

Data Sheet Verified by: _____ Date _____
Docs/Items Verified: _____ DL _____ Proof of Address _____ Other _____

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



Mike Lozito
Judicial Services Manager

Do not leave any blanks without an explanation – Initial All Pages

****USE BACK IF MORE SPACE IS NEEDED****

Name: _____ SID: _____ DOB: _____ ID/DL: _____

Current Physical Address: _____ Apt# _____ City/Zip: _____

Mailing Address: _____ Apt# _____ City/Zip: _____

Home Phone: (____) _____ E-Mail Address: _____

Cell Phone: (____) _____

Provider: At&t Cricket Sprint Verizon T-Mobile Other _____

Can You Receive Text Messages on this Phone: Yes No

Best way to reach you: Text Email Phone Other _____

=====

List all individuals residing in the household and their relationship to you.

Name	Relationship	Name	Relationship
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

REFERENCES
(People that can contact you)

Name: _____

Name: _____

Phone: _____

Phone: _____

Alternate Phone: _____

Alternate Phone: _____

Relation to You: _____

Relation to You: _____

Name: _____

Phone: _____

Relation to You: _____

Alternate Phone: _____

INITIALS _____

EMPLOYMENT

Employer: _____ Position/Occupation: _____

Address: _____ City/State _____ Phone: _____

Supervisor: _____ Phone: _____

Currently employed: Yes No Work schedule: _____

Does your job require you to travel? Yes No
Do you travel (check all that apply) in Bexar County Inside Texas Out of State Out of the Country
If you have to travel (business or pleasure), speak to your attorney about a travel permit.

If not presently employed, are you disabled? Yes No Last date of previous employment? _____

Active military: Yes No Branch: _____ Veteran: Yes No Retired Military: Yes No

=====

COMPLAINANT INFORMATION

(Person(s) alleged as the victim(s) in the case)

Name: _____ Adult Minor Approximate Age _____

Relationship to you: _____

Complainant's last known address: _____ City: _____ State: _____

Last known phone(s): _____ Do you live near the complainant? Yes No

Last contact with Complainant: _____ Did it result in this charge? Yes No

Possible reason you would have contact with this person: _____

Is there an Emergency Protective Order in effect? Yes No
Is the complainant aware of your charges and the conditions of your bond? Yes No

Do you have biological or adopted children with the complainant? Yes No
If yes, list all children:

1. Name: _____ Age: _____

Who does the child live with? _____

2. Name: _____ Age: _____

Who does the child live with? _____

3. Name: _____ Age: _____

Who does the child live with? _____

INITIALS _____

