

GREENE COUNTY ADULT PROBATION DEPARTMENT
45 N. DETROIT STREET, ROOM 7, XENIA, OHIO 45385
PHONE (937) 562-5266 FAX (937) 562-5288

BOND RELEASE QUESTIONNAIRE

To: Persons Referred to the Adult Probation Department

Your case has been referred to the Adult Probation Department of Greene County for a bond investigation and/or request for pretrial supervision while your case is pending before the court.

Please be sure to fill out both sides of each page.

WHILE YOU WILL BE SUPERVISED BY AN OFFICER OF THE GREENE COUNTY ADULT PROBATION DEPARTMENT, YOU HAVE NOT BEEN SENTENCED TO PROBATION OR COMMUNITY CONTROL AT THIS TIME.

HAVE YOU BEEN FINGERPRINTED FOR THIS CASE:

Yes

No

If Yes:

What law enforcement agency fingerprinted you: _____

What date were you fingerprinted (approximately): _____

OFFENDER PHOTOGRAPH SLIP

Name: _____

Case No(s): _____

Date: _____

Photo Taken By: _____

Adult Probation Department
Greene County Common Pleas Court
45 North Detroit Street
Xenia, Ohio 45385

PERSONAL INFORMATION:

Full Name: _____
Last First Middle

Nicknames, Aliases, or Other Names Used: _____

Date of Birth: _____ Age: _____ S.S.N.: _____

Sex: _____ Race: _____ Height: _____ Weight: _____

Eyes: _____ Hair (Natural Color): _____

Place of Birth (including County): _____

Are you a US Citizen: Yes No (If no, give citizenship): _____

Gang Affiliation: _____

Identifying Marks: (Scars, Tattoos, Birthmarks, etc.) _____

Parents Name: _____

Parents Address: _____

CONTACT INFORMATION:

Mailing Address: _____

Home Phone: _____ Cell Phone: _____

Email Address: _____

HOME AND NEIGHBORHOOD DATA:

Present Address: _____

Do you have a stable residence: Yes – Lived at current residence for past six months
 No – Have not lived at the same address for past six months

How long have you lived at your present address: _____
Weeks Months Years

Do you own or rent this structure. What are your monthly payments: \$ _____

How many address changes have you had in the past 12 months? _____

Would you say that you live in a “high” crime area? Yes No

HOME AND NEIGHBORHOOD DATA:

List the name, age, and relationship of all the people you live with:

Name	Age	Relationship
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

MARITAL HISTORY DATA: (Present and previous marriages, including common law)

Are you currently: Single Married Divorced Separated Widowed

Your maiden name (*if female*): _____

Name of spouse: _____

Number of children: _____ Ages and Sexes: _____

Are the children in your custody: Yes No

If no, whose custody are they in: _____

Do you provide support: Yes No

If no, explain: _____

What percent of your close friends have been in trouble with the law? _____%

EMPLOYMENT DATA

Were you employed at the time of your arrest: Yes No

If yes, were you employed: Full-time Part-time

How many hours a week did you work? _____

Are you currently employed: Yes No

How many hours a week do you work? _____

Current Employer: _____

Address: _____

Business Phone: _____ Exact Job Title: _____

Who is your immediate supervisor: _____

Dates of Employment: From: _____ To: _____

EMPLOYMENT DATA

Salary or Earnings: Starting: \$ _____ Per _____

Final: \$ _____ Per _____

Is your employer aware of your present charges: Yes No

If no, give reason(s): _____

If you are not working, what is your present source of income:

- Welfare Unemployment Savings Social Security
 Spouse Family Other: _____

In your opinion, do you have a lot of free time? Yes No

If yes, what percent of your week is considered free time? _____%

MILITARY DATA

Branch of Service: _____

Duty Station: _____

Service Number: _____ Date of Entry: _____ Date of Discharge: _____

Highest Rank Held: _____ Rank at Separation: _____

Type of Discharge: _____

If not in the military, and are a male over the age of eighteen, have you registered with Selective Service:

