INTAKE/PRE-SENTENCE REPORT INFORMATION SHEET

***INGRESO/INFORME PRECONDENATORIO HOJA DE INFORMACION***

DOC number*/Núm. DOC*:

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| **PERSONAL** | | | | | | | | |
|  | Last  *Apellido* | | | Middle  *Segundo Nombre* | | First  *Nombre* | | Suffix  *Sufijo* |
| True name  *Nombre Verdadero* |  | | |  | |  | |  |
| Alias/other name used  *Alias/otros nombres usados* |  | | |  | |  | |  |
| Maiden name  *Apellido de Soltera* |  | | |  | |  | |  |
| Convicted name  *Nombre de Convicción* |  | | |  | |  | |  |
| Date of birth/*Fecha de Nacimiento* | Sex/*Sexo*  M  F  X | | Identify as:  Transgender man  Transgender woman  Non-binary  *Hombre Transgenero Mujer Transgenero no binario/a* | | | | | |
| Hair/*Cabello* | Eyes/*Ojos* | | Height/*Estatura* | | | Weight/*Peso* | | |
| Race/*Raza* | Hispanic origin  *De origen Hispano*  Yes/*Sí*  No | | Speak Spanish  *Habla Español*  Yes/*Sí*  No | | Understand English  *Entiende Inglés*  Yes/*Sí*  No | | US Citizen  *Ciudadano de U.S*  Yes/*Sí*   No | |
| Complexion/*Tez* | Gang affiliation/*Afiliación a Pandillas* | | | | Religious preference/*Pref. Religiosa* | | | |
| Scars, marks, tattoos / *Cicatrices, marcas, tatuajes* | | | | | | | | |
| Social Security number  *Número de Seguro Social* | | FBI number  *Número del FBI* | | Place of birth (City/State/Country)  *Lugar de nacimiento (Ciudad, Estado, País)* | | | | |

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| **VEHICLE/*VEHICULO*** | | | | | |
| Driver’s license number  *Núm. de licencia de Conducir* | | State issued  *Emitida por el Estado de* | | Expired  *Expirada*  No  Yes/*Sí* | Expiration date  *Fecha de expiración* |
| Vehicle make  *Marca del Vehículo* | Model  *Modelo* | | Color | Year  *Año* | Issuing state  *Estado emisor* |
| Auto insurance  *Seguro de Auto*  Yes/*Sí*  No | Insurer name  *Compañía de Seguros* | | | Policy number  *Numero de póliza* | |

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| **RESIDENCE/*DOMICILIO*** | | | | | | | | |
| Street address (Proposed, if in custody)  *Dirección (Propuesta si está en custodia)* | | | Apt. #  *# Apt.* | City  *Ciudad* | | State  *Estado* | | Zip  *Código Postal* |
| Mailing address (If different than above)/*Dirección de correos* | | | | | | Homeless/*Sin hogar*  No  Yes/*Sí* | | |
| Home number  *Núm. Teléfono de Casa* | Cell number  *Núm. Teléfono Celular* | | | Work number  *Núm. Teléfono Trabajo* | | Pager number  *Núm. de buscapersonas* | | |
| Types of pets in residence  *Tipo de mascotas en la casa* | | Email address  *Dirección correo electrónico* | | | | # of moves in past year  *# mudanzas el año pasado* | | |
| Emergency contact name  *Nombre de contacto en emergencia* | | Relationship  *Relación* | | | Phone number  *Núm. Teléfono* | | Alternate number  *Núm. alterno* | |

