

STATEMENT OF OFFENDER

FORM 401A-03

Sixth Judicial District Department of Correctional Services

ICON #

Name \_\_\_\_\_

Date Entered (office) \_\_\_\_\_

First, Middle, Last

ALL INFORMATION MUST BE COMPLETED

DEMOGRAPHICS (ICON data entry required)

Date of Birth \_\_\_\_\_
Birth City/State \_\_\_\_\_
Race: Alaska Native, American-Indian, Asian, Black, Pacific Islander, White
Ethnic Origin: Hispanic, Non-Hispanic
Sex: Male, Female Height \_\_\_\_\_ Weight \_\_\_\_\_
Social Security Number \_\_\_\_\_
Hair Color \_\_\_\_\_ Eye Color \_\_\_\_\_
Citizenship Status: US Citizen, Temp Visa, Resident Alien, Illegal Alien

Have you received any vocational training? No Yes \_\_\_\_\_
Were you ever in any special education classes in school? No Yes \_\_\_\_\_
Do you have any learning disabilities? No Yes \_\_\_\_\_

MARITAL STATUS / FAMILY (ICON data entry required)

Marital Status: Common Law, Divorced, Married, Single
If married, how long? \_\_\_\_\_
No. of children \_\_\_\_\_ Ages \_\_\_\_\_
Names of children \_\_\_\_\_
Are you obligated to pay child support? No Yes
Amount \$ \_\_\_\_\_
Are you current on these payments? No Yes

MILITARY (ICON data entry required)

Are you a Veteran? No Yes \_\_\_\_\_
Start Date: \_\_\_\_\_ End Date: \_\_\_\_\_
Branch \_\_\_\_\_
Discharge Type \_\_\_\_\_
Military Occupation \_\_\_\_\_

Your parent's name \_\_\_\_\_
Parent's address \_\_\_\_\_
City/State \_\_\_\_\_
Parent's phone \_\_\_\_\_
Do you maintain a close relationship with parents, siblings? No Yes

MOTOR VEHICLE

Driver's License No. \_\_\_\_\_
State driver's license issued \_\_\_\_\_
Make \_\_\_\_\_ Model \_\_\_\_\_
Year \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_
Make \_\_\_\_\_ Model \_\_\_\_\_
Year \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_
Make \_\_\_\_\_ Model \_\_\_\_\_
Year \_\_\_\_\_ Color \_\_\_\_\_ Plate # \_\_\_\_\_
Name of insurance agent \_\_\_\_\_
Address \_\_\_\_\_
Expiration date of your auto insurance \_\_\_\_\_

RESIDENCE (ICON data entry required)

Start date for current address \_\_\_\_\_
Home address \_\_\_\_\_
City/State \_\_\_\_\_
Zip \_\_\_\_\_ County \_\_\_\_\_
Phone \_\_\_\_\_ Type: Cell, Pager, Home
Phone \_\_\_\_\_ Type: Cell, Pager, Home
Living with:
Name(s) \_\_\_\_\_
Relationship(s) \_\_\_\_\_
Do you: own home, rent home, rent apartment, rent room
If rent, monthly payment \$ \_\_\_\_\_
Previous Address \_\_\_\_\_
City/State \_\_\_\_\_
Length of time at previous address \_\_\_\_\_

FINANCIAL

Name of bank, savings and loan, or credit union \_\_\_\_\_
Checking Balance \$ \_\_\_\_\_
Savings Balance \$ \_\_\_\_\_
Have you ever declared bankruptcy? No Yes
If yes, when \_\_\_\_\_
Debts (more than \$500 owed):
Owed To \_\_\_\_\_
Total Owed \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_
Owed To \_\_\_\_\_
Total Owed \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_
Owed To \_\_\_\_\_
Total Owed \$ \_\_\_\_\_ Amount Paid \$ \_\_\_\_\_

EDUCATION (ICON data entry required)

Grade completed in school \_\_\_\_\_
If graduated, school name \_\_\_\_\_
City/State \_\_\_\_\_
Received (now attending, GED, Associate's, Bachelor's, etc.) \_\_\_\_\_

EMPLOYMENT (ICON data entry required)

Present Employer \_\_\_\_\_
Address \_\_\_\_\_
City/State \_\_\_\_\_
Phone \_\_\_\_\_
Job Title \_\_\_\_\_
Status: Full-time, Part-time, Seasonal, Spot Job
Start Date \_\_\_\_\_

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**EMPLOYMENT Cont.**

Supervisor \_\_\_\_\_ Does he/she know you are on supervision? No Yes

Annual Income \$ \_\_\_\_\_ Other \$ \_\_\_\_\_

Previous Employers (beginning with most recent)

Name \_\_\_\_\_ Address \_\_\_\_\_

Status: full-time, part-time Dates Employed \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_

Status: full-time, part-time Dates Employed \_\_\_\_\_

**SUBSTANCE ABUSE**

Do you have, or have you ever had a drug/alcohol problem? No Yes

Have you ever received treatment for such a problem? No Yes

If yes, when and where \_\_\_\_\_

Have you ever experienced a blackout from drinking? No Yes

Have you ever lost a job because of drinking or using drugs? No Yes

Do you have any physical disabilities or limitations? No Yes

If yes, explain \_\_\_\_\_

Have you ever been counseled or treated for any emotional problems? No Yes

If yes, when and where \_\_\_\_\_

Have you ever been diagnosed with Attention Deficit Hyperactivity Disorder (ADHD)? No Yes

If yes, when and where \_\_\_\_\_

Are you currently taking any prescribed medications? No Yes

If yes, what kind \_\_\_\_\_

**PRESENT/PAST ARRESTS**

Present Offense \_\_\_\_\_ Sentence Received \_\_\_\_\_

Your version of the offense \_\_\_\_\_

Did you commit this offense: alone with other(s) \_\_\_\_\_

What do you expect from being on supervision? \_\_\_\_\_

Previous Arrests (including juvenile arrests; attach additional sheet if necessary)

Offense \_\_\_\_\_ Date \_\_\_\_\_ City/State \_\_\_\_\_ Disposition \_\_\_\_\_

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Offense \_\_\_\_\_ Date \_\_\_\_\_ City/State \_\_\_\_\_ Disposition \_\_\_\_\_

Have you ever been on probation, parole, work release, and/or a self-supervised probation? No Yes

If yes, how many times \_\_\_\_\_ When \_\_\_\_\_ Why \_\_\_\_\_

Have you ever had your probation, parole, work release, and/or self-supervised probation revoked? No Yes

If yes, how many times \_\_\_\_\_ When \_\_\_\_\_ Why \_\_\_\_\_

**EMERGENCY CONTACT**

In case of an emergency, please list two people we could contact.

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Name \_\_\_\_\_ Address \_\_\_\_\_ Phone \_\_\_\_\_

Relationship \_\_\_\_\_

Signed \_\_\_\_\_ Date \_\_\_\_\_

For Public Information Only