

Third Judicial District - Department of Correctional Services

Biographical Data Form

Date \_\_\_\_\_

Full legal name \_\_\_\_\_

Maiden name \_\_\_\_\_ Other names used \_\_\_\_\_

Social security number \_\_\_\_\_ Date of birth \_\_\_\_\_ Place of birth \_\_\_\_\_

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Race \_\_\_\_\_

Illegal alien? Yes\_\_ No\_\_ Resident Alien? Yes\_\_ No\_\_ Date you entered the US \_\_\_\_\_

Immigration number: \_\_\_\_\_

CRIMINAL HISTORY

Current offense(s) \_\_\_\_\_

Co-defendants \_\_\_\_\_

Date of arrest \_\_\_\_\_ Date of release \_\_\_\_\_ Who posted your bond? \_\_\_\_\_

Were you on probation at the time of this arrest? Yes\_\_ No\_\_

If so, who is your supervising officer? \_\_\_\_\_

Describe your relationship with your probation/parole officer \_\_\_\_\_

**Juvenile**

List all crimes you were charged with as a juvenile (under age 18) \_\_\_\_\_

What county/state? \_\_\_\_\_

Were you placed on juvenile probation? Yes\_\_ No\_\_

Were you placed in a group home or correctional facility? Yes\_\_ No\_\_

If yes, name and location? \_\_\_\_\_

**Adult**

Have you ever been arrested OUTSIDE the state of Iowa? Yes\_\_ No\_\_

List ALL ARRESTS (in and out of Iowa) below:

Date	Charge	State/County	Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been sentenced to jail, prison or residential facility? Yes\_\_ No\_\_

When and where? \_\_\_\_\_

Have you ever escaped or attempted to escape from a youth or adult correctional/residential facility? Yes\_\_ No\_\_

If yes, where? \_\_\_\_\_

Have you been written up or punished for misconduct in a prison or correctional/residential facility? Yes\_\_ No\_\_

If yes, what infraction(s)? \_\_\_\_\_

How many times? \_\_\_\_\_

Have you violated probation/parole or been found in Contempt of Court? Yes\_\_ No\_\_

If so, what were the violations? \_\_\_\_\_

### EMPLOYMENT

If not employed, which of the following applies?

Unemployed\_\_ Disabled\_\_ Retired\_\_ Laid off\_\_ Start date of this status \_\_\_\_\_

**Current** employer name and address \_\_\_\_\_

Start date \_\_\_\_\_ Occupation \_\_\_\_\_ Rate of pay \_\_\_\_\_

How many hours a week do you work? \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

How well do you like your job? \_\_\_\_\_

How do people treat you at your job? \_\_\_\_\_

Do you respect your supervisor? Yes \_\_ No \_\_

How does your supervisor feel about your charges? \_\_\_\_\_

**Previous** employer name and address \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Occupation \_\_\_\_\_ Rate of pay \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_

**Previous** employer name and address \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Occupation \_\_\_\_\_ Rate of pay \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_

Have you ever been fired? If so, why? \_\_\_\_\_

Have you ever quit without giving notice or lost a job due to incarceration? Yes\_\_ No\_\_

Have you ever reported for work high, drunk or hung over (circle all that apply)? Yes\_\_ No\_\_

What problems have you have had with co-workers? \_\_\_\_\_

What problems have you had with supervisors? \_\_\_\_\_

How do you feel when someone tells you to do something? \_\_\_\_\_

When, if ever, do you think it's okay to NOT follow the rules at work? \_\_\_\_\_

What are your career goals and what steps have you taken to achieve these goals? \_\_\_\_\_

### MILITARY

Branch of service \_\_\_\_\_ Start date \_\_\_\_\_ End date \_\_\_\_\_

Highest rank \_\_\_\_\_ Occupation in military \_\_\_\_\_ Primary Duty Station \_\_\_\_\_ Type

of discharge: \_\_\_\_\_ Are you eligible for VA benefits? Yes \_\_ No \_\_

### EDUCATION

Level of education: GED\_\_ High school diploma\_\_ College degree\_\_ Vocational training\_\_

If GED, issued by \_\_\_\_\_ State/County \_\_\_\_\_ When \_\_\_\_\_

Last high school attended \_\_\_\_\_ Location \_\_\_\_\_

Did you graduate? Yes\_\_ No\_\_ If so, what year? \_\_\_\_\_

If not, what is the highest grade level completed? \_\_\_\_\_ Reason for leaving \_\_\_\_\_

