Community Justice Services
The ROC Program

ROC Questionnaire

SOCIAL HISTORY		
Client's Full Name:		
Address:		
City, State, Zip:		
E-mail Address:		
Cell phone #:	Work phone #:	Home phone #:
Date of Birth:	Place of Birth:	

EMPLOYMENT	
Are you working now: Y_____ N_____	Full-time: _____ Part-time: _____
What is your present job:	
Name of Employer:	
Employer Address:	

EDUCATION & TRAINING		
How many years of schooling: 8 or less _____ 8-12_____	H.S. Diploma: Y_____ N_____	GED: Y_____ N_____
College: Y_____ N_____	Military Service: Y_____ N_____	

FAMILY/MARITAL STATUS	
Are you married now: Y_____ N_____	Length of marriage: _____
How many children do you have:	How many stepchildren do you have:
Ages of children:	

EMERGENCY CONTACT	
Name:	Relationship:
Address:	
Phone #:	
Comments/additional information:	