



# INYO COUNTY PROBATION DEPARTMENT

COMMUNITY, PRIDE, AND PROGRESS

JEFFREY L. THOMSON  
CHIEF PROBATION OFFICER

JACOB E. MORGAN  
DEPUTY DIRECTOR

## **-NOTICE-**

If you are not in custody, ***YOU MUST CONTACT THE PROBATION DEPARTMENT FOR FURTHER INSTRUCTIONS BEFORE LEAVING TODAY!!!***

Your case has been referred to the Probation Department for investigation. You must complete the attached Social History Packet and return it to the Probation Department without delay. Answer each question as thoroughly as possible. If you have questions, they will be addressed during your interview with a Probation Officer.

Jeffrey L. Thomson  
Chief Probation Officer  
Inyo County Probation Department

### **Location of Inyo County Probation Department offices:**

#### **BISHOP:**

918 N. Main Street  
(Located behind Taco Bell in Social Services Bldg.)

(760) 872-4111

#### **INDEPENDENCE:**

201 Mazourka Canyon Road  
(Juvenile Hall)

(760) 878-0274

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Bishop Office: 918 N. Main Street, Bishop, CA 93514  
(760) 872-4111 • Fax: (760) 872-0931  
Juvenile Division: 912 N. Main Street, Bishop, CA 93514  
(760) 872-4005 • Fax: (760) 872-0930

Independence Office: 168 N. Edwards Street  
P.O. Box T, Independence, CA 93526  
(760) 878-0274 • Fax: (760) 878-0436  
From Bishop: (760) 872-2705

# INYO COUNTY PROBATION DEPARTMENT QUESTIONNAIRE

Name: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Mailing Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Residential Address: \_\_\_\_\_ City: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Cell Phone #: (\_\_\_\_) \_\_\_\_\_

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Social Security #: \_\_\_\_\_ Identification Card #: \_\_\_\_\_

Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_

Tattoos or other identifying bodily scars or marks: \_\_\_\_\_

Primary language spoken: \_\_\_\_\_

Whom should we contact in case of an emergency? \_\_\_\_\_

Do you have internet access? Yes No Email address: \_\_\_\_\_

## PERSONAL HISTORY

Birthplace: \_\_\_\_\_ Birth date: \_\_\_\_\_ Age: \_\_\_\_\_

Race: \_\_\_\_\_ Religion: \_\_\_\_\_ Health Status: \_\_\_\_\_

Are you a citizen of the United States?  Yes  No List any medications or disabilities: \_\_\_\_\_

Citizen of which country? \_\_\_\_\_

List all previous places of residence: (approximate dates and locations) If additional space is needed, use other side:

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

## PARENTAL HISTORY

**Father's** Name: \_\_\_\_\_ Residential/Mailing Address: \_\_\_\_\_

Telephone #: (\_\_\_\_) \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Living  Deceased

Divorced:  Yes  No If deceased list year and cause: \_\_\_\_\_

List of Dates of remarriage, divorce, etc.: \_\_\_\_\_

**Mother's**  
Name: \_\_\_\_\_

Residential/  
Mailing Address: \_\_\_\_\_

Telephone #:( ) \_\_\_\_\_ Age: \_\_\_\_\_ Race: \_\_\_\_\_ Living  Deceased

Divorced:  Yes  No

If deceased list year and cause: \_\_\_\_\_

List of Dates of remarriage, divorce, etc.:

\_\_\_\_\_

SIBLINGS: (List brothers and sisters in the order of their ages)

Name:	Age:	Address:	Occupation:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

MARITAL DATA:

Status: Single  Married  Divorced  Separated

Present Spouse's name: \_\_\_\_\_ Age: \_\_\_\_\_ Date married: \_\_\_\_\_

Address: \_\_\_\_\_ Maiden name: \_\_\_\_\_

Employed:  Yes  No Employer's name and address: \_\_\_\_\_

\_\_\_\_\_

Please list full name of previous spouse(s) and indicate dates and places of marriages and divorces:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

FAMILY HISTORY: Please list all of your children in the order of their ages:

Name:	Age:	Address:	Employment/School:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Supported by: \_\_\_\_\_

Remarks: \_\_\_\_\_

EDUCATIONAL DATA: (List all schools and approximate dates you attended)

School:	Grade:	Date:
Elementary: _____	_____	_____
_____	_____	_____
Junior High: _____	_____	_____
_____	_____	_____
Senior High: _____	_____	_____
_____	_____	_____
Circle highest grade completed: 9    10    11    12	Graduation date: _____	_____
Trade Schools: _____	Completion date: _____	_____
_____	_____	_____
College: _____	Date attended: _____	_____
_____	_____	_____
Major: _____	Credited Units: _____	_____
Circle years(s) completed: 1    2    3    4	Degree: _____	Graduation date: _____
Other training: _____	Certificate: _____	_____
_____	_____	_____

MILITARY DATA:

Have you served in any branch of the service?  Yes  No  
If yes, please fill in the following information:

Branch of Service: \_\_\_\_\_

Date and location of entrance: \_\_\_\_\_

Date and location of discharge: \_\_\_\_\_

Details regarding discharge: \_\_\_\_\_

\_\_\_\_\_

**EMPLOYMENT HISTORY**

List all employers, beginning with your present or last employer.

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

Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

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

Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Salary: \_\_\_\_\_

From: \_\_\_\_\_ To: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

REFERENCES:

Letters may be obtained from any person or entity that can favorably attest to your character. Examples: Employer, counselor, religious leader, family member, educator, co-worker, neighbor, etc.

Any letter(s) of reference to be considered must be received by the Probation Department well in advance of the date the Court is to pronounce judgement in your case.

PLEASE CHECK THE FOLLOWING WHICH APPLY TO YOU:

- |  |   |
|--|---|
| <input type="checkbox"/> Diagnosed Mental Disorders      | <input type="checkbox"/> Alcoholic Beverage Consumption |
| <input type="checkbox"/> Drug Usage, including marijuana | <input type="checkbox"/> Juvenile Probation             |
| <input type="checkbox"/> Adult Police Record             | <input type="checkbox"/> Adult Probation                |

IF ANY ITEM ABOVE IS CHECKED, PLEASE THOROUGHLY EXPLAIN CIRCUMSTANCES OR DETAILS BELOW:  
If additional space is needed, continue on the other side of this page.

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ON THE NEXT PAGE WRITE AN EXPLANATION OF WHAT HAPPENED. EXPLAIN WHAT YOU DID, WHY YOU DID IT, AND WHAT IF ANYTHING YOU LEARNED FROM THIS EXPERIENCE.

**DEFENDANT'S STATEMENT**

Signature: \_\_\_\_\_ Date: \_\_\_\_\_