age:	Lives with:
Name of other parent:	Child support amount \$	Is child support current? YES / NO

Child's full name:	Age:	Lives with:
Name of other parent:	Child support amount \$	Is child support current? YES / NO

Child's full name:	Age:	Lives with:
Name of other parent:	Child support amount \$	Is child support current? YES / NO

HOME AND COMMUNITY

Where were you born? _____

Where were you raised? _____

Cities you have lived in: _____

Religious preference: _____

Place of worship: _____ Last attended: _____

How long have you lived at your current address?³ _____

How many address changes have you had in the past 12 months (do not count incarceration)?⁴ _____

Are you satisfied with your current housing situation?¹⁸

Not Satisfied Very Satisfied
1 2 3 4 5

Would you say that you live in a "high crime" neighborhood?⁹ YES NO

EMPLOYMENT

Were you employed at the time of your arrest?¹⁰ YES NO

If yes, how many hours per week did you work?¹¹ _____

Are you currently employed?¹²

- ☐ Full-time
- ☐ Part-time
- ☐ No, I am on disability
- ☐ No, I am retired
- ☐ No, not currently employed

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	Contact Phone

Dates of Employment	Employer	Job Title
Why did you leave?	Contact Person	Contact Phone

Dates of Employment	Employer	Job Title
Why did you leave?	Contact Person	Contact Phone

Dates of Employment	Employer	Job Title
Why did you leave?	Contact Person	Contact Phone

FINANCIAL

Your income: \$_____ Your spouse's income: \$_____

Total Monthly Expenses for your household:

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

Do you have a savings account? YES NO Approximate balance: \$_____

Do you have a checking account? YES NO Approximate balance: \$_____

Vehicles owned: _____

Approximate value: \$_____

Do you own any assets? YES NO

If so, please list: _____

Do you have any past due debts? YES NO

If so, please list: _____

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

How would you rate your current financial stability?¹⁷

Cannot pay bills			Can pay bills & have extra \$
1	2	3	4

MILITARY

Were you ever in the military? YES NO If yes, please provide the following information:

Start Date	End Date	Branch	Rank at Discharge	AWOL History?	Type of Discharge
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Do you suffer from any physical or emotional problems due to your military experience? YES NO

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?

<input type="checkbox"/>	Excellent
<input type="checkbox"/>	Good
<input type="checkbox"/>	Fair
<input type="checkbox"/>	Poor

Have you ever suffered from:

Depression?	YES	NO
Nervousness?	YES	NO
Anxiety?	YES	NO
Psychological Disorders?	YES	NO

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

Have you ever been involved in:

Parenting classes?	YES	NO
Anger Control Classes?	YES	NO
Domestic Violence Classes?	YES	NO
Mental Health Treatment?	YES	NO

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? _____

If so, explain: _____

Are you often upset when you hear about other people's problems?²¹

Strongly Agree Strongly Disagree
1 2 3 4 5

Do you think it is ever okay to lie?²²

Never, or only white lies It is okay to lie
1 2 3 4 5

Lately, have you felt a lack of control over events in your life?²³

Strongly Agree Strongly Disagree
1 2 3 4 5

Do you sometimes find it exciting to do things for which you might get into trouble?²⁴

Strongly Agree Strongly Disagree
1 2 3 4 5

Would others describe you as someone who walks away from a fight, or the first to get into it?²⁵

Walks Away First One In
1 2 3 4 5

How much do you agree with the statement: "Do unto others *before* they do unto you"?²⁶

Strongly Agree Strongly Disagree
1 2 3 4 5

ALCOHOL / DRUG USE

At what age did you first begin *regularly* using alcohol?⁵ _____

What is the longest period of time you have abstained from drinking?⁷ _____

Do you feel you have a problem with alcohol or drugs? YES NO

If so, with what? _____

Have you previously been in substance abuse treatment? YES NO

Dates	Agency	Type of Program (One-day education, Two-day education, Outpatient [OP], Intensive Outpatient [IOP], Inpatient, etc.)	Completed Successfully?	Notes

Family members' attitude toward your alcohol/drug use: _____

Family members with alcohol/drug problems: _____

Substance	How old were you when you first used?	How often do you use?	How much do you usually use when you use?	How do/did you ingest this substance?	Date of last use	Circle the best description of your use
Alcohol					6	Serious Moderate Social None
Marijuana						Serious Moderate Social None
Cocaine						Serious Moderate Social None
Methamphetamines						Serious Moderate Social None
Opiates						Serious Moderate Social None
Depressants						Serious Moderate Social None
Hallucinogens						Serious Moderate Social None
Prescriptions						Serious Moderate Social None
Other: _____						Serious Moderate Social None

I understand and agree that I am subject to assessment under the Indiana Risk Assessment System as a condition of my participation in the Hendricks County Probation & Alcohol and Drug Intervention Program. I hereby authorize staff to enter the results of the assessments conducted during my participation in the Hendricks County Probation & Alcohol and Drug Intervention Program in the Indiana Risk Assessment System database. I understand that the results of the assessments conducted during my participation in the Hendricks County Probation & Alcohol and Drug Intervention Program are accessible by any authorized Indiana Risk Assessment System database user in connection with his or her official duties.

The above information is correct to the best of my knowledge.

PLEASE SIGN AND DATE THIS PAGE.

SIGNATURE _____

PRINTED NAME _____ **DATE** _____

Appointment times and dates can vary, depending on your probation officer and his/her availability on any given day, but generally, initial appointments are available from 8:30am to 3:30pm on Mondays through Fridays. **We are closed on Saturdays and Sundays.**

If you would like to provide your officer with some information below, s/he will make every attempt to work with your schedule. Please understand, though, that your requests may not be fulfilled, due to conflicts with your officer's schedule.

What day(s) of the week and time(s) of the day work best for you to report to your probation officer for the first time (first appointments generally last between 60 and 90 minutes)?

What day(s) of the week and time(s) of the day work poorly for you to report to your probation officer for the first time?