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| Name of other resident  *Nombre de otro residente* | Relationship  *Parentesco* | Age *Edad* |
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| **FAMILY/*FAMILIA*** | | | | | |
| Father name  *Nombre del Padre* | Address  *Dirección* | | | | |
| Home number  *Núm. Teléfono de Casa* | Work number  *Núm. Teléfono Trabajo* | | | Home number  *Núm. Teléfono de Casa* | Work number  *Núm. Teléfono Trabajo* |
| Mother name  *Nombre de la Madre* | Address  *Dirección* | | | | |
| Home number  *Núm. Teléfono de Casa* | Work number  *Núm. Teléfono Trabajo* | | | Home number  *Núm. Teléfono de Casa* | Work number  *Núm. Teléfono Trabajo* |
| Raised by:  Natural parent(s)  Foster parent(s)  Other caregiver  Institution(s)  *Criado por: Padres Naturales Padres adoptivos Otro Guardián Institución(es)* | | | | | |
| Sibling name  *Nombre del Hermano(a)* | | Age  *Edad* | Address  *Dirección* | | Phone number  *Número de teléfono* |
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| Family with criminal record, if any (e.g., parent, sibling, aunt, uncle, grandparent)  *Familiares con antecedentes penales, si los hay (p.ej., padres, hermanos(as), tía, tío, abuelo)* | | |
| Name  *Nombre* | Relationship  *Parentesco* | Address (City, State)  *Dirección (Ciudad, Estado)* |
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| **RELATIONSHIPS/CHILDREN**  ***RELACIONES/HIJOS*** | | | |
| Never married/*Nunca casado*  Married/*Casado*  Cohabitation/C*ohabitación*  Widowed/*Viudo(a)*  State Registered Domestic Partnership*/Pareja Domestica Registrada en el Estado*  Divorced/Partnership dissolved  Separated/when:       Number of prior marriages:  *Divorciado/Disolución de la pareja Separado/cuando Núm. matrimonios anteriores*  Current spouse/State Registered Domestic Partner/significant other:  *Cónyuge actual/Pareja Domestica registrada en el Estado/Pareja de hecho* | | | |
| Prior spouse/State Registered Domestic Partner/significant other:  *Cónyuge anterior/Pareja Domestica registrada en el Estado/Pareja de hecho* | | | |
| Name  *Nombre* | Address  *Dirección* | Divorce/dissolution date  *Fecha de Divorcio/disolución* | Place  *Lugar* |

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| Child(ren)/*Niño(s)*: | | | |
| Name  *Nombre* | Relationship  *Parentesco* | Age  *Edad* | Supported by  *Mantenido por* |
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| **EDUCATION/*EDUCACION*** | | | | | | | |
| High school/college attended  *Escuela secundaria/universidad* | Ever suspended or expelled?  No  Yes/*Sí* Why:  *Alguna vez fue suspendido o expulsado Por qué:* | | | | | | |
| Name  *Nombre* | Address (City, State)  *Dirección (Ciudad, Estado)* | | Date entered  *Fecha inicio* | Date left  *Fecha salida* | | Grade completed  *Grado completado* | |
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| Vocational school/*Escuela de formación profesional* | | | | | | | |
| Name  *Nombre* | | Address (City, State)  *Dirección (Ciudad, Estado)* | | | Date entered  *Fecha inicio* | | Date left  *Fecha salida* |
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| Vocational certificate received?/*Certificado vocacional recibido?*  Yes/*Sí*  No Date/*Fecha*: | | | | | | | |
| DVR benefits received for training?/*Beneficios del DVR recibidos por la capacitación?*  Yes/*Sí*  No | | | | | | | |
| Long term education/training goals / *Metas de educación/capacitación a largo plazo:* | | | | | | | |

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| **MILITARY/*MILITARES*** |
| Have you served in the military?  Yes/*Sí*  No If Yes, what branch –  *Ha servido en el ejército? Si es así, en que rama –*  Army  Navy  Marines  Air Force  Coast Guard  Other  *Ejercito Marina Marines Fuerza Aérea Guarda Costa Otra*  How long did you serve?       Received an honorable discharge?  Yes/*Sí*  No  *Cuanto tiempo sirvió? Recibió una baja honorable?*  Do you have copy of your DD 214 Certificate of Release or Discharge from Active Duty?  Yes/*Sí*  No  *Tiene copia de su Certificado de Liberación o de Baja del Servicio Activo DD 214?* |

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| **EMPLOYMENT/*EMPLEO*** | | | | | | | |
| Employed at time of arrest?  Yes/*Sí*  No Fired as result of arrest?  Yes/*Sí*  No  *Empleado en el momento del arresto? Despedido como resultado del arresto?*  Number of months employed in last year/*Número de meses empleado en el último año*: | | | | | | | |
| Current employer  *Empleador actual* | | Job title  *Título del puesto de trabajo* | | Date started  *Fecha inicio* | | Wage/salary  *Paga/Salario*  $ | |
| List employers for the last 5 years (Use additional pages, if necessary)  *Enumere los empleadores de los últimos 5 años (Utilice páginas adicionales, si es necesario)* | | | | | | | |
| Employer  *Empleador* | Job title  *Título del puesto de trabajo* | | Start date  *Fecha Inicio* | | End date  *Fecha Final* | | Quit or fired?  *Renuncio o fue despedido?* |
|  |  | |  | |  | | Yes/*Sí*  No |
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|  |  | |  | |  | | Yes/*Sí*  No |
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| **FINANCIAL/*FINANZAS***  Long term goals for employment/*Metas a largo plazo para empleo* | | | |
| Dependent(s) financially responsible for/*Dependiente(s) bajo su responsabilidad financiera*: | | | |
| Name/*Nombre* | Name/*Nombre* | | Name/*Nombre* |
| Total court ordered child support amount: $  *Cantidad total de manutención de niños ordenada por el tribunal:* | | | Amount paid: $  *Cantidad pagada:* |
| If unemployed, what is your source of financial support?/*Si es desempleado ¿cuál es su fuente de ingresos?* | | | |
| In the last 12 months have you received or are receiving/*En los últimos 12 meses ha recibido o está recibiendo:*  Public assistance, disability payments, or unemployment compensation  Yes/*Sí*  No  *Asistencia pública, pagos por incapacidad o compensación por desempleo* | | | |
| Dates received  *Fechas de recepción* | Amount received  *Cantidad recibida*  $ | Reason  *Razón* | |

