**Pretrial Defendant Intake Form:**

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| --- | --- | --- |
| Last Name, First Name: | Date of Birth: | Today’s Date: |
| **CASE INFORMATION** |
| Case #: | Next Court Date: |
| Charges: |
| Attorney Name: | Attorney Agency: [ ]  PDA [ ]  OPA[ ]  Private [ ]  Other:  | Attorney Phone #: |
| **GENERAL INFORMATION:** |
| Mailing Address: |
| Residential Address: |
| Do You Live With Anyone? [ ]  Yes. [ ]  No. | If “Yes”, Please List Name(s) And Age(s) Of Occupant(s): |
| Home Phone #: | Cell Phone #: | E-mail Address: |
| Occupation: | Employer: | Work Phone #: |
| Employment Address: |
| Work Schedule (check all that apply): [ ] M [ ] T [ ] W [ ] Th [ ] F [ ] Sa [ ] Su | Hours: |
| Emergency Contact: | Phone #: |
| Medical Conditions: |
| Current Prescriptions: |
| Do You Own A Vehicle: [ ]  Yes. [ ]  No. |
| If “Yes” What Make : | Model: | Year: |
| Color: | License Plate: |
| **DOC EMPLOYEE USE ONLY:** |
| ACOMS #: | Assigned PO: | Supervisions Level: | EM: [ ] Yes. [ ]  No. |
| **ACOMS Updated By:** |
| Signature: | Date: |
| Printed Name: | Title: |