

MOHAVE CO PROBATION DEPT – PRETRIAL ASSIGNMENT QUESTIONNAIRE

NAME \_\_\_\_\_  
*First Middle Last*

DATE OF BIRTH \_\_\_\_\_ PLACE \_\_\_\_\_  
*City State*

COUNTRY OF BIRTH \_\_\_\_\_ AGE \_\_\_\_\_ SEX: MALE \_\_\_\_\_ FEMALE \_\_\_\_\_

IF NOT BORN IN USA, WHEN DID YOU ENTER COUNTRY \_\_\_\_\_  
*Date City State*

RESIDENCY STATUS \_\_\_\_\_ ARN# \_\_\_\_\_ EVER HAVE A DEPORTATION HEARING? NO \_\_\_\_\_ YES \_\_\_\_\_

YOU ARE A CITIZEN OF \_\_\_\_\_  
*Country*

OTHER NAMES YOU HAVE EVER USED/AKA: \_\_\_\_\_

RACE: \_\_\_\_\_ WHITE (*Includes Hispanic, Arab and Middle Eastern*)

\_\_\_\_\_ BLACK

\_\_\_\_\_ ASIAN / PACIFIC ISLANDER (*Includes India sub-continent*)

\_\_\_\_\_ INDIAN or ALASKAN NATIVE (MEMBER OF WHICH TRIBE : \_\_\_\_\_)

\_\_\_\_\_ Other: \_\_\_\_\_

SOCIAL SECURITY # \_\_\_\_\_ RELIGION \_\_\_\_\_

HEIGHT \_\_\_\_\_ WEIGHT \_\_\_\_\_ EYE COLOR \_\_\_\_\_ HAIR COLOR \_\_\_\_\_

SCARS, MARKS OR TATTOOS (Describe what kind and where located on your body): \_\_\_\_\_

RESIDENCE: PHYSICAL ADDRESS \_\_\_\_\_

MAILING ADDRESS \_\_\_\_\_

HOME TELEPHONE # \_\_\_\_\_ WORK/MSG # \_\_\_\_\_ CELL# \_\_\_\_\_

HOW LONG HAVE YOU LIVED AT THIS ADDRESS? \_\_\_\_\_

DO YOU HAVE ANY WEAPONS (GUNS) AT THIS LOCATION? NO \_\_\_\_\_ YES \_\_\_\_\_

AT THE TIME OF YOUR OFFENSE: WERE YOU LIVING IN ARIZONA? NO \_\_\_\_\_ YES \_\_\_\_\_

IF "YES", FOR HOW LONG? \_\_\_\_\_

IF ABOVE WAS LESS THAN 6 MONTHS, WHERE DID YOU LIVE BEFORE ARIZONA? \_\_\_\_\_

HOW LONG DID YOU LIVE AT YOUR LAST PRE-ARIZONA RESIDENCE(S)? \_\_\_\_\_

NAME ALL PERSONS -- INCLUDING CHILDREN -- WITH WHOM YOU PRESENTLY SHARE A RESIDENCE

NOTE: IF YOU NOW LIVE OUTSIDE OF ARIZONA, OR PLAN TO, ALSO LIST HOW LONG YOU BELIEVE EACH PERSON YOU DO OR WILL RESIDE WITH HAS ALREADY BEEN LIVING IN THAT OTHER STATE\*

FULL NAME SEX AGE RELATIONSHIP TO YOU \*HOW LONG HAVE THEY LIVED THERE?

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(USE BACK OF SHEET IF NECESSARY)

DO YOU PLAN TO MOVE IN THE NEXT 90 DAYS? NO \_\_\_\_\_ YES \_\_\_\_\_

If "Yes", When and to Where? \_\_\_\_\_

**DRIVER'S LICENSE(S):** NONE \_\_\_\_\_ VALID \_\_\_\_\_ EXPIRED \_\_\_\_\_ SUSPENDED \_\_\_\_\_ REVOKED \_\_\_\_\_

STATE(S) & LICENSE #(S)

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**MILITARY SERVICE:** NONE \_\_\_\_\_ YES \_\_\_\_\_ BRANCH \_\_\_\_\_

DATE: ENTERED \_\_\_\_\_ DISCHARGED \_\_\_\_\_ TYPE DISCHARGE\* \_\_\_\_\_

\*IF OTHER THAN "HONORABLE", EXPLAIN: WHY: \_\_\_\_\_  
(USE BACK OF SHEET IF NECESSARY)

HIGHEST RANK, RATE or SPECIALTY \_\_\_\_\_

WHAT JOB DID YOU DO? \_\_\_\_\_

WHERE WERE YOU STATIONED? \_\_\_\_\_

COMBAT SERVICE? NO \_\_\_\_\_ YES \_\_\_\_\_ WHERE/WHEN?

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LIST ANY SPECIAL COMMENDATIONS OR AWARDS RECEIVED: \_\_\_\_\_

COURT-MARTIALED or DISCIPLINED? NO \_\_\_\_\_ YES \_\_\_\_\_ IF "YES", EXPLAIN \_\_\_\_\_

(USE BACK OF SHEET IF NECESSARY)

**MARITAL STATUS:** SINGLE \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_ CO-HAB \_\_\_\_\_ COMMON LAW \_\_\_\_\_

\*MARRIED \_\_\_\_\_ (\*TOTAL TIMES : \_\_\_\_\_)

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1) Spouse's Full Name	Age	Date/Place Married
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**EMPLOYMENT:**

OCCUPATION \_\_\_\_\_

ARE YOU EMPLOYED NOW? NO \_\_\_\_\_ YES \_\_\_\_\_

IF "YES", LIST YOUR CURRENT EMPLOYER \_\_\_\_\_

ADDRESS \_\_\_\_\_

TEL # \_\_\_\_\_ SUPERVISOR \_\_\_\_\_ WHEN JOB BEGAN \_\_\_\_\_

YOUR JOB TITLE \_\_\_\_\_ WAGE: PER/HR \_\_\_\_\_ PER/MO \_\_\_\_\_

WORKING: HOURS PER DAY \_\_\_\_\_ DAYS PER WK: \_\_\_\_\_ Mon / Tue / Wed / Thu / Fri / Sat / Sun

\_\_\_\_\_  
DEFENDANT'S SIGNATURE

\_\_\_\_\_  
DATE COMPLETED