**Pretrial Defendant Intake Form:**

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| 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: | | |