

**Bowie County Community Supervision and Corrections Department**  
**Personal Data Sheet**

Name: \_\_\_\_\_  
Last First MI Alias (What name do you go by?)

Address: \_\_\_\_\_  
Street City / State Zip Code

Directions: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

How long have you lived here? \_\_\_\_\_ (years, months)

Previous Address \_\_\_\_\_

Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell or other #: \_\_\_\_\_

Marital Status: \_\_\_Married \_\_\_Single \_\_\_Divorced \_\_\_Widowed \_\_\_Separated

Race: \_\_\_African American \_\_\_Native American \_\_\_Asian \_\_\_White \_\_\_Other

Ethnicity: Hispanic \_\_\_ Non-Hispanic \_\_\_ Unknown \_\_\_

Sex: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
City State

Height: \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_

List any scars, marks or tattoos, be specific (tattoo on left forearm, scar on face, chin, right ankle, etc):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Social Security #: \_\_\_\_\_ D.L. #: \_\_\_\_\_ State issued: \_\_\_\_\_

US Citizen? \_\_\_ If no, state citizenship: \_\_\_\_\_

Vehicles: \_\_\_\_\_

Year (Ford, Chev, Dodge, etc.) (Silverado, Mustang, F-150) ? doors Color Tag # State licensed

Year (Ford, Chev, Dodge, etc.) (Silverado, Mustang, F-150) ? doors Color Tag # State licensed

Spouse: \_\_\_\_\_

Name Street Address, City, State Phone #

Spouse's

Employer: \_\_\_\_\_

Name Address, City, State Phone #

Father: \_\_\_\_\_

Name Street Address, City, State Phone #

Father's

Employer: \_\_\_\_\_

Name Address, City, State Phone #

Mother: \_\_\_\_\_  
 Name Street Address, City, State Phone #  
 Mother's  
 Employer: \_\_\_\_\_  
 Name Address, City, State Phone #

List 3 people other than your parents who will know how to contact you:

\_\_\_\_\_  
 Name Street Address, City, State Relationship to you Phone #

\_\_\_\_\_  
 Name Street Address, City, State Relationship to you Phone #

\_\_\_\_\_  
 Name Street Address, City, State Relationship to you Phone #

List the names of your children, their ages and address and telephone number:

\_\_\_\_\_  
 Name Street Address, City, State Phone # Age

\_\_\_\_\_  
 Name Street Address, City, State Phone # Age

\_\_\_\_\_  
 Name Street Address, City, State Phone # Age

\_\_\_\_\_  
 Name Street Address, City, State Phone # Age

List the names of all your brothers and sisters, including the name, age, address, and telephone number:

\_\_\_\_\_  
 Name Street Address, City, State Phone # Age

\_\_\_\_\_  
 Name Street Address, City, State Phone # Age

\_\_\_\_\_  
 Name Street Address, City, State Phone # Age

\_\_\_\_\_  
 Name Street Address, City, State Phone # Age

EDUCATION

Did you graduate High School? \_\_\_\_\_ If not, do you have a GED? \_\_\_\_\_

Total number of years Education: \_\_\_\_\_

Are you still in school? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Have you ever been or are you in the military? \_\_\_\_\_ If yes, which Branch: \_\_\_\_\_

Year of enlistment: \_\_\_\_\_ Year of Discharge: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

EMPLOYMENT/FINANCIAL OBLIGATIONS:

Status:  Full time  Part time  Retired  Disabled  Homemaker  Unemployed  
 Present Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
 Job Title: \_\_\_\_\_ Date of Employment: \_\_\_\_\_  
 Salary: \_\_\_\_\_ (hourly, weekly, monthly)

Spouse's employer  Full time  Part time  Unemployed  
 Name of Company: \_\_\_\_\_ Address: \_\_\_\_\_  
 Phone #: \_\_\_\_\_ Job Title: \_\_\_\_\_ Salary: \_\_\_\_\_

Check any other sources of income you receive and the amount

Welfare \$ \_\_\_\_\_  Unemployment \$ \_\_\_\_\_  Child Support \$ \_\_\_\_\_  
 Retirement \$ \_\_\_\_\_  Food Stamps \$ \_\_\_\_\_  Disability \$ \_\_\_\_\_  
 Social Security \$ \_\_\_\_\_  Other sources not listed above \$ \_\_\_\_\_

Bank Accounts  Checking  Savings Bank Name \_\_\_\_\_ Balance \$ \_\_\_\_\_  
 Bank Name \_\_\_\_\_ Balance \$ \_\_\_\_\_

