KENDALL COUNTY ADULT PROBATION
DEMOGRAPHIC PACKET
(revision 12-01-19)

PROBATION OFFICER: ____________________

Date: ____________________

Name: ____
(Last) (First) (Middle)

Maiden name: ______________ Other names used: ______________ E-mail: ______________

Gender: _______ Date of birth: ___________ Age: _______ Race/Ethnicity: ______________

Primary language spoken: ____________________ Interpreter needed: ☐ No ☐ Yes

Current address: ____
(Street) (Apt. #) (City) (State) (Zip)

How long have you lived at your current address? __________ Cell #: ______________

Alternate #: ______________

List any other persons in your home on probation or parole: ______________________

Do you have a FOID card? ☐ No ☐ Yes List any weapons in your home: ______________

Do you have any animals/pets in your household? ☐ No ☐ Yes If yes, please list: ______________

If you've lived at your current address less than one year, list your residence history for the past 12 months:

Dates	Address	City/State	Reason for moving
______ to ______			
______ to ______			
______ to ______			

Place of birth: ______________________ Citizenship: ______________________

If not U.S. born, date entered U.S.: __________ State: _____ Alien Registration #: ______________

Are you a legal (documented) resident of the United States? ☐ No ☐ Yes

EMERGENCY CONTACT: Name: ______________ Relationship: ___________ Phone #: __________

CRIMINAL HISTORY

Are you currently under the supervision of a probation, parole, or pretrial officer? ☐ No ☐ Yes

If yes, which one? ______________ What County? ______________

Probation, parole or pretrial officer's name: ______________________ Phone #: ______________

Do you have a current active Order of Protection? ☐ No ☐ Yes If yes, what County(s): ______________

Victim(s) name and relationship: ____

Have you ever had an Order of Protection? ☐ No ☐ Yes If yes, what County(s): ______________

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Victim(s) name and relationship: ______________________________

PENDING CASES:

ARREST DATE	OFFENSE	ARRESTING AGENCY	NEXT COURT DATE

FAMILY AND SOCIAL SUPPORT

FATHER/GUARDIAN: ☐ Biological ☐ Adoptive ☐ Step-Parent

☐ Living ☐ Deceased Date of death: __________ Cause of death: ____________________

Name: ______________________________ Date of birth: ____________ Age: ______
(First) (Middle) (Last)

Current address: ______________________________ Phone #: ______________
(Street) (Apt. #) (City) (State) (Zip)

Employment: ______________________________

Does/Did your father have any mental health concerns? ☐ No ☐ Yes If yes, explain: ____________________

Describe your father's use of alcohol or drugs, if any: ______________________________

Their Current Spouse/Partner: ____________________ Any alcohol/drug use or arrests? ☐ No ☐ Yes

MOTHER/GUARDIAN: ☐ Biological ☐ Adoptive ☐ Step-Parent

☐ Living ☐ Deceased Date of death: __________ Cause of death: ____________________

Name: ______________________________ Date of birth: ____________ Age: ______
(First) (Middle) (Last)

Current address: ______________________________ Phone #: ______________
(Street) (Apt. #) (City) (State) (Zip)

Employment: ______________________________

Does/Did your mother have any mental health concerns? ☐ No ☐ Yes If yes, explain: ____________________

Describe your mother's use of alcohol or drugs, if any: ______________________________

Current Spouse/Partner: ____________________ Any alcohol or drug use or arrests? ☐ No ☐ Yes

SIBLINGS:

Name (First and Last)	DOB	Address (City, State)	Alcohol/Drug use?	Mental Health Concerns?	Arrest Record?

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CURRENT (MOST RECENT) PARTNER/SPOUSE:

How long have you been together: ________________

Name: ____ Date of birth: __________ Age: _____
(First) (Middle) (Last) (Maiden)

Current address: ____ Phone #: ____________
(Street) (Apt. #) (City) (State) (Zip)

Employment: ____

How long have you been together?: ________________

Does your spouse/partner have any physical or mental health concerns? ☐ No ☐ Yes If yes, please explain:

____

Does your spouse/partner use alcohol or drugs? ☐ No ☐ Yes If yes, please explain: ____________________

____

Has he/she ever been arrested? ☐ No ☐ Yes If yes, explain: ____________________________

PREVIOUS RELATIONSHIP/MARRIAGE:

Name: ____ Date of birth: _________ # years together: _____
(First) (Middle) (Last) (Maiden)

Legally married? ☐ No ☐ Yes If yes, date married:________Date of separation:_______Date of divorce:_________

Reason for separation/divorce: ____

Did your ex-partner/spouse have any mental health concerns? ☐ No ☐ Yes If yes, explain: ________________

Did your ex-partner/spouse use alcohol or drugs? ☐ No ☐ Yes If yes, please explain: ________________

Was your partner/spouse arrested during your relationship? ☐ No ☐ Yes If yes, explain: ________________

CHILDREN

Name (First and Last)	**DOB**	**Address (City, State)**	**Other parent's name**	**Who has custody?**

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Have any of your children been arrested? ☐ No ☐ Yes If yes, explain: ______________________________

Do any of your children use (or have a history of using) alcohol and/or drugs? ☐ No ☐ Yes If yes, please explain:

____

Do any of your children have mental health concerns (past or current)? ☐ No ☐ Yes If yes, please explain:

____

Are you court ordered to pay child support? ☐ No ☐ Yes

Are you current on your child support payments? ☐ N/A ☐ No ☐ Yes

MILITARY

Dates	Branch	Position	Final Rank	Type of Discharge
________ to ________				

Please list the states and/or countries where you have been stationed: ______________________________

Were you ever disciplined during your service? ☐ No ☐ Yes If yes, explain: ______________________________

