

**Allen County Community Corrections
Defendant Information**

Date: _____

Revised 04/29/2022

LAST NAME _____ **FIRST NAME** _____ **MIDDLE** _____

DOB _____ **SSN** _____ **HEIGHT** _____ **RACE** _____

WEIGHT _____ **GENDER** _____ **HAIR** _____ **EYES** _____

CITY OF BIRTH _____ **US CITIZEN YES / NO** _____ **US VETERAN YES / NO**
BRANCH _____

MARITAL STATUS: Single Married Separated Divorced Widowed

LAST GRADE COMPLETED _____ GED H.S. Diploma Associate's Bachelor's

Scars / Marks / Tattoos _____

ADDRESS _____ **COUNTY** _____

CITY _____ **STATE** _____ **ZIP CODE** _____

PRIMARY PHONE # _____ **2ND PHONE #** _____

<u>NAMES OF PERSONS LIVING IN THE RESIDENCE</u>	<u>RELATIONSHIP</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

ALL PETS IN RESIDENCE (include size and/or breed):

EMERGENCY CONTACT

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE # (S) _____

PROPERTY RELEASE DESIGNEE Same as Emergency Contact

NAME _____ RELATIONSHIP _____

ADDRESS _____ CITY _____ STATE _____ ZIP CODE _____

PHONE # (S) _____

UNEMPLOYED

EMPLOYER / SCHOOL _____ EAF SUBMITTED EAF APPROVED

EMPLOYER / SCHOOL _____ EAF SUBMITTED EAF APPROVED

E-MAIL ADDRESS: _____

Participant ordered to pay Restitution: YES / NO Amount: _____

Parental Status: Custodial Parent Non-Custodial Parent No Children No Dependent Children

Number of Dependents: _____

Participant ordered to pay Child Support: YES / NO Amount: _____ per week/month

Do you have a personal or business relationship with a current employee of Allen County Community Corrections? YES / NO

If Yes, please explain: _____

IDENTIFICATION TYPE:

- DRIVER'S LICENSE VALID SUSPENDED NEVER RECVD HTV CONDITIONAL
- GREEN CARD
- STATE ID
- PASSPORT
- LEARNER'S PERMIT

EXPIRATION DATE _____ **STATE** _____ **ID/LICENSE #** _____

YEAR _____ **VEHICLE MAKE/MODEL** _____

PLATE # _____ **VEHICLE COLOR** _____

MEDICAL DIAGNOSES: _____

Are you being treated by a physician? YES / NO

Are you currently prescribed any medications for a medical diagnosis? YES / NO

If yes, Please list: _____

Do you have a medical condition that you would like an emergency medical provider to know? YES / NO

If yes, Please explain: _____

Do you have any life-threatening allergies that require accommodation? YES / NO

If yes, Please explain: _____

Note: You must provide medical verification of this life-threatening allergy and specific medical accommodation instructions within 24 hours of your intake onto supervision with ACCC. Please provide this medical verification to your assigned case manager.

Need medical documentation with diagnosis / restriction Verified on _____ by _____

Do you currently have health insurance coverage? YES / NO

MENTAL HEALTH DIAGNOSIS: _____

Are you currently prescribed any medications for mental health diagnosis? YES / NO

If yes, Please list: _____

HAVE YOU EVER RECEIVED MENTAL HEALTH TREATMENT FOR THESE: YES / NO

If your answer is yes, what were you in treatment for (mark all that apply):

- Anger Management** | Did you successfully complete the program? YES / NO
- Mental Health** | Did you successfully complete the program? YES / NO
- Family/Relationship Counseling** | Did you successfully complete the program? YES / NO

HAVE YOU EVER USED DRUGS OR ALCOHOL? YES / NO

MOST COMMONLY USED SUBSTANCE(S) (e.g. marijuana, alcohol, cocaine, etc.) _____

HAVE YOU EVER RECEIVED SUBSTANCE ABUSE TREATMENT? YES / NO

If your answer is yes, mark all that apply:

- Substance Use Outpatient** | Did you successfully complete the program? YES / NO
- Substance Abuse – Residential Treatment / Inpatient** | Did you successfully complete the program? YES / NO
- Halfway House** | Did you successfully complete the program? YES / NO
- Other** _____ | Did you successfully complete the program? YES / NO
- Sober Support Meetings** | Have attended in the past Willing to attend Not willing to attend

HAVE YOU EVER FAILED A DRUG SCREEN: YES / NO

DATE OF MOST RECENT DRUG/ALCOHOL USE: _____

LONGEST PERIOD OF SOBRIETY: 48 hours or less One week More than one week



**Allen County Community Corrections
Veteran's Questionnaire**

Name: _____ DOC #: _____

Last four of Social Security Number: _____ DOB: _____
(to be used by the Veteran's Affairs Office)

1. Have you ever served in the U.S. Armed Forces?

Yes No

2. Have you ever served in the U.S. National Guard or Reserves?

Yes No If yes, have you ever been deployed? Yes No

3. Which Branch(s) of the Armed Forces have you served?

- Army (including Army National Guard or Reserve)
- Navy (including Reserve)
- Marine Corps (including Reserves)
- Air Force (including Air National Guard and Reserve)
- Coast Guard (including Reserve)
- Other – specify _____

4. When did you first enter the Armed Forces?

Month: _____ Year: _____

5. When were you last discharged?

Month: _____ Year: _____

6. Altogether, how long did you serve in the Armed Forces?

Years: _____ Months: _____ Days: _____

7. What type of Discharge did you receive?

- | | |
|---|---|
| <input type="checkbox"/> Honorable | <input type="checkbox"/> Bad Conduct |
| <input type="checkbox"/> General (Honorable Conditions) | <input type="checkbox"/> Dishonorable |
| <input type="checkbox"/> General (without Honorable Conditions) | <input type="checkbox"/> Medical _____ |
| <input type="checkbox"/> Other than Honorable | <input type="checkbox"/> Other specify: _____ |

8. Have you ever received services from the VA Hospital?

Yes No

Cause # _____ Serving Multiple Cases (___ of ___)

Total Sentence #Years _____ #Days _____ ACCC CCRS Victim

- Count ____ : _____ Level ____ Sentence: _____ EX _____ SUSP
- Count ____ : _____ Level ____ Sentence: _____ EX _____ SUSP
- Count ____ : _____ Level ____ Sentence: _____ EX _____ SUSP
- Count ____ : _____ Level ____ Sentence: _____ EX _____ SUSP

Judge _____ Case Manager _____

Referral Source _____ Caseload Category _____

Sentence Date _____ Case Type _____

Sentence Status _____ Max out Date _____

Probation/Parole Officer _____ Condition _____

IRAS Risk Level _____ IRAS Date _____ Start Date _____ End Date _____

Sentencing Conditions Enroll in and successfully complete all recommended rehabilitative interventions

Jail Time Credit:

Jail Time Credit Awarded at Sentencing: _____

Waiting Time Credit Awarded at Intake: _____ Waiting Dates: _____

JTC Calculations

Intake CM Completed Calculations: _____
