



The Court of Common Pleas Adult Probation Department Belmont County, Ohio

103 North Market St. * St. Clairsville, OH 43950 * phone (740) 695-3917 * fax (740) 695-3942

PRE-TRIAL SUPERVISION QUESTIONNAIRE

To: Persons Referred to the Adult Probation Department

Your case has been referred to the Belmont County Adult Probation Department for a bond investigation and/or request for pretrial supervision while your case is pending before the court. You shall report to an officer until a final disposition is reached in your case. *This means until your case is dismissed or until you are sentenced.*

1. Take the attached questionnaire home with you and complete all of the requested information. If a question does not apply to you, mark the answer as "n/a" or "not applicable." **Do not** leave any of the answers blank.
2. **Return the completed questionnaire** along with a photo ID, social security card, birth certificate, verification of education, income, and any military service (i.e. diploma, pay stub, DD-214) to the Adult Probation Department **at your scheduled appointment, which is** _____
3. If you need directions to the office, go to www.belmontcommonpleas.org and click on the adult probation section. We are located behind the county Courthouse in a brick building.
4. There is a \$35.00 fee for this supervision payable to the Belmont County Clerk of Courts within 30 days

WHILE YOU WILL BE SUPERVISED BY AN OFFICER OF THE BELMONT COUNTY ADULT PROBATION DEPARTMENT, YOU HAVE NOT BEEN SENTENCED TO PROBATION OR COMMUNITY CONTROL AT THIS TIME.

HAVE YOU BEEN ARRESTED FOR THIS CASE: Yes No

If Yes:

What law enforcement agency arrested you: _____

What date were you arrested (approximately): _____

What date did you post bond: _____

What was your amount of bond: _____

Who was the bonding agent: _____

Who gave you the money to post bond: _____

Authorization of Release of Information

I hereby grant permission for release of the following information relating to my care between the parties named here. I am aware once this information is released to another party, it may no longer be protected.

Belmont County Adult Probation Department
103 North Market Street
St. Clairsville, Ohio 43950
Office: (740)695-3917
Fax: (740)695-3942

AND _____

This information is to be:

- Mailed Picked Up Face to Face Phone Fax
 Other (specify): _____

The purpose of this request is for:

- Continuity of Care Legal Matter Personal Other (specify): _____

Client Name

Date of Birth

Other Names Used in Treatment

SSN

Date(s) of treatment _____

This information MAY include treatment or rehabilitation for drug and/or alcohol abuse, psychiatric treatment, HIV Antibody Test (test for AIDS virus) or AIDS and related conditions, IF they did occur. I specify this release is to include:

- | | | |
|---|---|--|
| <input type="checkbox"/> Final Diagnosis | <input type="checkbox"/> Medications Prescribed | <input type="checkbox"/> Drug & Alcohol Assessment |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Radiological Reports | <input type="checkbox"/> Drug & Alcohol Treatment |
| <input type="checkbox"/> History | <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Mental Health Assessment |
| <input type="checkbox"/> Physical Examination | <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Mental Health Treatment |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Physician Orders | <input type="checkbox"/> Juvenile criminal record |
| <input type="checkbox"/> Emergency Room Treatment | <input type="checkbox"/> Laboratory Reports | <input type="checkbox"/> Education Data (diploma, transcripts) |
| <input type="checkbox"/> Other (specify): _____ | | |

This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. I understand this authorization may be revoked at any time in writing, except to the extent that the program or person who is to make the disclosure has already acted in reliance on it. This authorization will remain in effect for 180 days after I sign and date the form below or until _____. I understand I may revoke my authorization at any time and for any reason. I understand I can lengthen or shorten the authorization period by date, event or condition.

Signature / Client

Date

Signature Parent / Guardian (if applicable)

Date

Witness

Date

Extended date from: _____ to: _____

Signature: _____ Date: _____



Adult Probation Department
Belmont County Common Pleas Court
103 North Market Street
St. Clairsville, Ohio 43950

PERSONAL INFORMATION:

Full Name: _____
Last First Middle

Nicknames, Aliases, or Other Names Used: _____

Date of Birth: _____ Age: _____ S.S.N.: _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Eyes: _____ Hair (Natural Color): _____

Place of Birth (including County): _____

Are you a US Citizen: Yes No (If no, give citizenship): _____

Gang Affiliation: _____

Identifying Marks: (Scars, Tattoos, Birthmarks, etc.) _____

Parents Name: _____

Parents Address: _____

CONTACT INFORMATION:

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

HOME AND NEIGHBORHOOD DATA:

Present Address: _____

Do you own or rent this structure. What are your monthly payments: \$ _____

List the name, age, and relationship of all the people you live with:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____

Do you have a stable residence: Yes – Lived at current residence for past six months
 No – Have not lived at the same address for past six months

How long have you lived at your present address: _____
Weeks Months Years

MILITARY DATA

Branch of Service: _____

Duty Station: _____

Service Number: _____ Date of Entry: _____ Date of Discharge: _____

Highest Rank Held: _____ Rank at Separation: _____

Type of Discharge: _____

If not in the military, and are a male over the age of eighteen, have you registered with Selective Service:

Yes No (if no, please list details): _____

EDUCATIONAL DATA:

What is the highest level of education you have completed: High school graduate or higher

