



## 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](mailto: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: \_\_\_\_\_