Were you ever suspended? Yes\_\_ No\_\_ Were you ever expelled? Yes\_\_ No\_\_

If so, why? \_\_\_\_\_

Have you ever been diagnosed with a learning disability? Yes\_\_ No\_\_

ADD\_\_\_ ADHD\_\_\_ Dyslexia\_\_\_ Other\_\_\_\_\_

Age of diagnosis:\_\_\_\_\_ Medications taken:\_\_\_\_\_

Were you placed in special education, behavior disorder or resource classes? Yes\_\_\_ No\_\_\_

If yes, specify\_\_\_\_\_

Do you have difficulty reading or writing English? Yes\_\_\_ No\_\_\_

Schooling after high school/GED \_\_\_\_\_

What are your educational goals and what steps have you taken to achieve these goals?\_\_\_\_\_

**FINANCIAL**

Including all sources, what was your total income for last year?\_\_\_\_\_

Was any of this income a result of illegal activities (i.e. theft, selling drugs, etc.)? Yes\_\_\_ No\_\_\_

Do you have an active savings and/or checking account? Yes\_\_\_ No\_\_\_

Do you pay your bills on time? Yes\_\_\_ No\_\_\_

Do you worry about having enough money to meet your needs? Yes\_\_\_ No\_\_\_

Have you ever declared bankruptcy or been advised to do so? Yes\_\_\_ No\_\_\_

Have your wages ever been garnished? Yes\_\_\_ No\_\_\_

Why?\_\_\_\_\_

Have you or anyone in your household received financial assistance in the last year? Yes\_\_\_ No\_\_\_

\*If yes, circle those that apply: Food Stamps, FIP, WIC, Medical Benefits, Disability, Housing Assistance, Unemployment

Are you ordered to pay child support? Yes\_\_\_ No\_\_\_

If yes, how much per month?\_\_\_\_\_ What state?\_\_\_\_\_ Amount behind?\_\_\_\_\_

How often do you gamble?\_\_\_\_\_

Has gambling ever been a problem for you? Yes\_\_\_ No\_\_\_

If yes, explain?\_\_\_\_\_

**Debt Information**

List your debts and amount owed for each (exclude court fees/fines) \_\_\_\_\_

**Asset Information**

List each of your assets and their worth \_\_\_\_\_

**FAMILY**

**FATHER** Biological\_\_\_ Adoptive\_\_\_ Living\_\_\_ Deceased\_\_\_

Name\_\_\_\_\_ Date of birth\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

Employment\_\_\_\_\_

Does he have a history of alcohol or drug abuse? Yes\_\_\_ No\_\_\_

Does he have a criminal history? Yes\_\_\_ No\_\_\_

How often do you have contact?\_\_\_\_\_

Describe your relationship\_\_\_\_\_

**STEPFATHER** Living\_\_\_ Deceased\_\_\_

Name\_\_\_\_\_ Date of birth\_\_\_\_\_

Address\_\_\_\_\_ Phone\_\_\_\_\_

Employment\_\_\_\_\_

Does he have a history of alcohol or drug abuse? Yes\_\_ No\_\_  
Does he have a criminal history? Yes\_\_ No\_\_  
How often do you have contact? \_\_\_\_\_  
Describe your relationship \_\_\_\_\_

**MOTHER** Biological \_\_\_\_ Adoptive \_\_\_\_ Living\_\_ Deceased\_\_  
Name \_\_\_\_\_ Maiden Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Employment \_\_\_\_\_  
Does she have a history of alcohol or drug abuse? Yes\_\_ No\_\_  
Does she have a criminal history? Yes\_\_ No\_\_  
How often do you have contact? \_\_\_\_\_  
Describe your relationship \_\_\_\_\_

**STEPMOTHER** Living\_\_ Deceased\_\_  
Name \_\_\_\_\_ Date of birth \_\_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Employment \_\_\_\_\_  
Does she have a history of alcohol or drug abuse? Yes\_\_ No\_\_  
Does she have a criminal history? Yes\_\_ No\_\_  
How often do you have contact? \_\_\_\_\_  
Describe your relationship \_\_\_\_\_

If your parents divorced, how old were you at the time? \_\_\_\_\_

**BROTHERS AND SISTERS**

**Name** \_\_\_\_\_ **Date of birth** \_\_\_\_\_ **Full** \_\_\_\_ **Half** \_\_\_\_ **Step** \_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Employment \_\_\_\_\_  
Does he/she have a history of alcohol or drug abuse? Yes\_\_ No\_\_  
Does he/she have a criminal history? Yes\_\_ No\_\_  
How often do you have contact? \_\_\_\_\_  
Describe your relationship \_\_\_\_\_

