

APPLICATION FOR PROBATION

KERN COUNTY PROBATION DEPARTMENT
1415 Truxtun Avenue, 5th Floor
Bakersfield, CA 93301

Telephone: 661-868-4550

Court Case # _____

Having plead guilty or been convicted of the offense with which I am charged in the Superior Court and having been referred to the Probation Officer for investigation, report and recommendation, I hereby submit the following answers to the questions below.

True legal name: _____ Maiden Name: _____

Current Address: _____ Phone Number: _____

City: _____ State: _____ Zip Code: _____

Who lives with you: _____

Age: _____ Date of birth: _____ Birthplace/City: _____ State: _____

Sex: _____ Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Marks, Scars, Tattoos: Plus others

Where:	What:
_____	_____
_____	_____
_____	_____
_____	_____

Race/Ethnic Origin: _____ Citizenship (green card #) _____ Have you ever been deported: _____

When did you arrive in Kern County: _____ CA: _____ U.S: _____

Driver's license/ID #: _____ State issued in: _____ Social Security #: _____

Are you a high school graduate: _____ If not, highest grade completed: _____

Did you attend college/trade school: _____ If yes, where: _____ How long: _____

Did you graduate college: _____ Degree/Certificate's: _____

Are you involved with any social organizations or clubs: _____

Have you ever been or are currently affiliated or associated with any gangs: _____

If so, which gang: _____ When: _____ Moniker: _____

Military service: _____ Branch: _____ Dates: _____

Type of discharge: _____ If not honorable, why: _____

Is your health: good fair or poor

Do you take medication: _____

Name:

What for:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Do you have any disabilities: hearing vision psychiatric mental physical If so, describe:

Substance abuse history:

	First used	Last used	Type (Beer, wine, liquor)	How much/often
Alcohol:	_____	_____	_____	_____

	First used	Last used	Method of use (smoke, snort, inject)	How much/often
Marijuana:	_____	_____	_____	_____
Methamphetamine:	_____	_____	_____	_____
Cocaine:	_____	_____	_____	_____
Heroin:	_____	_____	_____	_____
PCP:	_____	_____	_____	_____
Ecstasy:	_____	_____	_____	_____
Prescription drugs:	_____	_____	_____	_____
Synthetic drugs:	_____	_____	_____	_____
Other:	_____	_____	_____	_____

Do you consider yourself a heavy drinker: _____ An alcoholic: _____ Drug addict: _____

Are you interested in residential/inpatient treatment program: _____

Were you under the influence of drugs/alcohol at the time of offense and/or arrest: _____

Marital status: Single Married Divorced Separated Number of marriages: _____

If married, spouses name: _____ Spouses address: _____

Have you ever lived with a significant other with who you had a romantic relationship for at least two years (730 days) without breaking up, separating, moving out, being incarcerated... _____

If so, name: _____ Dates: _____

Do you have biological and/or unborn children, if so:

First Name	Age	Mother's name	Father's name	Lives with	Supported by
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Your father's name: _____ Occupation: _____

Address: _____ If deceased, date and city of death: _____

Your mother's name: _____ Maiden name: _____

Occupation: _____ Address: _____

If deceased, date and city of death: _____

How many brothers and sisters (full, half and/or step) do you have: ____ Oldest: ____ Youngest: ____

Does any member of you family have a criminal record: _____ If yes, please explain

Relationship:	Crime/Conviction:	Sentence:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Employment record, giving current employment first:

Date started	Date ended	Name of employer	Type of Work	Salary
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Do you have a juvenile record: _____ In what county/state: _____

When: _____ For what crime(s): _____

Where you committed to a juvenile treatment facility, camp, ranch or DJJ(CYA): _____

You have been arrested in Kern County, any other counties or states: _____

If so, where: _____ For what crime(s): _____

Have you been to prison: _____ Are you on parole or PRCS: _____

Are you currently on probation or mandatory supervision: _____

Financial status:

How are you supported: _____ How much money do you make a month: _____

Do you receive Social Security (SSI/SSD), Unemployment, AFDC or Veteran's Benefits: _____

If so, how much: _____ If on SSD, what for: _____

Is your spouse employed: _____ Where: _____ Monthly Income: _____

Do you own:

Land/property House/buildings If so, what is it worth: _____

Car/Vehicle If so, year, make and model: _____ Current value: _____

Checking/Savings Account If so, where: _____ Average Balance: _____

Have you ever or do you currently pay child support: _____ If so, how much: _____

What are your payments/outstanding debts (monthly, weekly, ect):

Rent/Mortgage: _____

Credit Cards: _____

Utilities: _____

Loans: _____

Vehicle: _____

Medical: _____

Insurance: _____

Food/Groceries: _____

Cell Phone: _____

Other: _____