Less than high school or GED

What is the highest grade you completed: _____

Reason for leaving school: _____

If you are currently attending school, name and location of school: _____

PRESENT HEALTH DATA

Physical:

How would you rate your present physical health: Excellent Good Fair Poor

Describe any physical problem(s) you have: _____

Have you been under a doctor's care within the last year: Yes No

If yes, list the name, address, and telephone number of your doctor(s): _____

List any physical handicap: _____

Are you currently taking any medications prescribed by a doctor: Yes No

If yes, what medications: _____

Mental:

Describe any diagnosed mental problem: _____

Have you ever been under a doctor's care for a mental problem: Yes No

If yes, list the name, address, and telephone number of your doctor(s): _____

Have you ever thought about or attempted suicide: Yes No

Plan: _____

Do you feel you need help with you mental health at this time: Yes No

DRUG / ALCOHOL HISTORY

Have you used an illegal drug in the past 6 months: Yes No

Did you have a problem with the use of drugs: Yes No

Did you have a problem with the use of alcohol: Yes No

Do you consider yourself as having a severe drug usage problem: Yes No

What is/are your drug(s) of choice:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Beer | <input type="checkbox"/> Marijuana (joints, pipes or blunts) | <input type="checkbox"/> Valium |
| <input type="checkbox"/> Wine | <input type="checkbox"/> Cocaine (powder) | <input type="checkbox"/> Xanax |
| <input type="checkbox"/> Hard Liquor | <input type="checkbox"/> Crack / Cocaine | <input type="checkbox"/> Percocet |
| | <input type="checkbox"/> Primos (pot and crack) | <input type="checkbox"/> Librium |
| | <input type="checkbox"/> Heroin (herron or speedball, heroin or crack) | <input type="checkbox"/> Ludes |
| | <input type="checkbox"/> Anything by injection | <input type="checkbox"/> Sopors |
| | | <input type="checkbox"/> Somoas |
| | | <input type="checkbox"/> Speed (or other amphetamines) |
| | | <input type="checkbox"/> Acid (LSD) |
| | | <input type="checkbox"/> Designer Drugs (Whippets, Ecstasy, K) |
| | | <input type="checkbox"/> Other: _____ |

List all of the drugs you have taken within the last year: _____

What age did you begin using drugs and/or alcohol: _____

Have you ever been to counseling or treatment before for your substance abuse problems:

- | | | | | | |
|------------------------------------|------------------------------------|--------------------------------|------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Aftercare | <input type="checkbox"/> Detox | <input type="checkbox"/> 3-day DIP | <input type="checkbox"/> IOP | <input type="checkbox"/> OP |
| <input type="checkbox"/> AA | <input type="checkbox"/> NA | <input type="checkbox"/> CA | | | |

PREVIOUS ARREST OR CONVICTION DATA

Age when your **first** arrest as a juvenile or adult occurred: _____

Do you have any prior adult convictions: Yes No

List all arrests whether convictions or not, this includes juvenile and military.

Date	Court	Offense	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a warrant issued for Failure to Appear in the past 24 months? Yes No

If yes, how many warrants for Failure to Appear: None 1 Warrant 2 or More Warrants

Have you been incarcerated three or more times? Yes No

Have you ever been sentenced to an institution (county jail, reformatory, penitentiary, or juvenile institution) Yes No – If yes, list name, location of institution, and time served:

Name of Institution	Location	Time Served
_____	_____	_____
_____	_____	_____

Are you currently on probation or parole? Yes No

If yes, list the name of the agency, address, and officer:

Name of Agency	Address	Officer
_____	_____	_____
_____	_____	_____

Were you ever on probation / parole as a juvenile or an adult? Yes No

If yes, list the name of the agency, address, and officer if known:

Name of Agency	Address	Officer
_____	_____	_____
_____	_____	_____

Do you currently have any other charge(s) pending against you? Yes No

If yes, list the nature of the charge and location of the authority charging you. (Do not list minor traffic citations): _____

Do you have detainers (holders) filed against you: Yes No

If yes, list them to the best of your knowledge: _____

Are you a registered sex offender:

Yes

No

ATTORNEY INFORMATION:

Do you have an attorney:

Yes

No

Was your attorney:

Retained / Employed

Public Defender

If Yes:

Name of your attorney: _____

Address of your attorney: _____

Telephone: _____

Fax: _____

If No:

Do you intend to retain / hire an attorney or do you intend to apply for a public defender?

Have you applied with the public defender's office:

Yes

No

NOTICE:

**IF YOU HAVE APPLIED OR INTEND TO APPLY FOR A PUBLIC DEFENDER,
THE FOLLOWING APPLIES:**

Pursuant to Ohio Revised Code §120.36 and House Bill 66, when a defendant in a criminal case requests or is provided a public defender, or any other counsel appointed by the court, the court in which the criminal case is initially filed shall assess, a non-refundable application fee of twenty-five dollars (\$25.00), unless the application fee is waived or reduced.

Payment is to be made to the Belmont County Clerk of Courts, 100 Main Street, St. Clairsville, Ohio 43950. Payments may be made in the form of cash, certified check, or money order. **Personal checks and credit cards will not be accepted.**

I have read and acknowledge the above statement:

Signature: _____

Date: _____

I DO HEREBY STATE ALL OF THE INFORMATION OFFERED IN THIS QUESTIONNAIRE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature: _____

Date: _____