## **DACC Statistical Sheet**

\*\*\*Fill out this sheet completely and accurately. <u>Incorrect information</u> could result in <u>criminal charges</u> for tampering with governmental records, which can be a third degree felony. \*\*\*

Date: / /2010	Full Name:			Date of bir	th: Gender: M F				
DL/ID State:	DL/ID Number: Las			t 4 of SSN: Race/Ethnicity		city (circle one):			
Height:	Eye Color:	Hair Color	: Wei	ght:		lack Hispanic			
Mailing/Local ad	ddress:		City, State:	y, State: Zip:					
Permanent address:				City, State:	Zip:				
Phone:	Other Phone:			Email:					
Level of Education: Less than 12 <sup>th</sup> grade High school/GED Technical School  Some College Undergrad degree Post-grad Other:  Employment Status (mark all that apply): Full Time Part Time Unemployed  Day Labor – Average hours per week: Student – Credit hours:									
Occupation: Employer/				Work Phone:					
Disabled:	N Vet	eran:	N	Active Military	/: N	Current Student: Y N			
Prior Criminal I	History (dates a	nd offenses	<b>)</b> :						

## To be filled out by court personnel:

Marital Status:	Client stay	ed last night at:	Does client have a disability of long duration?				
Common Law	Hospital		Y		N		
Divorced	Jail		Is client chronically homeless?				
Married	Other		Y		N		
Partner	Shelter		Is client homeless by HUD definition?				
Separated	Unknown		Y		N		
Single			Has client been released from ia	il oı	a hospital in the past 12 months?		
Unknown			Υ		N		
Widowed	İ						
Case due date:		Case numbers:					