

**SMITH COUNTY COMMUNITY CSCD  
PERSONAL DATA FORM**

PID # \_\_\_\_\_ UA# \_\_\_\_\_

Name: \_\_\_\_\_  
 Last (Apellido) First (Primer Nombre) Middle (Segundo) Suffix (Sufrjo)

**MAILING ADDRESS (Direccion de Correo)**

Address: \_\_\_\_\_  
 Street (Calle) City (Culdad) County (Condado) State (Estado) Zip Code (Codigo)

Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_ Email: \_\_\_\_\_  
 A/C Number (Numero de Telefono) A/C Number (Numero de Celular)

**PHYSICAL ADDRESS (Direccion Fisica)**

Address \_\_\_\_\_ County \_\_\_\_\_  
 (Domicilio) (Condado)  
 City (Culdad) State (Estado) Zip (Codigo)

**REFERENCES—three persons who will always know how to contact you and who do not live with you.**  
 (Lista informacion acerca de tres referencias que no viven con Ud. y quien conoce su paradero en todo momentos)

- 1) Name \_\_\_\_\_ Relationship (Relacion) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_
- 2) Name \_\_\_\_\_ Relationship (Relacion) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_
- 3) Name \_\_\_\_\_ Relationship (Relacion) \_\_\_\_\_  
 Address \_\_\_\_\_  
 Phone (\_\_\_\_) \_\_\_\_\_

**EMPLOYMENT**

**Employment Status (Estado de Empleo):** *Unemployed (Desempleado) Full-time (Tiempo Completo) Part-time (Tiempo Medio)*

*Retired / Disabled / Student / Homemaker (Retirado / Discapacitado / Estudiante / Ama de Casa)*

Employer \_\_\_\_\_ Is employer aware of your probation? Y N  
 (Empleador) (Su trabajo sabe que Ud. esta en Probacion?)

Address \_\_\_\_\_ Type of work \_\_\_\_\_  
 (Direccion Fisica) (Tipo de Trabajo)

City (Culdad) State (Estado) Zip (Codigo) Phone \_\_\_\_\_  
 A/C Number (Numero de Telefono)

Hourly wage \_\_\_\_\_ Position \_\_\_\_\_ Supervisors Name \_\_\_\_\_  
 (Salario por Hora) (Ocupacion) (Nombre de su Supervisor)

Date of Birth: \_\_\_\_\_ Sex: *Male or Female*  
 (Fecha de Nacimiento) (Sexo)

Hair \_\_\_\_\_ Eyes \_\_\_\_\_ Height \_\_\_\_\_ Ft \_\_\_\_\_ In \_\_\_\_\_ Weight \_\_\_\_\_  
 (Cabello) (Color de Ojos) (Estatura) (Peso)

Race: *AF -- African American AS -- Asian or Pacific Islander C -- Caucasian NA -- Native American or Alaskan Native O -- Other*  
 (Raza)

Ethnicity: *Hispanic or Non-Hispanic* Citizenship: \_\_\_\_\_ Place of Birth: \_\_\_\_\_  
(Ciudadania) (Lugar de Nacimiento)

Diploma/Degree: *HS / GED Associates Bachelors Masters Doctoral None* Highest Grade Completed: \_\_\_\_\_  
(Diploma/Bachillarto) (Grado Mas Alto)

Marital Status: *Single (Soltero/a) Married (Casado/a) Separated (Separado/a) Divorced (Divorciado/a) Widower (Viudo/a)*  
(Estado Civil)

Number of Dependents: \_\_\_\_\_ Language: *English / Spanish / Other*  
(Numero de Dependientes) (Lenguaje)

Social Security# \_\_\_\_\_ DL # \_\_\_\_\_ DL State \_\_\_\_\_ DL Expires: \_\_\_\_\_  
(Numero de Seguro Social) (Numero de Licencia) (Estado de Licencia) (Fecha de Expiracion)

**AUTOMOBILES (Automoviles)**

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Body type \_\_\_\_\_ Lic. No. \_\_\_\_\_  
ST NO.

Year \_\_\_\_\_ Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Body type \_\_\_\_\_ Lic. No. \_\_\_\_\_  
ST NO.

**MILITARY (Servicio Militar)**

From \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ to \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ Branch \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Scars, Marks, and Tattoos: \_\_\_\_\_  
(cicatrices, marcas, tatuajes)

**FAMILY**

| <u>Family Members (Nombres de Familiares):</u> | <u>Address</u> | <u>Phone Number</u> |
|--|----------------|---------------------|
| Spouse / Esposo/a _____                        | _____          | (____) _____        |
| Father / Padre _____                           | _____          | (____) _____        |
| Mother / Madre _____                           | _____          | (____) _____        |
| Sibling / Hermano/a _____                      | _____          | (____) _____        |
| Sibling / Hermano/a _____                      | _____          | (____) _____        |
| Sibling / Hermano/a _____                      | _____          | (____) _____        |

Children's Names (Nombres de Hijos):

Name/Nombre \_\_\_\_\_ Age/Edad \_\_\_\_\_  
Address/Domicilio: \_\_\_\_\_ Phone \_\_\_\_\_

Name/Nombre \_\_\_\_\_ Age/Edad \_\_\_\_\_  
Address/Domicilio: \_\_\_\_\_ Phone \_\_\_\_\_

Name/Nombre \_\_\_\_\_ Age/Edad \_\_\_\_\_  
Address/Domicilio: \_\_\_\_\_ Phone \_\_\_\_\_

Probation/Parole: *Yes or No* Officer's Name: \_\_\_\_\_ Phone# \_\_\_\_\_  
(Libertad Condicional) (Nombre de Oficial) (Numero de Telefono)

Date \_\_\_\_\_ 20 \_\_\_\_\_ Defendant's Signature \_\_\_\_\_

Date \_\_\_\_\_ 20 \_\_\_\_\_ Officer's Signature \_\_\_\_\_