

DOC number: \_\_\_\_\_ Date: \_\_\_\_\_ Case manager: \_\_\_\_\_

## PERSONAL INFORMATION

\_\_\_\_\_  
Last name First Middle

\_\_\_\_\_  
True last name First Middle

\_\_\_\_\_  
Maiden last name First Middle

Last physical address before current arrest (if homeless/unknown, list the last jail you were housed at before transferring to Prison): \_\_\_\_\_

Language spoken:  English  Spanish  Other: \_\_\_\_\_

Interpreter needed?  No  Yes

## EMERGENCY CONTACT

List the contact information for people we may notify in case of emergency (e.g., illness, injury, death). One of these people should be your next of kin.

**Next of kin:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

**Additional person:**

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

## EDUCATION

Include high schools, vocational schools, and colleges attended

School	City/State	Begin Date	End Date	Highest Grade Completed

Did you graduate and earn a high school diploma?  No  Yes

If no, did you earn a General Educational Development (GED)/equivalent certificate?  No  Yes

Do you have any degrees or vocational certifications?  No  Yes

If yes, explain: \_\_\_\_\_

Have you had a history of learning difficulties or attended special education classes?  No  Yes

If yes, explain: \_\_\_\_\_

## EMPLOYMENT

Were you employed at the time of arrest?  No  Yes

Most recent employer: \_\_\_\_\_

Job title and duties: \_\_\_\_\_

Length employed: \_\_\_\_\_

Reason for leaving: \_\_\_\_\_

Have you ever been fired from a job?  No  Yes

If yes, explain: \_\_\_\_\_

What was the best job you have ever had and what did you like most about it?

**MILITARY**

Have you ever served in the military?  No  Yes How long? \_\_\_\_\_

If yes, specify:  Army  Navy  Marines  Air Force  Coast Guard  Other: \_\_\_\_\_

Did you receive an honorable discharge?  No  Yes

Do you have your DD 214 Certificate of Release or Discharge from Active Duty/NGB 22 or other qualifying document?  No  Yes

**RELEASE ADDRESS**

Primary release address: \_\_\_\_\_

Others living in residence:

Name	Relationship	Adult	Minor
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>

Sponsor name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Phone: \_\_\_\_\_

If you do not have any release plan resources, will you be:

- Homeless
- Transient (i.e., living with family/friends on a temporary basis)
- Developing a reentry plan through a Reentry Center

County of residence at the time of conviction: \_\_\_\_\_

**INTERESTS/HOBBIES**

What do you do in your spare time? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL/DRUG USE**

Do you believe you currently have a problem with alcohol/drugs?  No  Yes

What age did you begin drinking or using drugs? \_\_\_\_\_

What is your drug/drink of choice? \_\_\_\_\_

Have you received treatment/counseling for your alcohol/drug use?  No  Yes

Where? \_\_\_\_\_

When? \_\_\_\_\_

Do you think you need treatment/counseling now?  No  Yes

Did you consume alcohol before/during the current offense?  No  Yes

If yes, explain: \_\_\_\_\_

Were drugs involved in the current offense?  No  Yes

If yes, explain: \_\_\_\_\_

**COMMENTS**

Anything else you would like your case manager to know? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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