(Please complete and return to panhandle Probation Service LLC with your first mail-in report.)

 ***Panhandle Probation Services, LLC***

 ***33 Mar*ket Street Suite 126 Apalachicola, Florida 32320**

 **Phone: 850-653-1018 Fax: 850-653-1019**

 ***Intake form and profile sheet***

NAME: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_
                        (First)                               (Middle)                                 (Last)

Case #: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ DOB: \_\_\_\_\_\_\_\_\_\_\_\_\_ SSN: \_\_\_\_\_ \_\_\_\_\_ \_\_\_\_\_

SEX: M\_\_\_\_ F\_\_\_\_\_ Age: \_\_\_\_\_\_ **Under 21? YES: \_\_\_\_\_ NO: \_\_\_\_\_**

RACE:         WHITE\_\_\_\_       BLACK\_\_\_\_       HISPANIC\_\_\_\_       ASIAN\_\_\_\_       OTHER\_\_\_\_

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

Local: \_\_\_\_\_ Out of state: \_\_\_\_\_ Military: \_\_\_\_\_\_\_\_.

ADDRESS:
(Physical)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_

(Mailing)\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_

HOME PHONE#: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_     CELL PHONE#: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_

**EMPLOYMENT:**

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

NAME OF EMPLOYER: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

PHONE#: (\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ SUPERVISOR: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student? YES\_\_\_\_\_\_ NO\_\_\_\_\_\_\_ Juvenile: YES\_\_\_\_ NO\_\_\_\_\_ (driving related offence only)

NAME OF SCHOOL: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**CONTACT(S):**(Please provide the name/relationship/phone number of two contacts)

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone#: (\_\_\_\_\_) \_\_\_\_\_-\_\_\_\_\_\_\_\_\_\_\_ Relationship: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

EMAIL ADDRESS: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_