ACE EDUCATION

TODAY'S DATE;_____CAUSE/CASE #_____
COUNTY OF CONVICTION_____PROBATION OFFICER_____
PROBATION COUNTY_____PROBATION LOCATION_____

PERSONAL DATA FORM

NAME:(Last,First,M.I._____
ADDRESS (AS SHOWN ON D.L.)_____
CITY/STATE/ZIP CODE:_____
TELEPHONE #:_____DATE OF BIRTH:_____
DRIVERS LICENSE#:_____STATE_____SS#_____

DEMOGRAPHICS: (CIRCLE ONE IN EACH CATEGORY)

SEX; MALE FEMALE

MATERIAL STATUS; SINGLE MARRIED SEPARATED DIVORCED. WIDOWED

ETHNICITY: Caucasian. African-American Asian. Hispanic. Native-American Other

FAMILY/DEPENDENTS:

How Many Times Have You Been Married:____How Many Children do You Have?
How Many Dependents Do You Have Living With You? Adults____Children____
Do you feel your drinking or drug use has contributed to family problems? YES__NO__
If yes why?_____

_____

EDUCATION

How many years of school have you completed?_____

Highest Grade level completed: None. HS Diploma/GED Associates
Bachelors. Masters. Doctorate.

What type of work have you been trained to do?_____

Are you presently employed in type of work you are trained in? Yes__No__

EDUCATION: List all jobs held in last 3 years

Description **LENGTH OF EMPLOYMENT.** **REASON FOR LEAVING**

1)_____

2)_____

ACE EDUCATION
2600 K. Avenue Suite 120
Plano, Texas. 75074

I_____authorize ACE Education

To disclose to_____the following Information:Attendance and Participation, to the above parties.

I understand that all Offender Education Programs shall abide by and obtain any consent to disclose required by applicable Federal and State laws requiring confidentiality of patient/client records including, as applicable and without limitation, 42 UNITED STATES CODE 290dd-2; 42 Code of federal regulations, Part 2, and Health and safety Code 611 . I understand my records cannot be disclosed without my written consent unless otherwise provided for by the regulations. I also understand that I may revoke this consent in writing at any time except to the extent that action has been taken in response to it, and that in any event, this consent expires automatically, as follows:

End of Probation/one (1) year
(specification of the date, event, or condition upon which this consent expires)

DATED_____.

_____
SIGNATURE OF PARTICIPATE

_____
SIGNATURE OF PARENT/GUARDIAN

ANGER MANAGEMENT INTAKE SHEET

MRT CLASS RULES

1. You must attend all classes in order to receive certificate.

   If you miss more than 2 classes you must restart the program and re-pay.

2. If you are making payments you must have the class paid for by class 8. If paying with a credit care there will be a $2.50 transaction fee per payment.

3. You must be on time for all classes.

4. Students may not use their cell phones or any electronic devises

5. No weapons (knives or guns) allowed in classroom.

6. If you loose your certificate you may get a duplicate for $15.00

_____Date_____

Signature

MRT INTAKE SHEET

Location: PLANO

Instructor: Margaret

Participant Name:_____

Date Started:_____

WHAT HAPPENED:

_____

_____

_____

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