

PERSONAL DATA INFORMATION SHEET

PLEASE PRINT LEGIBLY

NAME _____ CAUSE NO. _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

PHONE NUMBER _____ WORK PHONE _____

DRIVER'S LICENSE NO. _____ STATE _____

SHRED THIS FORM AFTER ENTERED IN COMPUTER

UNLESS DEFENDANT TO PAY IMMEDIATELY, SEND FORM TO COLLECTIONS



FOR ASSAULT CASES ONLY (Including those reduced to Disorderly conduct class c cases)

(Circle one. If "other," please specify)

GENDER: Male Female Age _____ Race _____

HIGHEST EDUCATION:

Middle School High School College Other _____

EMPLOYMENT:

Employed Unemployed Retired Disabled Other _____

INCOME LEVEL: \$0 - \$20,000 \$30,000 - \$60,000 \$70,000 - \$100,000 +

MARITAL STATUS: Single Married/Divorced/Separated Widowed

Do you have children? _____ yes _____ no How many? _____

Did you witness family violence when you were growing up? _____ yes _____ no

Do you have any prior convictions involving acts of violence? _____ yes _____ no

Did any substance abuse have an influence in this alleged offense, for example,
alcohol/drugs/prescribed medication? _____ yes _____ no

*This is an anonymous survey used only for research/statistical purposes.