

- Alternative Sentencing
- Presentence
- Formal
- Mandatory Supervision
- PRCS
- Pretrial

PROBATION APPLICATION



**PLEASE READ CAREFULLY
AND FILL OUT THESE PAGES IN FULL**

PERSONAL HISTORY

Name: _____ Case No.: _____

Other Names Used: _____ Gender: _____

Charges: _____

Charges: _____

Charges: _____

Charges: _____

Were These Crimes Committed At Thunder Valley Casino? No Yes

US Citizen: Legal Illegal Green Card Temporary Resident

Hair: _____ Eyes: _____ Ht: _____ Wt: _____ Race: _____

Birthdate: _____ Birth Place: _____

Physical Address: _____
Street City State Zip

How long at this address: _____ Live With: _____

Mailing Address: _____
Street City State Zip

Previous Address: _____
Street City State Zip

Email Address: _____ Current Employer: _____

Work Address: _____
Street City State Zip

Home Phone No.: _____ Work Phone No.: _____

Cell Phone No.: _____

Driver's License No.: _____ Social Security (Last 4 Numbers): _____

Vehicle #1: Year _____ Make _____ Model _____

Color _____ License Plate # _____

Vehicle #2: Year _____ Make _____ Model _____

Color _____ License Plate # _____

Emergency Contact (Name/Phone): _____

Please State Your Type of Residence: House Apartment Trailer Other: _____

Directions to Your Residence: _____

Dog(s): No Yes Bites: No Yes Dog(s) Type: _____

Please List All Other Residents of Your Home:

Name	DOB	Relationship	Dependent
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>

High School Attended: _____ City: _____

Didn't Graduate Diploma Year Graduated: _____ GED Year: _____

College: _____ Major: _____

Degree: No Yes Year: _____ Type of Degree: _____

Certificates: _____

Last Grade Attended: Year: _____ Grade Complete: _____ School: _____

Military Service: No Yes Date Entered: _____ Date Discharged: _____

Type of Discharge: _____ Rank: _____

What Branch? _____ Assignment: _____

Marital Status: Married Divorced Separated Single Widowed

Name of Spouse/Co-Habitant/Significant Other: _____

Phone Number: _____ How Long Together: _____

Date Married: _____

Previously Married To	Date Married	How Terminated	Date Of Divorce/Sep.

Gender of Child	Adopted Biological Step	Age	DOB	Other Parent	Custody	Supported By

Describe Child Custody Arrangements, Visitation/Contact, And Support:

Do You Feel You Have A Drug/Alcohol Problem? No Yes

Do You Wish to Attend Drug Rehab? _____

How much of your criminal behavior due to Drug Use? _____

How much of your criminal behavior due to Alcohol use? _____

Statement of Income/Expenses/Employment:

Jobs And Job Responsibilities (Start With Most Recent)	From	Reason For Leaving	To	Full or Part Time
Most Recent Job:				
Unemployment Interval <input type="checkbox"/>				
Previous Jobs:				
Unemployment Interval <input type="checkbox"/>				
Unemployment Interval <input type="checkbox"/>				
Unemployment Interval <input type="checkbox"/>				

I Live With: _____ They Contribute _____

I Take Home \$ _____ Each Month from My Job

I Receive Income From:

AFDC \$ _____ Social Security (SSI/SDI) \$ _____

Cal Fresh \$ _____ Unemployment \$ _____

Pension/Retirement \$ _____ Medi-Cal \$ _____

Dividends/Rentals/Trusts/Other: _____

Total Income per Month \$: _____ **Total Monthly Expenses:** \$ _____

I Can Pay \$ _____ per Month toward Fines/Restitution

Prior Record Information – Include Juvenile Record (Does Not Include Present Offense):

Age	Police Agency	Offense	Disposition (What Happened)	Co-Dependent

Have you ever been supervised on Probation/Parole in any other County or State? No Yes

If Yes Where: _____

Has your probation/parole ever been revoked? No Yes If Yes Where: _____

Family History

Father's Name: _____ Age _____

Occupation: _____

If Deceased / Cause Of Death _____

Mother's Name: _____ Age _____

Maiden Name: _____

Occupation: _____

If Deceased / Cause Of Death _____

Parents Are: _____

Still Married Separated Never Married Divorced

If Divorced

When: _____ How Old Were You: _____

Mother Remarried - When: _____ Father Remarried - When: _____

Stepmother's Name: _____

Stepfather's Name: _____

Raised By: _____ Relationship (If Not Parent): _____

Describe Childhood: _____

Moved to California From(State): _____ Why: _____

Moved to Placer County From: _____ Why: _____

Primary City/County Raised In _____

Number of Brothers: Older: _____ Younger: _____ Deceased: _____

Regular Contact/Close Relationship: No Yes Explain: _____

Number of Sisters: Older: _____ Younger: _____ Deceased: _____

Regular Contact/Close Relationship: No Yes Explain: _____

Please print or type your statements as they will be included in the report.

Give a Description of the Present Offense(s):

MOTIVATION (Why did you Commit offense)? _____

Were You Arrested/Booked In Jail? No Yes If yes, where/when? _____

How Many Days Spent In Custody? _____

Give a Statement on Why You Should Be Granted Probation:

Are You Willing To Comply With All Terms And Conditions Of Probation?

No Yes

Are You Interested In Alternative Sentencing?

No Yes

I will E-mail a copy of this form to Probation and will report to Probation to finish my application within 24 hours of submitting this form. I have completely read and understand the rules set forth as reporting to Probation.

Formal, Mandatory Supervision, PRCS

I will E-mail a copy of this form to Probation and will report to Probation to finish my application within 72 hours of submitting this form.

Presentence Investigation

I will retain the copy of my application until I am contacted by a Probation Officer to schedule an appointment. I will then bring the application with me to my scheduled appointment.

When you come into Probation for your Appointment, please bring your Medical Information

Defendant: _____ **Date:** _____