



PROBATION DEPARTMENT

3501 Civic Center Drive • Room 265 • San Rafael, CA 94903-4189 415-499-6599 • Fax 415-499-3787

Michael D. Daly
Chief Probation Officer

Mariano Zamudio
Chief Deputy Probation Officer

Please complete the following form prior to your meeting with the Probation Officer

1. Child's date of birth and place of birth: _____
2. Child's cell number and email: _____
3. Who has legal & physical custody of your child: _____
4. School and grade your child attends: _____
5. Does your child have an IEP/Special Education: Yes No
6. Reason for Special Education: _____
7. Has your child been suspended or expelled from school? Yes No

Reason(s): _____

8. Is your child under medical treatment: Yes No

Reason: _____ Medication: _____

Has your child been diagnosed with ADHD and is he/she taking any medications? Yes No

9. Do you have medical insurance: Yes No Type: _____

10. Child's doctor: _____ Telephone No.: _____

11. Date of last physical exam: _____

12. Dentist: _____ Telephone No.: _____

13. Are immunizations current: Yes No

14. Father's name: _____ Telephone No.: _____

Address: _____ Email: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____ Cell phone: _____

Employer: _____ Occupation: _____

Years at employment: _____

15. Mother's name: _____ Telephone No: _____

Address: _____ Email: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____ Cell phone: _____

Employer: _____ Occupation: _____

Years at employment: _____

16. Step-parent: _____ Telephone No: _____

Address: _____ Email: _____

Date of birth: _____ Place of birth: _____

Social Security number: _____ Cell phone: _____

Employer: _____ Occupation: _____

Years at employment: _____

PEOPLE LIVING IN THE HOME (INCLUDING SIBLINGS):

NAME	DOB	RELATIONSHIP	CRIMINAL RECORD?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

17. Is the minor a member or eligible for membership on a federal recognized Indian tribe?

Yes No Possible Indian Ancestry: Yes No

Name of tribe(s): _____

18. Please list family's/child's strengths: _____

19. Please list family's/child's needs or concerns: _____

FAMILY MEMBERS OR EMERGENCY CONTACTS ABLE AND WILLING TO ASSIST WITH MINOR:

NAME	RELATIONSHIP	ADDRESS	PHONE

What is your income?

\$1 – \$50,000 \$50,000 – \$75,000 \$75,000 – \$100,000 \$100,000 – \$200,000

Home environment: Dog : _____ Firearms: _____

History of CPS involvement?: Yes No