

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

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## 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 and their relationship to you.

- |                |                    |                |                    |
|----------------|--------------------|----------------|--------------------|
| 1. Name: _____ | relationship _____ | 4. Name: _____ | relationship _____ |
| 2. Name: _____ | relationship _____ | 5. Name: _____ | relationship _____ |
| 3. Name: _____ | relationship _____ | 6. Name: _____ | relationship _____ |

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: \_\_\_\_\_

## Educational Information

Did you complete: High School Yes No GED Yes No College Yes No

Educational Level: \_\_\_\_\_ Degree Achieved: \_\_\_\_\_

Are you attending any school? Yes No

(If Yes) School Name: \_\_\_\_\_ School Phone: \_\_\_\_\_

## Medical Information

Do you have medical insurance: Yes No

Medical Insurance: \_\_\_\_\_ Insurance ID#: \_\_\_\_\_ Sequence #: \_\_\_\_\_

Secondary Insurance: \_\_\_\_\_

## Other Information

State ID Number or Drivers 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 \_\_\_\_\_

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date