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| **SUBSTANCE USE HISTORY/*HISTORIAL DE USO DE SUSTANCIAS*** | | | | | | | | | | | |
| Have you consumed or presently consume alcoholic beverages?  Yes/*Sí*  No  *Ha consumido o consume actualmente bebidas alcohólicas?* | | | | | | | | | | | |
| How often  *Con que frecuencia* | How much  *Cuanto* | | | | | | Age began consuming  *Edad en que empezó a consumir* | | | | Preferred alcoholic beverage  *Bebida alcohólica preferida* |
| Preferred time and place to consume alcoholic beverages:  *Hora y lugar preferidos para consumir bebidas alcohólicas:*  Do you believe you currently have a problem with alcohol?  Yes/*Sí*  No  *Cree que actualmente tiene un problema con el alcohol?*  In the last 12 months, has alcohol caused problems for you in any of the following areas:  *En los últimos 12 meses, el alcohol le ha causado problemas en cualquiera de las siguientes áreas:*  Law violations  Marital/Family  Medical  School/Work  Other:  *Violaciones de la ley Matrimonio/Familia Médico Escuela/Trabajo Otro:* | | | | | | | | | | | |
| Have you ever used the following substances?/*Ha usado alguna vez las siguientes sustancias?* | | | | | | | | | | | |
| Type  *Tipo* | | Yes*Sí* | | No  *No* | | Frequency  *Frecuencia* | | | Age used  *Edad de uso* | | Type of reaction(s)  *Tipo de reacción(es)* |
| Amphetamines (speed)  *Anfetaminas* | |  | |  | |  | | |  | |  |
| Barbiturates (downers)  *Barbitúricos* | |  | |  | |  | | |  | |  |
| Cocaine  *Cocaína* | |  | |  | |  | | |  | |  |
| Hallucinogens  *Alucinógenos* | |  | |  | |  | | |  | |  |
| Heroin  *Heroína* | |  | |  | |  | | |  | |  |
| LSD | |  | |  | |  | | |  | |  |
| Marijuana  *Marihuana* | |  | |  | |  | | |  | |  |
| Methamphetamine  *Metanfetamina* | |  | |  | |  | | |  | |  |
| Morphine  *Morfina* | |  | |  | |  | | |  | |  |
| PCP | |  | |  | |  | | |  | |  |
| Other:  *Otras:* | |  | |  | |  | | |  | |  |
| Are you or have you been addicted to drugs?/*Es o ha sido usted adicto a las drogas?*  Yes/*Sí*  No  Type of drug(s)/*Tipo de droga(s)*: | | | | | | | | | | | |
| In the last 12 months, has drug use caused problems for you in any of the following areas?  *En los últimos 12 meses, ¿el uso de drogas le ha causado problemas en alguna de las siguientes áreas?*  Law violations  Marital/Family  Medical  School/Work  Other:  *Violaciones de la ley Matrimonio/Familia Médico Escuela/Trabajo Otro:* | | | | | | | | | | | |
| Have you received treatment/counseling for your drug/alcohol use?  Yes/*Sí*  No  *Ha recibido tratamiento/consejo debido a su uso de drogas/alcohol?* | | | | | | | | | | | |
| Where/*Donde* | | | | | Date(s)/*Fecha(s)* | | | | | | Counselor/*Consejero* |
| Do you have a family member with a history of drug/alcohol abuse?  Yes/*Sí*  No  *Tiene un miembro de la familia con un historial de abuso de drogas/alcohol?* | | | | | | | | | | | |
| Who/Relationship  *Quién/Relación* | | | Treatment facility  *Instalación de tratamiento* | | | | | Date(s)  *Fecha(s)* | | Counselor  *Consejero* | |

