HILLSBOROUGH COUNTY SHERIFF'S OFFICE
MISDEMEANOR PROBATION
CLIENT PROFILE

1. Case # _____

2. Last Name: _____

3. First Name: _____

4. Middle: _____

5. Street Address: _____
_____

6. Apt. #/PO Box: _____

7. City: _____

8. State: _____

9. Zip Code: _____

10. County: _____

11. Social Security: ____ - ____ - _____

13. Phone # (____) ____ - _____

14. Email: _____

15. Emergency Contact Person _____

16. Emergency Phone # (____) ____ - _____

17. Employment Status ☐ Employed
☐ Not Employed   ☐ Not in labor force

18. Occupation & Job Title: _____
_____

19. Employer: _____

20. Work Address: _____
_____

21. Work Phone # (____) ____ - _____

22. Date of Birth (mm/dd/yy) _____

23. Marital Status ☐ Single   ☐ Married
☐ Widowed   ☐ Separated
☐ Divorced

24. Gender ☐ Male   ☐ Female

25. Race ☐ White   ☐ Black   ☐ Asian
☐ American Indian   ☐ Other

26. Ethnicity ☐ Hispanic   ☐ Non Hispanic

27. Handicap ☐ Yes   ☐ No

28. Language ☐ English   ☐ Spanish
☐ Other: _____

29. Education Level ☐ 0-8 Yrs   ☐ 9-11 Yrs   ☐ 12 Yrs
☐ GED   ☐ 13-16 Yrs   ☐ Coll. Degree

30. Height _____ Feet   _____ Inches

31. Weight _____ Pounds

32. Eye Color ☐ Blue   ☐ Brown   ☐ Green
☐ Hazel   ☐ Other

33. Hair Color ☐ Gray/White   ☐ Black   ☐ Brown
☐ Red   ☐ Blonde

34. 1st Offense ☐ Yes   ☐ No

35. Driver's License #: _____

36. License (State): _____

37. Judge: _____

38. Court Division: _____

REQUIRED – PLEASE CHECK AND/OR ANSWER <u>ALL</u> THAT APPLY BELOW:

☐ **I have been ordered to have an alcohol or GPS monitor placed**

Type of monitor ordered: _____   Monitor ordered to be in place by: _____

☐ **I agree that I will return within 48 hours of today's date for the initial intake appointment.**

☐ **I agree that I will return on _____ at _____ for the initial intake appointment.**

_____
Client Signature

_____
Date