How many dependants do you support?  Spouse  Children  Other, specify relationship  
 \_\_\_\_\_  
 \_\_\_\_\_

Monthly expenses: Rent/Mortgage \$ \_\_\_\_\_ Electric \$ \_\_\_\_\_ Gas \$ \_\_\_\_\_ Phone \$ \_\_\_\_\_  
 Water \$ \_\_\_\_\_ Cable \$ \_\_\_\_\_ Food \$ \_\_\_\_\_ Child Care \$ \_\_\_\_\_  
 Child Support \$ \_\_\_\_\_ Life/Health Insurance \$ \_\_\_\_\_ Alimony \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

List all of your creditors (Bank Notes, Credit Cards, Finance Company, Mortgage Company, Auto Payment, etc)

Company Name	Balance Owed	Monthly Payment
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**PRESENT AND PRIOR OFFENSES**

List any prior arrest, convictions, and/or probated sentences you have had prior to the present charge:

<u>Date</u>	<u>City, County</u>	<u>Offense</u>	<u>Disposition (probation, fine, jail time, etc.)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any other charges pending against you now? \_\_\_\_\_ If yes, explain:

List any co-defendant's in the present case: \_\_\_\_\_

Was a weapon or violence used? If yes, explain: \_\_\_\_\_

Were you under the influence of drugs and/or alcohol at the time of this offense? \_\_\_\_\_

Did you commit this offense to obtain money for drugs or alcohol? \_\_\_\_\_

ALCOHOL /DRUG USE

Do you presently drink alcohol? \_\_\_\_\_ Have you ever drank alcohol in the past? \_\_\_\_\_

Do you presently use any illegal drugs? \_\_\_\_\_ Have you ever used illegal drugs? \_\_\_\_\_

Are you an alcoholic? \_\_\_\_\_ Are you a drug addict? \_\_\_\_\_

If you answered yes to any of the above, please check any of the items below that apply to you.

	Daily	Weekly	Monthly	Occasionally
Alcohol/Beer -				
How many drinks, shots, or beers do you have in one sitting?				
___1-4 ___5-8 ___9 or more	_____	_____	_____	_____
Cocaine	_____	_____	_____	_____
Crack	_____	_____	_____	_____
Hashish	_____	_____	_____	_____
Heroin	_____	_____	_____	_____
Marijuana	_____	_____	_____	_____
Morphine	_____	_____	_____	_____
Opium	_____	_____	_____	_____
Other Narcotics	_____	_____	_____	_____
Amphetamine/Methamphetamines	_____	_____	_____	_____
ICE	_____	_____	_____	_____
Other Stimulants	_____	_____	_____	_____
Barbiturates	_____	_____	_____	_____
Other Depressants	_____	_____	_____	_____
LSD	_____	_____	_____	_____
PCP	_____	_____	_____	_____
Hallucinogens	_____	_____	_____	_____
Inhalants	_____	_____	_____	_____
Other drugs	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were any of the drugs noted taken by needle or IV? \_\_\_\_\_ Age you first used: \_\_\_\_\_

Indicate any of the drug counseling or treatment you have received:

\_\_\_DWI Education \_\_\_Drug Offender Education \_\_\_Outpatient Group counseling  
\_\_\_Individual Counseling \_\_\_AA/NA, etc. \_\_\_Residential Treatment

HEALTH

Are you presently taking any type of medication? If yes, explain: \_\_\_\_\_

Name of Doctor prescribing medication: \_\_\_\_\_

Do you have any physical disabilities or handicaps? If yes, explain: \_\_\_\_\_

Have you ever been treated for mental illness or been under the care of a Psychiatrist? If yes, explain:

\_\_\_\_\_

**ACKNOWLEDGMENT AND DECLARATION:**

Under penalty of perjury, I hereby certify the information I have supplied is a complete and accurate statement of my current financial condition/personal information. I authorize the Collections Department of Bowie County, Texas, their employees or agents, and Bowie County District CSCD to conduct a complete and thorough investigation of my statement. I understand this investigation could include direct verification of all information given and the obtaining of reports from credit reporting agencies. It is with this understanding and acknowledgment that I formally request an extension of time to pay fine and court cost now due and payable to Bowie County, Texas. Any false information may be grounds for the Court to revoke my probation.

\_\_\_\_\_  
Defendant's signature

\_\_\_\_\_  
Date

Data Sheet reviewed by: \_\_\_\_\_