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| **MENTAL HEALTH/*SALUD MENTAL*** | | | | | | | |
| Have you ever seen a mental health professional?  Yes/*Sí*  No  *Ha visto alguna vez a un profesional de salud mental?* | | | | | | | |
| Where/*Donde* | | When/*Cuando* | | | Counselor/Consejero | | |
| Have you ever been diagnosed as suffering from severe mental illness?  Yes/*Sí*  No  *Alguna vez le han diagnosticado que sufre de una enfermedad mental severa?*  Have you ever had a plan to commit suicide?  Yes/*Sí*  No  *Alguna vez ha tenido un plan para suicidarse?*  Have you ever attempted suicide?  Yes/*Sí*  No  *Alguna vez ha intentado suicidarse?*  Are you thinking about killing yourself at this time?  Yes/*Sí*  No  *Está pensando en suicidarse en este momento?* | | | | | | | |
| Have you ever been to a hospital for mental health reasons?  Yes/*Sí*  No  *Ha estado alguna vez en un hospital por razones de salud mental?* | | | | | | | |
| Name of mental health institution  *Nombre de la institución de salud mental* | | | | Address  *Dirección* | | | |
| Are you currently involved in mental health treatment?  Yes/*Sí*  No  *Está actualmente involucrado en un tratamiento de salud mental?*  Have you ever been prescribed medication for mental illness?  Yes/*Sí*  No  *Alguna vez le han recetado medicamentos para enfermedades mentales?* | | | | | | | |
| Are you taking mental health medications at this time?  Yes/*Sí*  No  *Está tomando medicamentos para la salud mental en este momento?* | | | | | | | |
| Medication  *Medicamento* | | | How long  *Cuanto tiempo* | Medication  *Medicamento* | | | How long  *Cuanto tiempo* |
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| Does a family member(s) suffer from mental health issues?  Yes/*Sí*  No  *Algún miembro de la familia sufre de problemas de salud mental?* | | | | | | | |
| Name/*Nombre* | Relationship/*Relación* | | | Name/*Nombre* | | Relationship/*Relación* | |
| Have you ever had problems/experiences with the following:  Assaultive behavior  Domestic violence  *Ha tenido alguna vez problemas/experiencias con: Comportamiento agresivo Violencia doméstica*  Have you ever participated in:  Domestic violence treatment  Anger management  *Alguna vez ha participado en: Tratamiento de la violencia doméstica Manejo de la ira* | | | | | | | |

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| **MEDICAL/*MEDICO*** | | | |
| Are you currently under the care of a doctor?  Yes/*Sí*  No  *Está actualmente bajo el cuidado de un médico?* | | | |
| Doctor name/*Nombre del doctor* | Address/*Dirección* | | |
| Have you ever had any serious illnesses or accidents?  Yes/*Sí*  No  *Ha tenido alguna vez alguna enfermedad o accidente grave?*  Convulsions or seizures?  Yes/*Sí*  No  *Convulsiones o ataques?*  Were you hospitalized?  Yes/*Sí*  No  *Fue hospitalizado?* | | | |
| When/*Cuando* | Where/*Donde* | | |
| Are you on a special diet?/*Está en una dieta especial?*  Yes/*Sí*  No Type/*tipo*: | | | |
| Are you taking any medications? /*Está tomando algún medicamento?* | | | |
| Medication  *Medicamento* | How long  *Cuanto tiempo* | Medication  *Medicamento* | How long  *Cuanto tiempo* |
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| What is your current state of health?/*Cuál es su estado de salud actual?* | | | |

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| **ACTIVITIES/INTERESTS** | | | | | |
| What kinds of free time activities have you participated in the past year?  *En su tiempo libre, en qué tipo de actividades ha participado en el último año?* | | | | | |
| Activity  *Actividad* | | How often  *Con que frecuencia* | | With whom  *Con quien* | |
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| Are you a member of any organization?  *Es miembro de alguna organización*  Yes/*Sí*  No | | Name of organization  *Nombre de la organización* | | Name of organization  *Nombre de la organización* | |
| Do you have any experience using a computer/software?  *Tiene alguna experiencia en el uso de un computador/software?* | | | | | |
| Type of computer  *Tipo de computador* | Type of computer  *Tipo de computador* | | Software | | Software |