**Name** \_\_\_\_\_ **Date of birth** \_\_\_\_\_ **Full** \_\_\_\_ **Half** \_\_\_\_ **Step** \_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Employment \_\_\_\_\_  
Does he/she have a history of alcohol or drug abuse? Yes\_\_ No\_\_  
Does he/she have a criminal history? Yes\_\_ No\_\_  
How often do you have contact? \_\_\_\_\_  
Describe your relationship \_\_\_\_\_

**Name** \_\_\_\_\_ **Date of birth** \_\_\_\_\_ **Full** \_\_\_\_ **Half** \_\_\_\_ **Step** \_\_\_\_  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Employment \_\_\_\_\_  
Does he/she have a history of alcohol or drug abuse? Yes\_\_ No\_\_  
Does he/she have a criminal history? Yes\_\_ No\_\_

How often do you have contact? \_\_\_\_\_

Describe your relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_ Full \_\_\_\_\_ Half \_\_\_\_\_ Step \_\_\_\_\_

Address \_\_\_\_\_ Phone \_\_\_\_\_

Employment \_\_\_\_\_

Does he/she have a history of alcohol or drug abuse? Yes\_\_ No\_\_

Does he/she have a criminal history? Yes\_\_ No\_\_

How often do you have contact? \_\_\_\_\_

Describe your relationship \_\_\_\_\_

Provide a brief overview of your childhood (living conditions, discipline, family life) \_\_\_\_\_

Did you have adequate food, clothing and shelter? Yes\_\_ No\_\_

If not, explain \_\_\_\_\_

Were you ever physically, emotionally, verbally or sexually abused as a child? Yes\_\_ No\_\_

If yes, explain \_\_\_\_\_

Does any of your extended family have a criminal record? Yes\_\_ No\_\_

Who makes up your family support system and how do they assist you? \_\_\_\_\_

Do you take advice from your family? Yes\_\_ No\_\_

What things would prevent you from following their advice? \_\_\_\_\_

In what ways has your relationship with family members changed due to your legal trouble? \_\_\_\_\_

What does your family say to you about your legal trouble? \_\_\_\_\_

**MARITAL**

Type of current relationship (circle): Married Common Law Long Term Dating None

Length of current relationship? \_\_\_\_\_ Date of marriage \_\_\_\_\_

Your current partner's name (spouse or significant other) \_\_\_\_\_

Address \_\_\_\_\_ Phone number \_\_\_\_\_

Date of birth \_\_\_\_\_ Spouse's maiden name \_\_\_\_\_

Employer \_\_\_\_\_ Occupation \_\_\_\_\_

Was your partner involved in this crime? Yes\_\_ No\_\_

Does your partner have a criminal record? Yes\_\_ No\_\_

Does your partner use drugs or alcohol? Yes\_\_ No\_\_

Do you feel you are in a good relationship? Yes\_\_ No\_\_

Does your partner put you down or make unreasonable demands on you? Yes\_\_ No\_\_

How has your legal trouble affected your relationship? \_\_\_\_\_

What would make your relationship better? \_\_\_\_\_

What do you and your partner argue about most? How do you usually react? How do you work it out? \_\_\_\_\_

Have fights with your partner ever gotten physical? Yes\_\_ No\_\_

Have you ever been physically, verbally, emotionally or sexually abused by a partner? Yes\_\_ No\_\_

If yes, explain \_\_\_\_\_

**Prior relationship:**      Marriage              Common Law              Long Term              Dating  
Name of partner \_\_\_\_\_ Length of relationship \_\_\_\_\_  
When did the relationship end and why? \_\_\_\_\_  
Were there domestic incidents?      Yes\_\_ No\_\_

**Prior relationship:**      Marriage              Common Law              Long Term              Dating  
Name of partner \_\_\_\_\_ Length of relationship \_\_\_\_\_  
When did the relationship end and why? \_\_\_\_\_  
Were there domestic incidents?      Yes\_\_ No\_\_

**Children**

**Name** \_\_\_\_\_ Date of birth \_\_\_\_\_ Male      Female  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Other parent \_\_\_\_\_ Who does your child live with? \_\_\_\_\_  
Describe your relationship and level of contact \_\_\_\_\_

**Name** \_\_\_\_\_ Date of birth \_\_\_\_\_ Male      Female  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Other parent \_\_\_\_\_ Who does your child live with? \_\_\_\_\_  
Describe your relationship and level of contact \_\_\_\_\_