EDUCATION

HIGH SCHOOLS/ COLLEGES/ TRADE SCHOOLS ATTENDED:
(Start with most recent)

Name of School	City/State	Dates of attendance	Reason for leaving
		________ to ________	
		________ to ________	
		________ to ________	

EMPLOYMENT

Current Place of Employment: ______________________________ Employment Phone #: ______________________

Employment Address: ____
(Street) (City) (State) (Zip)

Current Position: ______________________________ Current wage: ____________________

How many hours a week do you work? ________ Year round or seasonal? ☐Yearly ☐Seasonal

Schedule: Varies Set schedule start time: __________ End time: __________

Is your employer aware of your Probation/Court Supervision? ☐ No ☐ Yes Can they be contacted? ☐ No ☐ Yes

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List your work history for the last **3 years:**

Dates	Employer	Position(s)	Reason for Leaving
_______ to _______			
_______ to _______			
_______ to _______			

Have you been under the influence of drugs and/or alcohol at work within the past year? ☐ No ☐ Yes

Have you ever been fired from **any** job? ☐ No ☐ Yes If yes, explain reason(s): ______________________

FINANCIAL STATUS

Do you receive public assistance? ☐ No ☐ Yes If yes, check all that apply:

☐ DISABILITY, i.e. SSI ☐ FOOD STAMPS/LINK

☐ OTHER PUBLIC AID ☐ MEDICAID (STATE MEDICAL CARD) ☐ UNEMPLOYMENT

Do you have health insurance? ☐ No ☐ Yes If yes, Circle one below:

Employer Spouse's employer Parents' Medicare Private insurance

Health Insurance Company: ______________________ Policy #: ______________________

INTERESTS AND ACTIVITIES

List of activities/hobbies you enjoy:____

List of clubs or organizations you participate in:______________________________________

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SUBSTANCE USE:

Check if you have ever used:		Describe age of first use, date last used, highest frequency of use and any use within the last 12 months:
☐	**Alcohol** *Beer, liquor, wine*	
☐	**Marijuana** *Mota, K2, Spice*	
☐	**Cocaine**	
☐	**Heroin**	
☐	**Crack**	
☐	**Prescription pain management medications other than intended** Ex: *Vicodin, Oxycontin, Morphine, Demerol*	
☐	**Sedatives/Benzodiazepines** Ex: *Xanax, Klonopin, Ativan, Valium*	
☐	**Stimulant medication** Ex: *Ritalin, Concerta, Vyvanse, Adderall*	
☐	**Use of other prescription medications or over the counter medications other than intended** *Ex: Adderall, Sudafed, cough syrup*	
☐	**Addiction recovery medications** Ex: *Methadone, Suboxone, Naltrexone*	
☐	**Methamphetamines** Ex: *Crystal meth, speed*	
☐	**Hallucinogens** Ex: *Mushrooms, LSD, PCP, Peyote*	
☐	**Designer Drugs** Ex: *Ecstasy, GHB, Rohypnol*	
☐	**Inhalants** Ex: *Nitrous oxide, pain, paint thinner, "huffing"*	
☐	**Other (please list):**	

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SUBSTANCE ABUSE TREATMENT HISTORY

	Treatment type	Agency	Date(s)	Reason for services	Discharge Recommendation(s):	ROI on file?
☐	DUI Risk Education (10 hours)					
☐	DUI Level 2 treatment (20 hours)					
☐	DUI Level 3 treatment (75 hours)					
☐	Residential, Inpatient treatment or PHP					
☐	Outpatient treatment					
☐	Intensive outpatient treatment					
☐	AA/NA/Support group meetings					
☐	Hospitalizations or Detox					
☐	Others					

Did you receive any benefit from your treatment listed above? ☐ No ☐ Yes If yes, please explain: ____________

____

Have you ever been sentenced to inpatient/residential treatment by the Court? ☐ No ☐ Yes

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MENTAL HEALTH & WELLNESS

Have you ever received **any** of the following services listed below? Please check all boxes that apply and explain:

	Treatment type	Agency	Date(s)	Reason for services	Discharge Recommendation(s):	ROI on file?
☐	Domestic Violence counseling					
☐	Anger Management					
☐	Sex offense treatment					
☐	Mental Health counseling					
☐	Psychiatrist(s)					
☐	Psychiatric Hospitalizations (list all)					

Please list **all** medications prescribed within the past 12 months:

Name of medication	Purpose of medication	Date last taken	Name of prescribing physician	ROI on file?

Have you experienced any of the following within the past 12 months that has negatively impacted your life? Please *check all that apply*:

☐ Increased stress level ☐ Excessive worry/anxiety ☐ Anger/aggression

☐ Difficulty concentrating ☐ Depressed mood ☐ Increased irritability

☐ Difficulty managing your emotions ☐ Increased use of alcohol ☐ Increased use of drugs

☐ Racing thought or repetitive thinking ☐ Impulsive behavior (acting without thinking/planning)

Have you ever had thoughts of self-harm? ☐ No ☐ Yes ☐ Within the past 12 months ☐ Ever

Have you ever attempted suicide? ☐ No ☐ Yes ☐ Within the past 12 months ☐ Ever

Have you ever been a victim of physical or sexual abuse or trauma? ☐ No ☐ Yes

Describe your current physical health; include any serious <u>physical</u> illness, injury, or hospitalization: ____________________

____

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The Judge has placed you on a term of probation with the intention you will use this opportunity to make positive changes in your life. It is the goal of probation to assist you in this process of becoming the best version of yourself. Keeping that in mind:

In which areas of your life, are you willing to get assistance? ______________________________

____

____

What have you tried in the past to address these areas?______________________________

____

What worked and what didn't work? ______________________________

____

How can I help you?______________________________

____

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