

**SUPERIOR COURT OF THE VIRGIN ISLANDS**  
**--- OFFICE OF PROBATION ---**

ST. CROIX  
 ST. THOMAS

**INITIAL INTAKE**

DATE: S/C #: P/O #:

NAME: SEX: AGE:

P.O.B.: D.O.B.: S.S.N.:

RESIDENT ALIEN:  YES  NO #: NATURALIZED CITIZEN:  YES  NO #:

**PHYSICAL DATA:**

HEIGHT: WEIGHT: COLOR OF EYES: HAIR COLOR:  LOCKS  BRAIDS  BALD  
SCARS/TATTOOS/BIRTHMARKS:

**ADDRESS(ES):**

PERMANENT: PHONE #:

**MAILING:**

THIRD PARTY CUSTODIAN: ADDRESS:

PARENT'S NAME: MOTHER: FATHER:

LAST KNOWN ADDRESS: MO: FA:

**MARITAL STATUS:**

WIFE'S/HUSBAND'S NAME: NUMBER OF CHILDREN:

LAST KNOWN ADDRESS:

**OCCUPATION:**

EMPLOYER: POSITION: PHONE #:

EMPLOYMENT ADDRESS: SUPERVISOR:

**EDUCATION:**

HIGHEST GRADE COMPLETED: SCHOOL NAME & LOCATION:

**HEALTH:**

GOOD  POOR  OTHER IF POOR OR OTHER, EXPLAIN BELOW:

\_\_\_\_\_  
Staff's Signature

\_\_\_\_\_  
Client's Signature