

BEXAR COUNTY
PRETRIAL SERVICES OFFICE
207 N. Comal, #200
San Antonio, Texas 78207
(210) 335-8964 / Fax: (210) 335-8981



Complete Data Sheet Verified by: _____
Information verified:
___DL ___Bill: ___Check Stub
Other: _____

Norma Greenfield-Laborde, Ph.D
Pretrial Operations Chief

ALCOHOL MONITORING SECTION
PERSONAL DATA INFORMATION SHEET

PLEASE PRINT

Name: _____ **SID:** _____

Your address where you currently physically reside: Address: _____

Apt# _____ City _____ State _____ Zip _____

Is this your primary residence, if not whose is it? _____

Please list all individuals residing in household who own vehicles.

1. Name: _____ License Plate # _____ 4. Name: _____ License Plate # _____

2. Name: _____ License Plate # _____ 5. Name: _____ License Plate # _____

3. Name: _____ License Plate # _____ 6. Name: _____ License Plate # _____

Where do you currently receive your mail? _____

Where can we find you regarding your court appearance? _____

Contact Information

Cell Phone: _____ Home Phone: _____ Alternate Phone: _____

Cell Phone Provider: Cricket/Pocket AT&T Sprint T-Mobile Other: _____

Can you receive text messages: Yes No

Email Address: _____

References

Name: _____

Name: _____

Relation: _____

Relation: _____

Phone: _____

Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Employment Information

Are you currently employed? Yes _____ or No _____ If No, Last date of employment: _____

Are you disabled? Yes _____ or No _____ Are you receiving benefits? Yes _____ or No _____

Name of Employer: _____ Officer Verified: _____

Position: _____ Hire Date: _____

Address: _____ State: _____ Zip: _____ Work Phone: _____

Supervisor's Name: _____ Phone: _____

Position _____

Are you employed Full time Part- Time Temporary: Job ends _____

Work Schedule	Mon	Tues	Wed	Thurs	Fri	Sat	Sun
From:							
To:							

Comments: _____ Days Off: _____

Other Information

State ID Number or Driver's License Number: _____

What is your primary vehicle: _____ License Plate No. _____

Do you have any dogs or other animals at your residence? _____

Do you own a firearm? _____ If so, describe: _____

Do you have any other type of weapon? _____ If so, describe _____

Have you ever sought treatment for alcoholism? Yes _____ No _____ If yes, when? _____

Have you ever taken Antabuse? Yes _____ No _____ If Yes, when? _____

Would you like to receive help for Mental Health services? Yes _____ No _____

Signature

Date