*Supplying the information below is an acknowledgement that the applicant wants to work with a CoSA Circle for at least one year in managing the applicant’s risks to reoffend.*

|  |  |
| --- | --- |
| **Name**:  | **FPS #**: |
| **DOB**: | **Location**:  |
| **Ethnicity: 🞏**Asian 🞏Black 🞏Caucasian 🞏Hispanic 🞏Indigenous 🞏 Middle Eastern 🞏 Others**(please specify): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**  |
| **Community address**: |
| **Phone number**: |
| **Institution**: |
| **Dates – Parole**:  |
| * **Stat**:
 |
| * **WED:**
 |
| * **Release:**
 |
| * **LTSO Start**:
 | **End**:  |
| * **810 Start**:
 | **End**: |
| * **Probation Start**:
 | **End**: |
| **DO**? 🞏 Yes or 🞏 No | **Lifer**? 🞏 Yes or 🞏 No |
| **PO**: | **Ph #:** |
| **Index offense**: |
| Date of offense: |
| Age & sex of victims: |
| Date of incarceration: |
| Length of sentence: |
| **Other convictions (including sentences received)**: |
| Date of other convictions: |
|  |
| **Mental health diagnoses and treatment**: |
|  |
|  |
| **Substance abuse history**: |
|  |
| **Family & social support**: |
|  |
| **Work history & plans:** |
| **Comments**: |
| **Client Consent: Your information will be kept secure and remain confidential.**  Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| **For Internal Use Only** |
| **Date of form receipt:**  |
| **Circle start date**: |