

Brown County Probation Intake Referral Form

Have Client fill out before leaving the office.

For help with this form, call (507) 233-6620

Name: First			Middle			Last			DOB:		
Parent/Guardian Name (juvenile only):											
Street Address: (Apt # if applicable)											
City:			State:		Zip:		Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Widowed				
Client Cell Phone #			Cell Phone Carrier: (Verizon, Sprint, etc.)					Juvenile Parent(s) Phone # Home Cell			
Contact Preference: <input type="checkbox"/> U.S. Mail <input type="checkbox"/> Phone Call <input type="checkbox"/> Email <input type="checkbox"/> Text Message											
Birthplace:			Sex: <input type="checkbox"/> Male <input type="checkbox"/> Female			Race:		Height:		Weight:	
Driver's License #:			Email Address:					Hair Color:		Eye Color:	

High School Name:			Yrs. Completed: (circle one) 4 5 6 7 8 9 10 11 12						Year Graduated		
College Name:			Yrs. Completed: (circle one) 1 2 3 4 5						Degree		
Employment Status: <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student											
Employer:						Work Shift:			Work Phone #:		
Employer Address:								Supervisor:			

Current Offense:						Attorney:					
Sentencing Date for Current Offense:						Best time to meet with you: Only During Hours of Mon-Fri 8am-4pm					

Sign: _____ Date: _____

Office use only:		<input type="checkbox"/> Questionnaire given out		<input type="checkbox"/> Unsupervised Information given out	
Date: _____	Staff Initials: _____	Staff Initials: _____	Staff Initials: _____	Staff Initials: _____	Staff Initials: _____