**Name** \_\_\_\_\_ Date of birth \_\_\_\_\_ Male      Female  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Other parent \_\_\_\_\_ Who does your child live with? \_\_\_\_\_  
Describe your relationship and level of contact \_\_\_\_\_

**Name** \_\_\_\_\_ Date of birth \_\_\_\_\_ Male      Female  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Other parent \_\_\_\_\_ Who does your child live with? \_\_\_\_\_  
Describe your relationship and level of contact \_\_\_\_\_

**Name** \_\_\_\_\_ Date of birth \_\_\_\_\_ Male      Female  
Address \_\_\_\_\_ Phone \_\_\_\_\_  
Other parent \_\_\_\_\_ Who does your child live with? \_\_\_\_\_  
Describe your relationship and level of contact \_\_\_\_\_

Do you have custody issues or problems getting access to any of your children?      Yes\_\_ No\_\_  
Do you feel overwhelmed with parenting duties?      Yes\_\_ No\_\_  
How do you discipline your children? \_\_\_\_\_

Have any of your children been involved in criminal activity?      Yes\_\_ No\_\_  
Do any of your children use drugs or alcohol?      Yes\_\_ No\_\_

**RESIDENTIAL HISTORY**

Current address (or address at the time of your arrest if you are in jail)

Start date \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Do you plan to live at this address following sentencing? Yes\_\_ No\_\_

If not, where will you live? \_\_\_\_\_

Describe the neighborhood (i.e. high police presence, criminal activity, gang activity) \_\_\_\_\_

Do you feel safe at this home? Yes\_\_ No\_\_ How long do you see yourself living here? \_\_\_\_\_

Is anyone living at this address using drugs or alcohol? Yes\_\_ No\_\_

Is anyone living at this address on probation/parole? Yes\_\_ No\_\_

**Previous** address \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Lived with? \_\_\_\_\_

**Previous** address \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_ Lived with? \_\_\_\_\_

Other states of residency \_\_\_\_\_

**LEISURE/RECREATION**

What community organizations have you participated in over the last year? \_\_\_\_\_

What things do you do in a typical day? \_\_\_\_\_

How have your activities changed since your arrest? \_\_\_\_\_

How important to you are community supports such as food banks, spiritual communities, sports programs, etc.? \_\_\_\_\_

How do you contribute to the community? \_\_\_\_\_

**COMPANIONS**

Describe the people you were associating with prior to your arrest \_\_\_\_\_

How many of them have been involved in criminal activity in the last year? \_\_\_\_\_

Have your peer relationships changed since your arrest? If so, how? \_\_\_\_\_

How much time do you spend with peers and how are they important to you? \_\_\_\_\_

How do others look up to you? \_\_\_\_\_

How are your peers available to you if things start to go wrong in your life? \_\_\_\_\_

How would you respond if a friend told you that you let him/her down? \_\_\_\_\_

Do you consider yourself a loner? Yes\_\_ No\_\_

Do you find it difficult confiding in others? Yes\_\_ No\_\_

Have you ever been affiliated with or a member of a gang? Yes\_\_ No\_\_

If so, which one and for how long? \_\_\_\_\_

**ALCOHOL/DRUGS**

Age of first use \_\_\_\_\_ Date of last use \_\_\_\_\_

In the last year, how many times a week did you drink alcohol? \_\_\_\_\_

How many drinks did you consume each time? \_\_\_\_\_

Have you experienced any of the following as a result of your alcohol use in the past year (circle all that apply)?

Withdrawal, tremors, blackouts, use to avoid hangover

Do you feel you currently have an alcohol problem? Yes \_\_\_ No \_\_\_

Do you feel you have had an alcohol problem in the past? Yes \_\_\_ No \_\_\_

**List all drugs, including synthetics or inhalants, that you have used in your lifetime (including those used only once). Also include any prescription drugs you have abused or used without prescription.**

1) \_\_\_\_\_ Age at first use \_\_\_\_\_ Date of last use \_\_\_\_\_  
Age at heaviest usage? \_\_\_\_\_ How often were you using? \_\_\_\_\_  
Pattern of use in the past year (daily, 3x a week, etc.) \_\_\_\_\_  
Methods of use \_\_\_\_\_

2) \_\_\_\_\_ Age at first use \_\_\_\_\_ Date of last use \_\_\_\_\_  
Age at heaviest usage? \_\_\_\_\_ How often were you using? \_\_\_\_\_  
Pattern of use in the past year (daily, 3x a week, etc.) \_\_\_\_\_  
Methods of use \_\_\_\_\_

