



**Intake Data Sheet**  
**NON-Custodial Party**  
 1722 Broadmoor DR #118  
 Bryan, TX 77802  
**979-777-2250 / 979-777-5690**

|                            |                                |
|----------------------------|--------------------------------|
| <b>1. CASE INFORMATION</b> | <b>2. ATTORNEY INFORMATION</b> |
|----------------------------|--------------------------------|

|                     |         |
|---------------------|---------|
| Cause Number:       | Name:   |
| Other Party Name:   | Number: |
| Other Party Number: | Email:  |

|                                |
|--------------------------------|
| <b>3. PERSONAL INFORMATION</b> |
|--------------------------------|

|                   |                |                   |
|-------------------|----------------|-------------------|
| Last Name:        | First:         | Middle:           |
| Alias/Nickname:   |                |                   |
| Social Security:  | Date Of Birth: | Place of Birth:   |
| Driver's License: | State ID:      | Other form of ID: |
| State:            | State:         |                   |

|       |         |         |            |             |
|-------|---------|---------|------------|-------------|
| Race: | Height: | Weight: | Eye Color: | Hair Color: |
|-------|---------|---------|------------|-------------|

Scars/Marks/Tattoos:

|               |          |       |            |
|---------------|----------|-------|------------|
| Home Address: | Mailing: | City: | State/Zip: |
|---------------|----------|-------|------------|

|             |            |        |  |
|-------------|------------|--------|--|
| Cell Phone: | Alt Phone: | Email: |  |
|-------------|------------|--------|--|

|           |             |           |        |
|-----------|-------------|-----------|--------|
| Employer: | Occupation: | Location: | Days:  |
|           |             |           | Hours: |

|                             |
|-----------------------------|
| <b>4. EMERGENCY CONTACT</b> |
|-----------------------------|

|       |        |               |
|-------|--------|---------------|
| Name: | Phone: | Relationship: |
| Name: | Phone: | Relationship: |
| Name: | Phone: | Relationship: |

|   |
|---|
| <b>5. CHILDREN INFORMATION (Only those attending visit)</b> |
|---|

|              |       |                         |            |
|--------------|-------|-------------------------|------------|
| Name:        | Age:  | D.O.B:                  | Nickname:  |
| Hair:        | Eyes: | Race:                   | Allergies: |
| Medications: |       | Additional information: |            |
| Name:        | Age:  | D.O.B:                  | Nickname:  |
| Hair:        | Eyes: | Race:                   | Allergies: |
| Medications: |       | Additional information: |            |



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|              |       |       |                         |           |
|--------------|-------|-------|-------------------------|-----------|
| Name:        |       | Age:  | D.O.B:                  | Nickname: |
| Hair:        | Eyes: | Race: | Allergies:              |           |
| Medications: |       |       | Additional Information: |           |
| Name:        |       | Age:  | D.O.B:                  | Nickname: |
| Hair:        | Eyes: | Race: | Allergies:              |           |
| Medications: |       |       | Additional Information: |           |

### 6. VEHICLE INFORMATION

|       |        |        |        |
|-------|--------|--------|--------|
| Make: | Model: | Color: | Plate: |
| Make: | Model: | Color: | Plate: |

### 7. ARRESTS AND CHARGES

| Date: | Agency: | Offense: | Outcome: |
|-------|---------|----------|----------|
|       |         |          |          |
|       |         |          |          |
|       |         |          |          |
|       |         |          |          |

### 8. PAROLE OR PROBATION

|          |                                     |
|----------|-------------------------------------|
| Offense: | Probation/Parole Officer:<br>Phone: |
|----------|-------------------------------------|

### 9. NON-CUSTODIAL STATEMENT AND SIGNATURE **(READ CAREFULLY)**

NON-Custodial Statement: *I have completed this sheet as part of my pre-visitation for my child at Fort Ringo. I attest that all the information herein is true and correct. I agree to follow all guidelines and orders of Fort Ringo and staff.*

|       |                            |                    |
|-------|----------------------------|--------------------|
| DATE: | NON-Custodial's Signature: | Intake Supervisor: |
|       |                            |                    |