

## Allen County Community Corrections Defendant Information

Date: \_\_\_\_\_

cmc064 Revised 12/4/2018

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 # _____
<b>MARITAL STATUS:</b> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed <input type="checkbox"/>	
<b>LAST GRADE COMPLETED</b> _____	<input type="checkbox"/> GED <input type="checkbox"/> DIPLOMA
Prior Misdemeanors Yes <input type="checkbox"/> No <input type="checkbox"/>	Were any drug/alcohol related? Yes <input type="checkbox"/> No <input type="checkbox"/>
Prior Felonies Yes <input type="checkbox"/> No <input type="checkbox"/>	Were any drug/alcohol related? Yes <input type="checkbox"/> No <input type="checkbox"/>
Number of dependents _____	Number of times in DOC _____ <b>US VETERAN</b> Yes / No

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



**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 (mark all that apply):**

**Substance Use** | Did you successfully complete the program? Yes  | No

**Substance Abuse – Residential Treatment** | Did you successfully complete the program? Yes  | No

**Anger Management** | Did you successfully complete the program? Yes  | No

**Mental Health** | Did you successfully complete the program? Yes  | No

**Family/Relationship Counseling** | Did you successfully complete the program? Yes  | No

**Other** \_\_\_\_\_ | Did you successfully complete the program? Yes  | No

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

**Note Section:**

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**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 \_\_\_\_\_  
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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: \_\_\_\_\_

Parental Status: Custodial Parent  Non-Custodial Parent  No Children  No Dependent Children

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:

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