

LEHIGH COUNTY ADULT PROBATION/PAROLE SOCIAL SUMMARY

LCID#		Case#	
SID#		Offense	

Last Name	First Name	Middle Name
Date of Birth: _____	Gender: (check one) <input type="checkbox"/> Male <input type="checkbox"/> Female	
Social Security#: _____		

Current Address: (House# and Street Name)	Apt.# or PO Box#	
City, State and Zip Code	County	
Name of Person you live with and relationship: _____ How Long? _____		
Are there any weapons in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, describe? _____		
Are there any dogs in the house? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, what breed? _____		
Mailing Address (if different from above listed current address)		
Email Address	Cell Phone#	Home Phone#

Employer/Company Name	Employer's Address
Employer's Phone#: _____	(check one) <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time
Length at present employment? _____	Work Hours: _____

Primary Language: _____	Translator Required: (check one) <input type="checkbox"/> Yes <input type="checkbox"/> No
Race: (check one) <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian <input type="checkbox"/> American Indian <input type="checkbox"/> Alaskan Native	
Ethnicity: (check one) <input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic	
Height: _____	Weight: _____
Build: (check one) <input type="checkbox"/> Small <input type="checkbox"/> Medium <input type="checkbox"/> Large	
Hair Color: (check one) <input type="checkbox"/> Bald <input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Gray <input type="checkbox"/> Red <input type="checkbox"/> Shaved <input type="checkbox"/> White	
Complexion: (check one) <input type="checkbox"/> Light <input type="checkbox"/> Medium <input type="checkbox"/> Dark	
Eye Color: (Check one) <input type="checkbox"/> Black <input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel	
List Location and describe any Scars/Marks/Tattoos: _____	

Do you receive the following? (check all that apply) SSI SSD Welfare Food Stamps
 Unemployment N/A

Do you have any children under the age of 18? Yes No If yes, how many? _____

Number of children living with you: _____

Do you pay child support? Yes No If yes, what county? _____

Driver's License#/State: _____

Status: (check one) Valid Suspended Expired Never Had Medically Revoked

Do you drink alcohol? Yes No If yes, how often? _____ Date of last use: _____

Have you ever used illegal drugs? Yes No (If yes, check all that apply and note date of last use below it)

Marijuana Cocaine Heroin/Opiates Methamphetamine Synthetics Other: _____

Drug of Choice? _____ Current prescribed medications: _____

Are you attending counseling/treatment? Yes No If yes, which agency? _____

Do you have an Averhealth PIN? Yes No Averhealth PIN#: _____ Are you active? Yes No

Do you have a medical marijuana card? Yes No If yes, for what condition? _____

Are you attending MH treatment? Yes No If yes, which agency? _____

MH/ID diagnosis: _____ Health insurance provider: _____

Hearing impairment? Yes No Sight impairment? Yes No

Physical impairments? Yes No If yes, explain: _____

Marital Status: (check one) Single Married Divorced Widowed

Military: (check one) Active Veteran Never Served

Do you currently have a PFA? Yes No If yes, what County? _____

Parties involved: _____

High school graduate? Yes No If no, highest grade completed: _____

Do you have a GED? Yes No Do you have a college degree? Yes No

Place of birth: _____ Are you a U.S. citizen? Yes No

Father's Name, Address and Phone#: _____

Mother's Name, Address and Phone#: _____

Emergency Contact Person Name, Address and Phone#: _____

Are you currently under supervision in any county or state? Yes No If yes, where? _____

Do you have any other charges pending? Yes No Explain: _____

Offender Signature	Officer/Aide Signature	PO#	Date