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)