Yes No (if no, please list details): _____

EDUCATIONAL DATA:

What is the highest level of education you have completed: High school graduate or higher
 Less than high school or GED

What is the highest grade you completed: _____

Reason for leaving school: _____

If you are currently attending school, name and location of school: _____

While attending school, were you ever suspended or expelled? Yes No

PRESENT HEALTH DATA

Physical:

How would you rate your present physical health: Excellent Good Fair Poor

Describe any physical problem(s) you have: _____

Have you been under a doctor's care within the last year: Yes No

If yes, list the name, address, and telephone number of your doctor(s): _____

List any physical handicap: _____

Are you currently taking any medications prescribed by a doctor: Yes No

If yes, what medications: _____

Mental:

Describe any diagnosed mental problem: _____

Have you ever been under a doctor's care for a mental problem: Yes No

If yes, list the name, address, and telephone number of your doctor(s): _____

Have you ever thought about or attempted suicide: Yes No

Plan: _____

Do you feel you need help with you mental health at this time: Yes No

DRUG / ALCOHOL HISTORY

Have you used an illegal drug in the past 6 months: Yes No

Have you ever used illegal drugs or any prescription medications not prescribed to you: Yes No

Has your drug/alcohol usage caused problems with your employment: Yes No

Has your drug/alcohol caused legal problems: None 1 time 2 or more times

What is/are your drug(s) of choice:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Beer | <input type="checkbox"/> Marijuana (joints, pipes or blunts) | <input type="checkbox"/> Valium |
| <input type="checkbox"/> Wine | <input type="checkbox"/> Cocaine (powder) | <input type="checkbox"/> Librium |
| <input type="checkbox"/> Hard Liquor | <input type="checkbox"/> Crack Cocaine | <input type="checkbox"/> Ludes |
| | <input type="checkbox"/> Primos (pot and crack) | <input type="checkbox"/> Sopors |
| | <input type="checkbox"/> Heroin (heron or speedball, heroin or crack) | <input type="checkbox"/> Somas |
| | <input type="checkbox"/> Anything by injection | <input type="checkbox"/> Mushrooms |
| | <input type="checkbox"/> Percocet, Vicodin, Darvocet, Oxycotin, Morphine | <input type="checkbox"/> Speed (or other amphetamines) |
| | <input type="checkbox"/> Spice / K2 | <input type="checkbox"/> Ritalin, Adderal |
| | <input type="checkbox"/> Salvia | <input type="checkbox"/> Acid (LSD) |
| | <input type="checkbox"/> Nutmeg | <input type="checkbox"/> Whippets, Ecstasy, K |
| | <input type="checkbox"/> Huffing Paint / Glue / Solvent | <input type="checkbox"/> Mushrooms |
| | <input type="checkbox"/> Benzodiazepines (Xanax, Klonopin, Ativan) | |

List all of the drugs you have taken within the last year: _____

If you have never drank, check box:

If you have drank, how old were you when you regularly started drinking alcohol? _____

If you have drank, what is the longest time you have abstained from drinking? _____

Have you ever been to counseling or treatment before for your substance abuse problems:

- | | | | | | |
|------------------------------------|------------------------------------|--------------------------------|------------------------------------|------------------------------|-----------------------------|
| <input type="checkbox"/> Inpatient | <input type="checkbox"/> Aftercare | <input type="checkbox"/> Detox | <input type="checkbox"/> 3-day DIP | <input type="checkbox"/> IOP | <input type="checkbox"/> OP |
| <input type="checkbox"/> AA | <input type="checkbox"/> NA | <input type="checkbox"/> CA | | | |

PREVIOUS ARREST OR CONVICTION DATA

Age when your **first** arrest as a juvenile or adult occurred: Under 33 33 or Older

Do you have any prior adult convictions: Yes No

List all arrests whether convictions or not, this includes juvenile and military.

