

**Allen County Community Corrections
Defendant Information**

Date: _____

Revised 06/02/2017

LAST NAME _____		FIRST NAME _____		MIDDLE _____	
DOB _____	SSN _____	HEIGHT _____	RACE _____		
WEIGHT _____	GENDER _____	HAIR _____	EYES _____		
PLACE OF BIRTH _____	US CITIZEN YES / NO _____		<input type="checkbox"/> VIOLENT OFFENDER		
			<input type="checkbox"/> SEX OFFENDER		
Scars / Marks / Tattoos _____					

Alerts / Warnings _____					

<input type="radio"/> Zero Tolerance for _____	Approved by _____	on _____
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Spillman Number _____	DOC # _____	
MARITAL STATUS: SINGLE <input type="checkbox"/> MARRIED <input type="checkbox"/> SEPARATED <input type="checkbox"/> DIVORCED <input type="checkbox"/> WIDOWED <input type="checkbox"/>		
PARENTAL STATUS: Custodial Parent <input type="checkbox"/> Non-Custodial Parent <input type="checkbox"/> No Children <input type="checkbox"/> No Dependent Children <input type="checkbox"/>		
LAST GRADE COMPLETED _____	<input type="checkbox"/> GED <input type="checkbox"/> DIPLOMA	
Prior Misdemeanors _____	Prior Felonies _____	
Number of dependants _____	Number of times in DOC _____	US VETERAN Yes / No

ADDRESS _____	COUNTY _____	
CITY _____	STATE _____	ZIP CODE _____
HD PHONE # _____	2 ND PHONE / CELL # _____	Region _____
<u>PERSONS LIVING IN THE RESIDENCE</u>		<u>RELATIONSHIP</u>
OWN / RENT: _____	D.O.B. / AGE: _____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE # (S) _____

UNEMPLOYED EMPLOYER / SCHOOL / COLLEGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ Region _____ Date Verified _____

DATE HIRED _____ MODE OF TRAVEL _____ PART TIME FULL TIME

SUPERVISOR'S NAME _____ PHONE # _____

WAGE/ ANNUAL WAGE _____ PAID WEEKLY BI-WEEKLY MONTHLY

UNEMPLOYED EMPLOYER / SCHOOL / COLLEGE _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE # _____ Region _____ Date Verified _____

DATE HIRED _____ MODE OF TRAVEL _____ PART TIME FULL TIME

SUPERVISOR'S NAME _____ PHONE # _____

WAGE/ ANNUAL WAGE _____ PAID WEEKLY BI-WEEKLY MONTHLY

DRIVERS LICENSE # _____ VALID SUSPENDED NEVER RECVD

EXPIRATION DATE _____ COLOR _____ YEAR _____

MAKE _____ TYPE _____ PLATE # _____

ALL PETS IN RESIDENCE:

MEDICAL: _____

Do you currently have health insurance coverage? YES ___ NO ___

Do you have an e-mail address? YES ___ NO ___

If yes, list your e-mail address _____

Need medical documentation with diagnosis / restriction Verified on _____ by _____

HISTORY OF SUBSTANCE USE (Drugs and/or Alcohol) YES / NO

MOST COMMONLY USED SUBSTANCE (e.g. marijuana, alcohol, cocaine, etc.) _____

HAVE YOU EVER RECEIVED TREATMENT IN THE PAST YES / NO

If your answer is yes what were you in treatment for (circle one):

Substance Use Anger Management Mental Health Family/Relationship Counseling Other

HAVE YOU BEEN SUPERVISED BY ACCC IN THE PAST YES / NO

Note Section:



**Allen County Community Corrections
Veteran's Questionnaire**

Name: _____ DOC #: _____

Last four of Social Security Number: _____ DOB: _____
(to be used by the Veteran's Affairs Office)

1. Have you ever served in the U.S. Armed Forces?

Yes No

2. Have you ever served in the U.S. National Guard or Reserves?

Yes No If yes, have you ever been deployed? Yes No

3. Which Branch(s) of the Armed Forces have you served?

- Army (including Army National Guard or Reserve)
- Navy (including Reserve)
- Marine Corps (including Reserves)
- Air Force (including Air National Guard and Reserve)
- Coast Guard (including Reserve)
- Other – specify _____

4. When did you first enter the Armed Forces?

Month: _____ Year: _____

5. When were you last discharged?

Month: _____ Year: _____

6. Altogether, how long did you serve in the Armed Forces?

Years: _____ Months: _____ Days: _____

7. What type of Discharge did you receive?

- | | |
|---|---|
| <input type="checkbox"/> Honorable | <input type="checkbox"/> Bad Conduct |
| <input type="checkbox"/> General (Honorable Conditions) | <input type="checkbox"/> Dishonorable |
| <input type="checkbox"/> General (without Honorable Conditions) | <input type="checkbox"/> Medical _____ |
| <input type="checkbox"/> Other than Honorable | <input type="checkbox"/> Other specify: _____ |

8. Have you ever received services from the VA Hospital?

Yes No

Cause # _____ Offense Level _____ Offense _____
Offense Level _____ Offense _____
I.C. Code _____ Received Code _____
Sentence Status _____ Violent Victim Schedule _____ Risk Level _____
Sentence Date _____ Max out Date _____
Judge _____ Probation/Parole Officer _____
Component _____ Start Date _____ End Date _____
Method of Referral _____ Referral Source _____
Sentence # Years _____ # Days _____ Case Manager _____
Sentencing Conditions

 Previous Probation Supervision Previous Community Corrections Supervision

Cause # _____ Offense Level _____ Offense _____
Offense Level _____ Offense _____
I.C. Code _____ Received Code _____
Sentence Status _____ Violent Victim Schedule _____ Risk Level _____
Sentence Date _____ Max out Date _____
Judge _____ Probation/Parole Officer _____
Component _____ Start Date _____ End Date _____
Method of Referral _____ Referral Source _____
Sentence # Years _____ # Days _____ Case Manager _____
Sentencing Conditions

 Previous Probation Supervision Previous Community Corrections Supervision

Restitution and Child Support Financial Obligations

ACCC Supervision Cause # _____

Participant ordered to pay Restitution: YES **NO** **Amount:** _____

Participant ordered to pay Child Support: YES **NO** **Amount:** _____

Confirmed in: **Court Order** **Odyssey** **PSI**

CTP / Re Entry

Length of Incarceration Prior to Reentry:

0-1 yr 1-2 yrs 2-6 yrs 6-10 yrs 10-20 yrs more than 20 yrs

Prior Executed Sentence(s) to Jail / Prison:

0 1 2 3 4 5 or more

Service Received Prior to Reentry:

SA MH Cog Educ/Voc Other

Legal Status Determined at the Time of Admission into the Problem Solving Court:

- Condition of Probation
- Condition of participation in a Community Corrections program under 11-12-1
- Condition of Community Transition Program under IC 11-10-11.5
- Condition of Parole
- Condition of Pre-Trial Diversion Program authorized by the Problem Solving Court
- Judgement if conviction withheld pending successful completion of the Problem Solving courts (Deferred)

Jail Time Credit:
