

ECTOR COUNTY POST SENTENCE MONITORING
ECTOR COUNTY COURTHOUSE
300 N. GRANT, ROOM 108
(432) 498-4133
FAX: (432) 498-4134

SO #: _____

NAME: _____ ATTY: _____

ADDRESS: _____ CHARGE: _____

TELEPHONE #: _____ CAUSE #: _____

TX DL / TX ID #: _____ RACE/SEX: _____ DOB: _____ SSN: _____

HAVE YOU EVER BEEN CONVICTED OF A FELONY? YES NO

IF YES, WHAT WAS THE OFFENSE? _____

HOW LONG HAVE YOU BEEN A RESIDENT OF ECTOR COUNTY? _____

ARE YOU EMPLOYED? YES NO

IF YES: EMPLOYER: _____ PHONE : _____

ADDRESS: _____ SUPERVISOR: _____

IF NO: WILL YOU WORK FOR THE ECTOR COUNTY INMATE WORK PROGRAM? YES

DO YOU RENT OR OWN YOUR RESIDENCE? RENT OWN NO

OTHERS LIVING AT YOUR RESIDENCE: _____

DO YOU HAVE A TELEPHONE? YES NO

IF NO, CAN YOU GET TELEPHONE SERVICE? YES NO

DRIVERS LICENSES STATUS? SUSPENDED REVOKED OCCUPATIONAL CLEAR

VEHICLE MAKE/MODEL: _____ YEAR: _____

COLOR: _____ LICENSE NO.: _____ STATE: _____

MARITAL STATUS: _____ SPOUSE'S NAME: _____

CLOSEST LIVING RELATIVE: _____ RELATION: _____

ADDRESS: _____ PHONE #: _____

FRIEND/OTHER: _____

ADDRESS: _____ PHONE #: _____

Please fill out and fax back to our office #(432) 498-4134