



**ECTOR COUNTY PRETRIAL SERVICES
DEPARTMENT
ECTOR COUNTY COURTHOUSE
300 N. GRANT, ROOM 108
(432) 498-4133
FAX: (432) 498-4134**

<input type="checkbox"/>	Home Detention	<input type="checkbox"/>	CAM
<input type="checkbox"/>	GPS	<input type="checkbox"/>	Remote Breath
<input type="checkbox"/>	Bond	<input type="checkbox"/>	Interlock
<input type="checkbox"/>	Standard Bond Conditions		

Charge Information: _____

Cause #: _____

Charge Information: _____

Cause #: _____

Charge Information: _____

Cause #: _____

Attorney: _____ Email: _____

CRIMINAL HISTORY SUMMARY:

FELONY CONVICTIONS MISDEMEANOR CONVICTIONS CLASS C
 PRESENTLY ON PROBATION PRESENTLY ON PAROLE REG SEX OFFENDER

CCH Attached: Qualified: Yes No Officer Signature: _____

PERSONAL IDENTIFICATION INFORMATION:

SO#: _____ Last Name: _____ First Name: _____

AKA/Other Names: _____

Age: _____ Race: _____ Marital Status: _____ DOB: _____ Place of Birth: _____

Citizenship: US Citizen: Legal Resident: Other: Preferred Language: _____

HGT: _____ WGT: _____ Hair: _____ Eye: _____ SSN: _____

DL No: _____ DL State: _____ Status: Suspended Revoked Occupational Clear

Vehicle Make/Model: _____

Year: _____ Color: _____ License Plate No.: _____ State: _____

RESIDENCE INFORMATION:

Current Address: _____ Apt No. _____ City: _____ State: _____

Zip: _____ How long have you been a resident of Ector County? _____

Home No. _____ Cell No. _____ Own or Rent: _____

Others Living At Your Residence:

OCCUPATIONAL INFORMATION:

Emp: _____ Unemp: _____ Sch: _____ Disability: _____ Social Security: _____ Other: _____

Current Employer/School: _____ Position/Grade: _____

Address: _____ City: _____ State: _____ Zip: _____

Supervisor Name & Number: _____ Length Employed: _____

Income: _____ Source of Income if not Employed: _____

Previous Emp: _____ Position: _____ Length Emp: _____

REFERENCES:

Name: _____ Relation: _____

Address: _____ Home No. _____ Cell No. _____

Contact: _____ Verified: _____

Name: _____ Relation: _____

Address: _____ Home No. _____ Cell No. _____

Contact: _____ Verified: _____

FAMILY VIOLENCE HISTORY:

ALCOHOL HISTORY:

NARCOTICS HISTORY:

COMMENTS/NOTES:

Client Signature: _____ Date: _____

Officer's Signature: _____ Date: _____