

# Initial Investigation Questionnaire

To be completed by the defendant

Full Legal Name (First Middle Last)							
What is the name on your birth certificate?							
Other Names (include maiden/former married/nicknames/aliases/arrest names)							
Drivers License # (include Issuing state)				Social Security #			
Sex		Race		Date of Birth			
Height		Weight		Eye Color		Hair Color	
Have you ever been in a gang? <input type="checkbox"/> Yes <input type="checkbox"/> No				Are you currently in a gang? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Citizenship (include Immigration #)				Place of Birth (city, state, country)			
Marital Status		<input type="checkbox"/> Cohabitation		<input type="checkbox"/> Divorced		<input type="checkbox"/> Married	
		<input type="checkbox"/> Single		<input type="checkbox"/> Widowed		<input type="checkbox"/> Unknown	
Highest Education completed				Number of dependents			
Legal Address (Street Address)				Secondary Address (Street Address)			
(City, State Zip)				(City, State Zip)			
Home Phone Number				Home Phone Number			
Hazards in home (ex/guns, pets, etc)				Hazards in home (ex/guns, pets, etc)			
Cell Telephone Number							
Tattoos, Birth Marks and Scars (if necessary, add additional information on back of sheet)							
Location on body (ex/left forearm, right neck, etc)				Description of Tattoo, Birth Mark or Scar			

## List the Cities and States where you have lived

Years		City	State	Years		City	State
from	to			From	to		

Email  
Addresses

Social Network with Usernames  
(ex/ Facebook, Instagram, Etc.)

Websites

Have you ever been convicted of any misdemeanor or felony offense?  
Provide details:

☐ Yes

☐ No

Are you currently under probation, parole, or pretrial supervision in any  
other cases? Provide details and provide officer name and contact  
numbers:

☐ Yes

☐ No

Are you currently employed? ☐ Yes ☐ No

Are you currently receiving any disability  
income? ☐ Yes ☐ No

<b>Employers Name</b> (Company Name and Supervisor)			
<b>Employers Address</b> (City, State & Zip Code)			
What are your working hours?		Title / Position	
How long have you worked for this employer?			
Does your employer know about this offense?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Can we contact you there?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Employers Phone #			
Collateral Contact (Close family member's name) and Telephone Number			

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Defendant's Signature / Date