3) \_\_\_\_\_ Age at first use \_\_\_\_\_ Date of last use \_\_\_\_\_  
Age at heaviest usage? \_\_\_\_\_ How often were you using? \_\_\_\_\_  
Pattern of use in the past year (daily, 3x a week, etc.) \_\_\_\_\_  
Methods of use \_\_\_\_\_

4) \_\_\_\_\_ Age at first use \_\_\_\_\_ Date of last use \_\_\_\_\_  
Age at heaviest usage? \_\_\_\_\_ How often were you using? \_\_\_\_\_  
Pattern of use in the past year (daily, 3x a week, etc.) \_\_\_\_\_  
Methods of use \_\_\_\_\_

5) \_\_\_\_\_ Age at first use \_\_\_\_\_ Date of last use \_\_\_\_\_  
Age at heaviest usage? \_\_\_\_\_ How often were you using? \_\_\_\_\_  
Pattern of use in the past year (daily, 3x a week, etc.) \_\_\_\_\_  
Methods of use \_\_\_\_\_

Were you under the influence of alcohol/drugs at the time these charges occurred? Yes \_\_\_ No \_\_\_

If yes, specify? \_\_\_\_\_

Do you have easy access to drugs/alcohol? Yes \_\_\_ No \_\_\_

What situations are hardest for you to control your cravings? \_\_\_\_\_

How are you dealing with staying away from drugs/alcohol? \_\_\_\_\_

Who or what influences you to stay clean/sober? \_\_\_\_\_

Have you had a substance abuse evaluation since this arrest? Yes \_\_\_ No \_\_\_

If yes, by whom? \_\_\_\_\_ Recommendation \_\_\_\_\_



**Treatment History**

Agency \_\_\_\_\_ When? \_\_\_\_\_  
Inpatient \_\_\_ Outpatient \_\_\_ Aftercare \_\_\_ Education \_\_\_ Did you complete treatment? Yes \_\_\_ No \_\_\_  
Agency \_\_\_\_\_ When? \_\_\_\_\_  
Inpatient \_\_\_ Outpatient \_\_\_ Aftercare \_\_\_ Education \_\_\_ Did you complete treatment? Yes \_\_\_ No \_\_\_  
Agency \_\_\_\_\_ When? \_\_\_\_\_  
Inpatient \_\_\_ Outpatient \_\_\_ Aftercare \_\_\_ Education \_\_\_ Did you complete treatment? Yes \_\_\_ No \_\_\_

**EMOTIONAL/PERSONAL**

Are you currently being treated for a mental health issue? Yes \_\_\_ No \_\_\_  
Diagnosis \_\_\_\_\_ Agency/Doctor \_\_\_\_\_  
Medications \_\_\_\_\_  
Date your current treatment started \_\_\_\_\_  
Have you had mental health treatment in the past? Yes \_\_\_ No \_\_\_  
Diagnosis \_\_\_\_\_  
Agencies \_\_\_\_\_  
Medications \_\_\_\_\_  
Have you ever been involved in counseling/therapy? If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
Have you suffered a traumatic experience in your life (i.e. abuse, natural disaster, war)? If yes, explain \_\_\_\_\_  
\_\_\_\_\_  
Have you ever had suicidal thoughts or attempted suicide? Explain: \_\_\_\_\_  
\_\_\_\_\_  
Do little things seem to set you off? Yes \_\_\_ No \_\_\_  
Do you think about getting revenge? Yes \_\_\_ No \_\_\_  
Do you find it difficult to trust others? Yes \_\_\_ No \_\_\_

List any physical health problems below:

Medical problem	Medication
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

**ORIENTATION**

How often do you think about what you do before acting? \_\_\_\_\_  
What are 2 short term and long term consequences of your involvement in crime? \_\_\_\_\_  
\_\_\_\_\_  
What is the major reason why you make the decisions you do? \_\_\_\_\_  
\_\_\_\_\_  
How has your criminal behavior benefitted you? \_\_\_\_\_  
How has your criminal behavior impacted others? \_\_\_\_\_  
Do you feel your conviction(s) is fair? Explain: \_\_\_\_\_  
\_\_\_\_\_  
What might help you make better decisions? \_\_\_\_\_  
How do you respond when you come across a high risk situation? \_\_\_\_\_





Lined area for text entry.

\_\_\_\_\_ My attorney advised me not to submit my version of the offense.

Signed \_\_\_\_\_

Dated \_\_\_\_\_