Date:	/	/	



Personal History

Columbia County Department of Community Corrections Probation and Parole Adult Division

Last Name	First Name		Middle Name		
	//				
	Date of birth	1			
	Employmen	<u>nt</u>			
Are you currently employe	d: □Yes □No				
If yes, Where do you work:	Vhere do you work: Job Title:				
Work Address		City	State	Zip	
Work phone # :					
Employee status: Part tin		Approximate ours per Week:_			
Typical work schedule:					
Supervisor Name:Yes	s No	employer know a	bout your currer	nt	
Do you have health insurar	Health nce: No				
Insurance Provider:	surance Provider: Identification Number:				
List any health problems y	ou currently experience:				
Do you take medications fo	r any general health issues? If s	o, please list medi	cations and reaso	n for the	
prescription:					
Has a health save profession	nal avan tald way that you have	any of the follows	in a 9		
Please check all the boxes th		·	mg;		
Autism Spectrum Disorde		sability c Stress Disorder ((DTCD)		

Information provided may be used for debt collection purposes and/or may be collected from other official sources.

Traumatic Brain Injury (TBI)	Other:			
Borderline Personality Disorder Depression				
Developmental Disability				
	ntal health services in the community: Yes No			
Tame of Counselor/Therapist: Phone #:				
Do you take medications for any	mental health diagnoses? If so, please list medications and reason for			
prescription:				
	Military Service			
Have you served in the armed forces	? Yes No <i>If yes</i> , which branch?			
ates of Service:What type of discharge did you receive?				
Did you receive any disciplinary action?				
	Family/Partner Status			
Are you: single marri	ied			
Name of partner (s):				
Phone #: Hov	w long have you been together?			
Is your partner on supervision?	Yes No PO name:			
Is your partner the victim of your cu	arrent offense: Yes No			
Name :	(first and last) Phone #:			
Respectfully, Probation & Parole Staff				
Client's Signature	Date			