



Theft Fraud Intervention Intake Information

Please print the following information: **Fill in or Circle the answers**

First Name _____ **MI** _____ **Last Name** _____

ID/DC Number _____ **Date of Birth** _____

Sex: Male / Female **Race:** White / Black / Hispanic/ Asian / Other

County: _____ **Street Address:** _____

City: _____, Florida **Zip Code:** _____ **Phone ()** _____ - _____

Referral Source: Name _____

Type: Self-Family / Employer / Probation-Parole / Attorney / Pretrial / Court order / Dept. Children & Families/ Other _____

Work: Part-time / Full-time / Unemployed-Seeking Work / Not in labor force / Unemployment-not seeking / Student

Marital Status: Never Married / Married / Widowed / Divorced / Separated

In regard to your theft charge, are you guilty? Yes / No

Summarize the circumstances surrounding theft charge:

Is this your first arrest? Yes / No ; **If No, please detail prior charges including date(s):**



Past Mental health Treatment, Family, Marriage, or Individual Counseling: Yes / No; Detail Date, Type, Length of Treatment:

Perception of Strengths and Abilities: What are your personal strengths? What do you do well or what are your accomplishments?

Education ___ **Work** ___ **Family** ___ **Intelligence** ___ **Personality**___ **Attitude** ___ **Support System** ___

Other skill, quality or ability:

Give Details of all checked:

Client Signature: _____

Date: _____