



# Carver County Court Services ADULT INTAKE REFERRAL FORM

## Client Information

Please Print

<b>Name:</b> <i>First</i> <i>Middle</i> <i>Last</i>				<b>Birthdate:</b>	
<b>Street Address:</b> (physical address)				<b>Apt #:</b>	
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>Primary Phone:</b>	<b>Secondary Phone:</b>	
<b>Mailing Address:</b> (if different; i.e. PO Box, etc.)					
<b>City:</b>	<b>State:</b>	<b>Zip:</b>	<b>County of Residence:</b>		
<b>Race:</b> <input type="checkbox"/> Native American /Alaskan Native <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Black/Hispanic <input type="checkbox"/> White <input type="checkbox"/> White/Hispanic					
<b>Citizenship:</b> <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Non U.S. Citizen <input type="checkbox"/> Permanent Resident					
<b>Place of Birth:</b>		<b>Height:</b>	<b>Weight:</b>	<b>Eye Color:</b>	<b>Hair Color:</b>
<b>Birth Name:</b> (if different from above)		<b>Social Security #:</b>		<b>Driver's License #:</b>	
<b>Living Arrangements:</b>					
Live with: _____ (full name(s))			Relationship: _____		
Phone: _____			Date: _____		
<b>Marital Status:</b> <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Single					
<b>Employment Status:</b> <input type="checkbox"/> Full-time <input type="checkbox"/> Part-time <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Student Total hours worked weekly: _____			<b>Education Level:</b> <input type="checkbox"/> Graduate <input type="checkbox"/> GED <input type="checkbox"/> Attending (School Attending: _____)		
<b>Are you currently receiving public assistance?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No Please List: _____			<b>E-Mail Address:</b>		
<b>Employer:</b>				<b>Work Phone:</b>	
<b>Monthly Income:</b> \$ _____		<b>Other Income:</b> \$ _____		(income may need to be verified)	
<b>Military Experience:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>Branch:</b> _____		
<b>Years of Service:</b> _____			<b>Honorable Discharge</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		
<b>**If this offense is a DWI, how many lifetime DWI's/alcohol related driving offenses do you have?</b> _____ (including the one you were currently in for today)					
<b>Are you currently or have you ever been on probation for other offenses?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No				<b>If so, name of current/past agent:</b>	
<b>Were you on Pre-Trial Testing for this Current Court File:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No					

### For Office Use Only

<b>Data Entry:</b> Charging Agency: <input type="checkbox"/> CCSO <input type="checkbox"/> CPD <input type="checkbox"/> MSP			<b>Stay Type:</b> SOI / SOA / APS / CFD / EXE		
Offense Date/time: _____		Badge#: _____	File #: _____	ICR#: _____	
<b>Agent:</b> _____	<b>Appt Date/Time:</b> _____	<b>LS/CMI or LSIRSV Score:</b> _____	<input type="checkbox"/> H <input type="checkbox"/> M <input type="checkbox"/> L (Track# 1 2 3 4)		
<input type="checkbox"/> Docs Scanned	<input type="checkbox"/> Entered into MGA	<input type="checkbox"/> PSC Track added	<input type="checkbox"/> Reports Added	<input type="checkbox"/> Restitution Study Ordered	