Date	Court	Offense	Outcome
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever had a warrant issued for Failure to Appear in the past 24 months? Yes No

If yes, how many warrants for Failure to Appear: None 1 Warrant 2 or More Warrants

Have you been incarcerated three or more times? Yes No

Have you ever been sentenced to an institution (county jail, reformatory, penitentiary, or juvenile institution) Yes No – If yes, list name, location of institution, and time served:

Name of Institution	Location	Time Served
_____	_____	_____
_____	_____	_____

Are you currently on probation or parole? Yes No

If yes, list the name of the agency, address, and officer:

Name of Agency	Address	Officer
_____	_____	_____
_____	_____	_____

Were you ever on probation / parole as a juvenile or an adult? Yes No

If yes, list the name of the agency, address, and officer if known:

Name of Agency	Address	Officer
_____	_____	_____
_____	_____	_____

Do you currently have any other charge(s) pending against you? Yes No

If yes, list the nature of the charge and location of the authority charging you. (Do not list minor traffic citations): _____

Do you have detainers (holders) filed against you: Yes No

If yes, list them to the best of your knowledge: _____

Are you a registered sex offender: Yes No

For the following statements circle the answer that best describes how you feel.

1. How easy would you say it is to acquire drugs in your neighborhood?

Very Easy

Very Difficult

1

2

3

4

2. Are you satisfied with your current marital situation? (If single, how satisfied are you with being single?)

Not Satisfied

Very Satisfied

1

2

3

4

3. How would you rate your current financial stability?

Cannot pay bills

Can pay bills and have extra money

1

2

3

4

5

4. Are you satisfied with your current housing situation?

Not Satisfied

Very Satisfied

1

2

3

4

5

5. Please rate the level of emotional support you receive from family and friends.

No Support

Great deal of support

1

2

3

4

5

6. I'm often upset when I hear about other people's problems.

Strongly Agree

Strongly disagree

1

2

3

4

5

7. Do you think its ever ok to lie?

Never or only white lies

Its ok to lie

1 2 3 4 5

8. Lately, I have felt a lack of control over the events in my life.

Strongly Agree

Strongly Disagree

1 2 3 4 5

9. I sometimes find it exciting to do things for which I might get into trouble.

Strongly Agree

Strongly Disagree

1 2 3 4 5

10. Would others describe you as someone who walks away from a fight or the first to get into it?

Walks Away

First one in

1 2 3 4 5

11. How much do you agree with this statement: “do unto other’s before they do unto to you”?

Strongly Agree

Strongly Disagree

1 2 3 4 5

ATTORNEY INFORMATION:

Do you have an attorney: Yes No
Was your attorney: Retained / Employed Public Defender

If Yes:

Name of your attorney: _____
Address of your attorney: _____
Telephone: _____ Fax: _____

If No:

Do you intend to retain / hire an attorney or do you intend to apply for a public defender?
Have you applied with the public defender's office: Yes No

NOTICE:

**IF YOU HAVE APPLIED OR INTEND TO APPLY FOR A PUBLIC DEFENDER,
THE FOLLOWING APPLIES:**

Pursuant to Ohio Revised Code §120.36 and House Bill 66, when a defendant in a criminal case requests or is provided a public defender, or any other counsel appointed by the court, the court in which the criminal case is initially filed shall assess, a non-refundable application fee of twenty-five dollars (\$25.00), unless the application fee is waived or reduced.

Payment is to be made to the Greene County Clerk of Courts, 45 North Detroit Street, Xenia, Ohio 45385. Payments may be made in the form of cash, certified check, or money order. **Personal checks and credit cards will not be accepted.**

I have read and acknowledge the above statement:

Signature: _____ Date: _____

I DO HEREBY STATE ALL OF THE INFORMATION OFFERED IN THIS QUESTIONNAIRE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signature: _____

Date: _____