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| **REFERENCES/*REFERENCIAS***  Relatives and Friends/*Parientes y Amigos* | | | |
| Name  *Nombre* | Address  *Dirección* | Phone number  *Núm. Teléfono* | Relationship  *Relación* |
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| **CURRENT OFFENSE/*DELITO ACTUAL*** | | | | | | | | |
| Date of arrest  *Fecha del arresto* | | Date of crime  *Fecha del delito* | | Charge  *Cargo* | | | | Count of conviction  *Condado de convicción* |
| Agency arrested by  *Agencia que lo arresto* | | Days spent in jail  *Días pasados en la cárcel* | | Date plea/trail completed  *Fecha del Alegato/Juicio* | | | | Date released  *Fecha de liberación* |
| Was physical force involved?  Yes/*Sí*  No  *Hubo fuerza física involucrada?*  Did you consume alcohol before or during the offense?  Yes/*Sí*  No  *Consumió alcohol antes o durante la ofensa?*  Did you ingest/inject drugs before or during the offense?  Yes/*Sí*  No  *Ingirió o se inyectó drogas antes o durante el delito?*  Was a weapon(s) involved in the offense?  Yes/*Sí*  No  *Hubo un arma(s) involucrada en el delito?*  Were drugs involved in the offense?  Yes/*Sí*  No  *Estuvieron las drogas involucradas en el delito?* | | | | | | | | |
| Relationship to victim  Known  Stranger  *Conocido Extraño* | Explain/*Explique* | | | | Age  *Edad* | Physical/mental condition of victim  *Condición física/mental de la víctima* | | |
| Relationship to victim  Known  Stranger  *Conocido Extraño* | Explain/*Explique* | | | | Age  *Edad* | Physical/mental condition of victim  *Condición física/mental de la víctima* | | |
| Threat of violence present?  Yes/*Sí*  No *Amenaza de violencia presente?* | | | To whom/*A quien* | | | | To whom/*A quien* | |
| Guilt determined by:  Court trial  Guilty plea  *Culpabilidad determinada por Juicio en el tribunal Admisión de culpabilidad* | | | | | | | | |
| Method of attorney retention:  Hired  Court appointed  Public defender  Waived attorney  *Método de retención del abogado Contratado Nombrado por la corte Defensor público Renunció a uno* | | | | | | | | |
| Name of attorney/*Nombre del abogado* | | | Address/*Dirección* | | | | | |
| Phone number  *Número de teléfono* | | Cell phone number  *Número de celular* | | Alternate number  *Número alterno* | | | | Fax number  *Número de fax* |

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| **CRIMINAL HISTORY/*HISTORIA CRIMINAL***  Adult and Juvenile | | | | | | | | |
| List your juvenile and adult arrests and convictions below (Use additional pages, if necessary)  *Anote sus arrestos y condenas juveniles y adultas a continuación (Use páginas adicionales, si es necesario)* | | | | | | | | |
| Date  *Fecha* | Offense  *Crimen* | | | Place (City, State)  *Lugar (Ciudad, Estado)* | | | | Disposition  *Disposicion* |
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| Was physical force involved?  Yes/*Sí*  No Was a weapon(s) involved in the offense?  Yes/*Sí*  No  *Hubo fuerza física involucrada? Hubo un arma(s) involucrada en el delito?* | | | | | | | | |
| If yes, explain/*Si es así, explique*: | | | | | | | | |
| Relationship to victim  Known  Stranger  *Conocido Extraño* | | Explain/*Explique* | | | Age  *Edad* | Physical/mental condition of victim  *Condición física/mental de la víctima* | | |
| Relationship to victim  Known  Stranger  *Conocido Extraño* | | Explain/*Explique* | | | Age  *Edad* | Physical/mental condition of victim  *Condición física/mental de la víctima* | | |
| Threat of violence present?  Yes/*Sí*  No  Amenaza de violencia presente? | | | To whom/A quien | | | | To whom/A quien | |
| Did you ever violate your probation, parole, community supervision, or community placement?  Yes/*Sí* No  Alguna vez violó su libertad condicional, bajo palabra, supervisión comunitaria, colocación en la comunidad?  Did you ever escape from a correctional facility?  Yes/*Sí*  No  Alguna vez se ha escapado de una institución correccional?  Were you ever punished for institutional misconduct?  Yes/*Sí*  No  Alguna vez fue castigado por mala conducta institucional | | | | | | | | |

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| **CRIME ASSOCIATES/COMPLICES DE DELITOS** | | |
| Name  *Nombre* | Residing where  *Residiendo donde* | Status of charge (e.g., guilty, not guilty, pending)  *Estado de la acusación (p.ej, culpable, no culpable, pendiente)* |
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| Do you own or control a gun or firearm? / *Posee o controla un arma de fuego?*  Yes/*Sí*  No |

Provide a complete description of your offense (e.g., how and why it happened). Use additional pages, if necessary.

*Proporcione una descripción completa de su delito (p.ej, cómo y por qué ocurrió). Utilice páginas adicionales, si es necesario.*

Name/*Nombre* Signature/*Firma* Date/*Fecha*

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