



SELF-REPORT INTAKE PERSONAL INFORMATION

DOC number: _____ Date: _____

PERSONAL INFORMATION

_____	_____	_____
Last name	First	Middle
_____	_____	_____
True last name	First	Middle
_____	_____	_____
Maiden last name	First	Middle

Language spoken: English Spanish Other: _____
 Interpreter needed? No Yes

EDUCATION

Include high schools, vocational schools, and colleges attended

School	City/State	Begin Date	End Date	Highest Grade Completed

Did you graduate and earn a high school diploma? No Yes
 If no, did you earn a General Educational Development (GED)/equivalent certificate? No Yes
 Do you have any degrees or vocational certifications? No Yes
 If yes, explain: _____
 Have you had a history of learning difficulties or attended special education classes? No Yes
 If yes, explain: _____

EMPLOYMENT

Were you employed at the time of arrest? No Yes
 Most recent employer: _____
 Job title and duties: _____
 Length employed: _____
 Reason for leaving: _____
 Have you ever been fired from a job? No Yes
 If yes, explain: _____
 What was the best job you have ever had and what did you like most about it?

MILITARY

Have you ever served in the military? No Yes How long? _____
 If yes, specify: Army Navy Marines Air Force Coast Guard Other: _____
 Did you receive an honorable discharge? No Yes
 Do you have your DD 214 Certificate of Release or Discharge from Active Duty? No Yes

RELEASE ADDRESS

Primary release address: _____

Others living in residence:

Name: _____	Relationship: _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
Name: _____	Relationship: _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
Name: _____	Relationship: _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor
Name: _____	Relationship: _____	<input type="checkbox"/> Adult	<input type="checkbox"/> Minor

Sponsor name: _____ Relationship: _____
Address: _____ City: _____
State: _____ **Zip Code:** _____ **Phone:** _____

If you do not have any release plan resources, will you be:
 Homeless
 Transient (i.e., living with family/friends on a temporary basis)
 I need to develop a reentry plan through Work/Training Release

County of conviction: _____

INTERESTS/HOBBIES

What do you do in your spare time? _____

ALCOHOL/DRUG USE

Do you believe you currently have a problem with alcohol/drugs? No Yes
What age did you begin drinking or using drugs? _____
What is your drug/drink of choice? _____
Have you received treatment/counseling for your alcohol/drug use? No Yes
Where? _____
When? _____

Do you think you need treatment/counseling now? No Yes
Did you consume alcohol before/during the current offense? No Yes
If yes, explain: _____
Were drugs involved in the current offense? No Yes
If yes, explain: _____

COMMENTS

Anything else you would like your case manager to know? _____

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14. Upon completion, the data classification category may change.

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