



WHITMAN COUNTY PROBATION

400 North Main Street/PO Box 230, Colfax, WA 99111-0230

Phone: 509-397-6265 Fax: 509-397-5594

Mary Shaw, Probation Officer E-mail: marys@co.whitman.wa.us

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INTAKE QUESTIONNAIRE: Please complete this form and return to the probation office.

Name: _____ DOB: _____ Age: _____

All Known Names and Aliases: _____ Social Security Number: _____

Current Physical Address: _____
(Street, including apartment #) (City, State, Zip Code)

With whom do you live? _____ Relationship: _____

Current Mailing Address if Different: _____
(Street, PO Box) (City, State, Zip Code)

PERMENANT ADDRESS: _____
(Street, PO Box) (City, State, Zip Code)

If permanent address is parent's address do they know about your involvement with this court? _____

Current Phone Number: (____) _____ Permanent Phone Number: (____) _____

Cell Phone: (____) _____ E-mail address: _____

Present Marital Status: Single Married Divorced/In process

Employment Status: Full Time Part Time Student Retired Homemaker Disabled Unemployed

Military _____ Discharge: _____

Employed or Student at: _____ Work Phone: _____

Work Address: _____ Income: _____

Nature of Work: _____

Description of Offense: _____ Reduced From: _____

Others Involved in Incident: _____

Restitution if Ordered: _____

BAC: _____ Agency Referrals: _____

All Prior Criminal History: _____

Attorney's Name: _____ Telephone Number: _____

Attorney's Address: _____

Driver's License Number: _____ Auto Insurance Company _____

Do you own a vehicle? _____ Make/Model _____ Year _____ Color _____

DATE: _____