

DEFENDANT INFORMATION

ALL QUESTIONS MUST BE ANSWERED

DEFENDANT:

NAME: _____ AGE: _____

DOB: ____/____/____ SSN: ____/____/____ DL: _____ ST: _____

RACE: _____ SEX: _____ HT: _____' _____" WT: _____ HAIR: _____ EYES: _____

ADDRESS: _____ APT: _____

CITY: _____ STATE: _____ ZIP CODE: _____

HOW LONG AT PRESENT ADDRESS? _____ YRS. _____ MOS.

HOME PH: (____) _____ WK. PH: (____) _____ EXT: _____

CELL PH: (____) _____ PAGER: (____) _____

OTHER MEANS OF CONTACT: _____

AT: (____) _____ EXT: _____

PREVIOUS ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____

SCARS/TATTOOS: _____ NICKNAME: _____

PLACE OF BIRTH: _____

EMPLOYMENT:

COMPANY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

POSITION: _____ HOW LONG: _____ YRS. _____ MOS.

SUPERVISOR: _____ SUPERVISOR'S PHONE (____) _____ EXT. _____

PREVIOUS EMPLOYMENT:

COMPANY: _____

ADDRESS: _____ CITY: _____ STATE: _____ ZIP _____

POSITION: _____ HOW LONG: _____ YRS. _____ MOS.

SUPERVISOR: _____ SUPERVISOR'S PHONE (____) _____ EXT. _____

PARENTS:

NAME: _____ ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____ PH: (____) _____

NAME: _____ ADDRESS: _____

CITY: _____ ST: _____ ZIP CODE: _____ PH: (____) _____

SPOUSE:

NAME: _____ SPOUSE'S PARENTS NAMES: _____

ADDRESS: _____ CITY: _____

ST: _____ ZIP CODE: _____ PH: (____) _____

(Over)