YUMA COUNTY SHERIFF

Sheriff Todd Combs

INTAKE FORM

PLEASE READ AND ANSWER THE FOLLOWING PRINT NEATLY. THANK YOU!

Name: _____
Last, First Middle

Date of Birth: _____ Age: _____ Male: _____ or Female: _____

Home Phone: ( ) _____ Cell Phone: ( ) _____

Home Address: _____
Number and Street Apt # City/State Zip

Mailing Address: _____
Number and Street Apt # City/State Zip

Emergency Contact (required) _____
Name Relationship Phone #

Work Phone: ( ) _____ Where do you work? _____

What days/hours do you work? _____

Do you have a valid Driver's License? YES _____ NO _____ If not, when will it be reinstated? _____

Have you done Community Service before? YES ____ NO _____ If yes, when & where? _____

Are you on Probation? YES ____ NO ____ If yes who is your Probation Officer? _____

What day(s) & time(s) can you perform community service? _____

Do you have an agency or type of community service in mind? _____ If yes, where? _____

Do you have Medial Conditions/Restrictions or use medications that affect your ability to works? YES _____ NO _____

If yes, Explain _____
(You will be asked to provide medical documentation that describes your restrictions.)

Do you have any allergies YES _____ NO _____ If yes, explain _____

List <u>All</u>, prior criminal convictions and/or juvenile adjudications- When & Where (Use the back of this form if necessary)

_____

Have you ever been convicted of a sex offense? YES ____ NO _____ If yes, when & where? _____

I VERIFY THAT ALL THE INFORMATION PROVIDED ABOVE IS TRUE AND ACCURATE.

_____ _____
Your e-mail address (optional) Client Signature: Date:

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