



Franklin County Adult Probation Department

Franklin County Court Intake Packet

Revised 1/11/2019

DIRECTIONS

- Read and Review all information on the FRONT and BACK of the page!
- Fill out the Intake Form completely with all information requested.
- Do Not remove any pages from the Intake Form.
- Do Not Leave Until You Have Been Interviewed.

Processing for Probation/Parole is a necessary procedure as ordered by the sentencing Judge. This process may take considerable time—**BE PREPARED TO WAIT YOUR TURN.** If information is not completed, the Intake Form will be returned to you, which will result in a longer wait to be processed.

*****WARNING*****

Any information given at this intake procedure may subject you to possible criminal action for **UNSWORN FALSIFICATION TO AUTHORITIES, UNDER SECTION NO. 4904** of the Criminal Code of the Commonwealth of Pennsylvania, with the consequences of a penalty of one (1) year in jail and/or a \$2,500 fine.

INFORMATION MUST BE PRINTED USING BLUE INK PEN ONLY

MAIN OFFENDER INFORMATION

Name (Last, First, Middle) _____ Suffix (Jr., 3rd.etc.) _____

Social Security Number: _____ Date of Birth: _____

Biological Sex _____

Email Address: _____

PERSONAL INFORMATION

Country of Birth: _____ Place of Birth: _____ State: _____

Religion: _____ Primary Language: _____

Marital Status: Single Married Divorced Separated
 Widowed Cohabiting Common Law Marriage

Are you a US Citizen: Yes No

Employment Status: Disabled, Employed, Not Applicable, Part Time,
 Retired, SSD, SSI, Student, Unemployed

Are you physically able to work? Yes No

Maiden Name: _____

Alien Registration Number: _____

Height: _____ Weight: _____	
Body Build: <input type="checkbox"/> Muscular <input type="checkbox"/> Medium/Average <input type="checkbox"/> Large <input type="checkbox"/> Overweight <input type="checkbox"/> Thin <input type="checkbox"/> Midget	
Complexion: <input type="checkbox"/> Albino <input type="checkbox"/> Dark <input type="checkbox"/> Fair <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Olive <input type="checkbox"/> Ruddy <input type="checkbox"/> Sallow	
Eye Color: <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Blue <input type="checkbox"/> Gray <input type="checkbox"/> Pink <input type="checkbox"/> Other	
Hair Color: <input type="checkbox"/> Blonde/Strawberry <input type="checkbox"/> Black <input type="checkbox"/> Brown <input type="checkbox"/> Red/Auburn <input type="checkbox"/> Bald <input type="checkbox"/> White <input type="checkbox"/> Gray <input type="checkbox"/> Other _____	
Race: _____ Ethnicity: <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	

SCARS, MARKS AND TATTOOS

Do you have any Scars, Marks or Tattoos ? No Yes – describe:

ALIAS (include any Street names or Nicknames)

List any other names you are known by or have used:

ADDRESSES

Physical Address :

Current Address (Street, Apt. No.)

City, _____ State, _____ Zip Code _____

County: _____ Township: _____

Mailing Address—If not the same as above

City, _____ State, _____ Zip Code _____

HOME AND NEIGHBORHOOD

Check which best describes your present residence:

Apartment House Trailer Other _____

How long have you lived there? _____ (years and months)

Do you have any Dogs or dangerous pets at your residence: _____

Please describe the animal _____

Provide a brief description of and **directions** to your residence:

PHONE NUMBERS

Home Phone Number: (_____) _____ Cell Phone Number: (_____) _____

HEALTH

Doctors

Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Health Insurance Provider _____

Insurance Policy Number: _____

Describe your current health: Good Fair Poor

Are you currently taking any type of medication? No Yes

If yes, explain:

Have you ever experienced any Mental Health issues, or been diagnosed with a Mental Health issue.

Explain: _____

Do you have any Health History?

Explain: _____

PERSONAL RELATIONSHIPS

EMERGENCY CONTACT:

Name	Best Phone Number	Relationship
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Address

List Parents Name, Address and Phone:

NAME	RELATION	ADDRESS or Deceased	PHONE
	Mother		
	Father		

Where does your Father or Mother Currently Work:

List ALL children:

NAME	AGE	DOES THIS CHILD LIVE WITH YOU?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

List ALL Occupants living with you, **** Other than those person(s) above****

Name	Relationship	Phone

BACKGROUND

EDUCATION

Are you able to read and write? Yes No

What is your Highest Level of Education? (check one)

- Grade School (1st-8th) High School (9th-12th) GED
 Trade School Partial College Bachelor's Degree
 Post Graduate Work Master's Degree Doctorate Degree

Name of School	Location (City/State)	Highest Grade Completed

What type of classes did you take in High School? (check one)

- Academic Special Education Vocational General

Explain any academic or disciplinary problems you had while in school:

If you attended college, graduate or post-graduate, what was your field of study?

EMPLOYMENT

Are you currently employed? Yes No

What date did you begin your current employment? (month, day, year) _____

What date did you end your employment? (month, day, year) _____

Who is your employer? _____

What is your employer's address?

Street Address _____

City, _____ State, _____ Zip _____

Employer's phone number? _____ Job Title? _____

Who is your immediate supervisor? _____

Indicate your wages: (select the time frame and wage most appropriate to your salary)

Per: Day Weekly Bi-Weekly Monthly

Work Hours: _____

GANG MEMBERSHIP

Are you a member of a street gang? YES NO

If YES, name of your gang: _____

Position Held: _____

What is your "Gang Name" _____

MILITARY SERVICE

Have you ever served in the military (currently or in the past)? Yes No

If yes, what branch? Air Force Army Navy
 Marines Reserves National Guard
 Coast Guard

In which country do you serve? _____

What was/is your rank? _____

What was the date of your Enlistment? _____

What was the date of your Discharge? _____

While in the military, have you ever had criminal charges brought against you?
(Include Article 15 action) Yes No

If yes, explain: _____

What was/is your MOS? _____

Where was your last duty station?

Honorable General Other than
Honorable

What type of
discharge did you
receive?

Bad Conduct Dishonorable Entry Level
Separation

DRIVER LICENSE INFORMATION

Do you have a Driver's license? Yes No

Is your license presently valid? Yes No

Was your license ever
suspended? Yes No

If yes, explain with dates: _____

List your license number and
state: _____

Do you own a vehicle? Yes No

DRIVER VEHICLE INFORMATION

VEHICLE #1

Plate Number: _____ State: _____

Make of Vehicle: _____ Model of Vehicle: _____

Year of Vehicle: _____

Is the Vehicle 2 Door 4 Door

Color of Vehicle: _____

List of outstanding features of your Vehicle _____

VEHICLE #2

Plate Number: _____ State: _____

Make of Vehicle: _____ Model of Vehicle: _____

Year of Vehicle: _____

Is the Vehicle 2 Door 4 Door

Color of Vehicle: _____

List of outstanding features of your vehicle: _____

WEAPONS

Do you have a permit to carry firearms? Yes No What State? _____

Are there any firearms in your home? Yes No

Are you trained in Martial Arts? Yes No If yes what kind? _____

Have you had training in Firearms or other weapons? Yes No

Explain: _____

PROBATION OFFICER INFORMATION

Name of Current or Previous Probation/Parole Officer(s):

****IMPORTANT, YOU MUST TURN PAGE OVER AND SIGN****



*****CERTIFICATION*****

I, _____, have completed this information packet truthfully and honestly realizing that any false statements can result in a criminal action against me.

Offender's signature

Date

Witness

Date

Reviewed by: _____

Assigned Probation Officer: _____