



Community Justice Services
The ROC Program
ROC Questionnaire

| SOCIAL HISTORY | | |
|---|--|---|
| Client's Full Name: | | Date of Birth: |
| Address: | | |
| City, State, Zip: | | |
| E-mail Address: | | |
| Cell phone #: | Cell Carrier for Text Messaging Purposes: | |
| Home phone #: | Work phone #: | |
| May we leave a confidential message on your cell or home voice mail: Yes <input type="checkbox"/> No <input type="checkbox"/> | May we send you text message reminders 24 hours before your appointments: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| EMPLOYMENT | | |
| Are you working now: Yes <input type="checkbox"/> No <input type="checkbox"/> | Full-time: <input type="checkbox"/> Part-time: <input type="checkbox"/> | |
| 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: Yes <input type="checkbox"/> No <input type="checkbox"/> | GED: Yes <input type="checkbox"/> No <input type="checkbox"/> |
| College or Vocational Training: Yes <input type="checkbox"/> No <input type="checkbox"/> | Military Service: Yes <input type="checkbox"/> No <input type="checkbox"/> | |
| FAMILY/MARITAL STATUS | | |
| Are you married now: Yes <input type="checkbox"/> No <input type="checkbox"/> | 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: | | |