

TODAY'S DATE: _____
TIME: _____

BELKNAP COUNTY DEPARTMENT OF CORRECTIONS PRETRIAL SERVICES REPORT FORM

YOUR NAME: _____ DOB: _____

STREET ADDRESS: _____ APT / UNIT # _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

WHO ELSE LIVES IN THE HOME? _____

DO YOU HAVE A DRIVERS LICENSE? YES NO LICENSE NUMBER: _____ STATE: _____

PHONE: (____) _____ - _____
Area Code Phone Number

CELL: (____) _____ - _____
Area Code Phone Number

Contact EMAIL: _____

NAME OF EMPLOYER: _____ PHONE: (____) _____ - _____
Area Code Phone Number

STREET ADDRESS: _____

CITY/TOWN: _____ STATE: _____ ZIP CODE: _____

WORK SCHEDULE: _____ TAKE HOME PAY: _____
(Days and Time Worked)

HAVE YOU BEEN STOPPED OR ARRESTED BY THE POLICE FOR **ANY** REASON? YES ☐ NO ☐

HAVE YOU USED **ANY ILLEGAL DRUGS OR USED ALCHOL** SINCE YOUR LAST OFFICE VISIT? YES ☐ NO ☐
(If "YES" to either question above, explain on the back of this sheet.)

DO YOU HAVE ANY PENDING CHARGES IN OTHER COUNTIES? YES ☐ NO ☐

IF "YES" EXPLAIN: _____

DO YOU KNOW YOUR NEXT COURT DATE? YES ☐ NO ☐ IF "YES," WHEN IS IT? _____

NAME OF ATTORNEY? _____

List all our Prescription Medications: (including Suboxone, Vivitrol, Methadone, etc.as prescribed):

→ _____

YOUR SIGNATURE: _____ PRETRIAL OFFICER: _____