HILLSBOROUGH COUNTY SHERIFF'S OFFICE MISDEMEANOR PROBATION **CLIENT PROFILE**

1. Case # (if known):	20. Work Address:
2. Last Name:	21. Work Phone # ()
3. First Name:	22. Date of Birth (mm/dd/yy)
4. Middle:	23. Marital Status
5. Street Address:	□Divorced
6. Apt. #/PO Box:	*
7. City:	25. Race
8. State:	25. Ethnicity L. Hispanic L. Non Hispanic
9. Zip Gode:	27. Handicap 🗆 Yes 🗆 No
9. Zip Code:	28. Language
11. Social Security:	29. Education Level 🔲 0-8 Yrs 🗍 9-11 Yrs 🗍 12 Yrs
13. Phone # ()	
14. Email:	30. Height Feet inches
16. Emergency Contact	31. Weight Pounds
Person	32. Eye Color
16. Emergency ()	33. Hair Color Gray/White Black Brown
17. Employment Status Employed	☐ Red ☐ Blonde
Not Employed Not in labor for	
18. Occupation	
& Job Title:	
19. Employer:	_
REQUIRED - PLEASE CHECK	AND/OR ANSWER ALL THAT APPLY BELOW:
l have been ordered to have an alcohol of	
Type of monitor ordered:	Monitor ordered to be in place by:
i agree that I will return within 48 hours of	I today's date for the initial intake appointment.
Client Signature	Date

Hillsborough County Sheriff's Office Misdemeanor Probation Section

Name:	Date of birth:
Case Number(s) if known:	
In an effort to coordinate	with the community in regards to the COVID-19 response plan, in-
person appointments at the Misd	emeanor Probation Section have been suspended until further notice.
understand that I have been place	d on probation supervision and I am required to complete
appointments with Misdemeanor	Probation Section each month. Instead of reporting in-person, I will
report to my Probation Specialist	at least once per month, as instructed, either by phone, email and/or
mail until instructed otherwise.	
I understand that Misde	meanor Probation Section will contact me within five (5) business
days to discuss my case. If I do	not hear from a Probation Specialist within five (5) business days,
I understand that it is my respo	nsibility to call the Misdemeanor Probation Section at 813-318-
5365 and complete a telephonic	appointment with a Probation Specialist.
I attest that I can be contact	cted at the following:
Phone:	
Email:	
Mailing address:	
Signature:	Date:

Tampa George E. Edgecomb Courthouse 800 E. Twiggs St., 1st Floor Tampa, FL 33602

Plant City
Plant City Courthouse 301 Michigan Ave. Plant City, FL 33563