Livingston County Probation Questionnaire
Please fill out this questionnaire as carefully and completely as possible.

Personal Information:

Full Name: _____ Maiden Name: _____ Alias:_____

Date of Birth:_____ City, State of Birth:_____

Address:_____ City:_____ State:_____ Zip Code:_____

Who lives in your home?:_____

Telephone Number:_____ Alternate:_____

Are there pets in your home? ☐ Yes ☐ No If yes, describe:_____

Are there any guns in your home?: ☐ Yes ☐ No If yes, describe:_____

Are you a US citizen?: ☐ Yes ☐ No Race:_____

Sex: ☐ Male ☐ Female Height:_____ Weight:_____ Hair Color: _____ Eye Color:_____

Social Security Number:_____

Marital Status: ☐Single (never married) ☐ Married ☐ Divorced ☐ Separated ☐Widowed

Have you ever served in the military? ☐ Yes ☐ No Branch:_____ Time Served:_____

Do you have any tattoos, marks or scars? ☐ Yes ☐ No Location/Details:_____

Are there any vehicles on your property? ☐ Yes ☐ No If yes, list all registered and unregistered vehicles:

Year:_____ Make: _____ Model:_____ Plate:_____ Titled Owner:_____

Use additional sheets of paper for multiple vehicles

Legal History

Any prior arrests? ☐ Yes ☐ No If yes, describe:_____

Any pending charges or petitions?:_____

Do you have any juvenile history (PINS/JD)? ☐ Yes ☐ No If yes, explain:_____

Have you been placed by a court into a juvenile residential facility? ☐ Yes ☐ No Agency:_____

Do you have any history with Family Court?: ☐ Yes ☐ No If yes, explain:_____

Have you ever been involved in Foster/Respite Care? ☐ Yes ☐ No

If yes, was it a result of abuse/neglect? Explain:_____

Are there any other service providers (CPS, TriGroup, etc) involved with your family? ☐ Yes ☐ No

If yes, explain:_____

Have you ever been incarcerated? ☐ Yes ☐ No If yes, explain:_____

Do you think you would be successful on probation? If yes, explain:_____

_____

_____

Education:

Are you currently attending School?: ☐ Yes ☐ No If yes, where?_____

Where did you last attend school? _____ Highest grade level completed?:_____

What are your career aspirations?:_____

_____

Financial Information

Current Employer:_____ Start Date:_____ Wage:_____

If not employed, list your most recent employer:_____

Are you currently receiving assistance through the Department of Social Services?: ☐ Yes ☐ No

If yes, which Public Assistance Benefits:_____

Physical/ Mental Health

Primary Care Physician/ Medical Practice:_____

List any current prescriptions:_____

Do you have any serious physical conditions?: ☐ Yes ☐ No If yes, describe:_____

Have you ever seen a mental health therapist (counselor, social worker, psychologist, etc.? ☐ Yes ☐ No

Name/Practice:_____

Alcohol/Drugs

Are you currently in treatment for your use of drugs/alcohol? ☐ Yes ☐ No

If yes, where?:_____

Have you ever been in treatment for your use of drugs/alcohol? ☐ Yes ☐ No

If yes, where?:_____

Abuse History	*Check all that apply*	Age at First Use
Tobacco	☐ Formerly ☐ Currently ☐ Never	
Alcohol	☐ Formerly ☐ Currently ☐ Never	
Marijuana	☐ Formerly ☐ Currently ☐ Never	
Synthetic Marijuana/Bath Salts	☐ Formerly ☐ Currently ☐ Never	
LSD/Mushrooms	☐ Formerly ☐ Currently ☐ Never	
Hard/Illegal Drugs (Heroin, Cocaine, Crack, Meth, etc)	☐ Formerly ☐ Currently ☐ Never	
Injected Drugs	☐ Formerly ☐ Currently ☐ Never	

Family Information:

Name **Date of Birth/Age** **Address** **Phone Number**

Father: _____

Mother:_____

Step-parent:_____

Step-parent:_____

Siblings:_____

_____

_____

Spouse:_____

Children:_____

_____

_____

	Has anyone living with you had any of the following:	Any Family Member had any of the following:
Arrests	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Incarceration	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Mental Health Issues	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Substance Abuse Issues	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown
Violence	☐ Yes ☐ No ☐ Unknown	☐ Yes ☐ No ☐ Unknown