



Judicial Personnel Profile

CONFIDENTIAL

Full Name:

Nickname:

Title:

Date of Birth:

Place of Birth:

Home Address:

Office Address:

Home Phone:

Office Phone:

Regular Work Hours:

Days:

Weekend work at office: Yes No

Number of people residing at home: _____

Physical Description:

Height:

Weight:

Eyes:

Hair:

Glasses:

Scars or special identifying marks:

Person to notify in an emergency:

Address/phone:

Medical conditions/Allergic to:

Medication Required/Intervals:

Blood Type:

Doctor(s):

Name:

Specialization:

Address:

Phone:

Name:

Specialization:

Address:

Phone:

Languages Spoken:

Regularly Scheduled Events/Locations:

Do you own a handgun or hunting rifle? Yes No

Office? Yes No

Home? Yes No

Miscellaneous Information:

Date completed: _____

Vehicle #1 Primary Driver:

Make: Model: Year:

Color: Style: # of Doors:

License Plate Number: License Plate State:

Vehicle #2 Primary Driver:

Make: Model: Year:

Color: Style: # of Doors:

License Plate Number: License Plate State:

Vehicle #3 Primary Driver:

Make: Model: Year:

Color: Style: # of Doors:

License Plate Number: License Plate State:

CONFIDENTIAL INFORMATION-RESTRICTED ACCESS!!

Address: _____

Phone: _____

Type of building:

- Single family home
- Townhouse/Duplex
- Multi-family home
- Apartments
- Other

Type of neighborhood:

- Urban
- Suburban - hi pop.
- Suburban - secluded
- Rural/Farm
- Resort/Vacation
- Other

Number of floors in dwelling: _____

Garage door opener? Yes No

Lowest floor of dwelling: _____

Highest floor of dwelling: _____

Number of entrances to residence: _____

Number of doors to public corridors: _____

Access to dwelling from basement? Yes No

Access to dwelling from roof? Yes No

Number of skylights: _____

Type of alarm system: _____

Y **N**

- | | | |
|---|--------------------------|--------------------------|
| Is it fully operational? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does it secure all entries to the dwelling? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does it have back-up for power failure? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does it detect smoke? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does it detect heat? | <input type="checkbox"/> | <input type="checkbox"/> |
| Does it alert the fire department? | <input type="checkbox"/> | <input type="checkbox"/> |

Window bars and doors? _____

Type of door locks and dead bolt? _____

Miscellaneous home-related information: _____

Names and addresses of two closest neighbors: _____

CONFIDENTIAL INFORMATION-RESTRICTED ACCESS!!

Note: Below, please draw (or photocopy) diagrams of each floor of your dwelling. Be careful to note all doors and windows, including garage doors and any other points of entry. (USMS may assist.)

Floorplan for ground level:

Floorplan for lowest level:

Floorplan for highest level:

CONFIDENTIAL

Spouse

(please mark inapplicable items as such)

Full Name:

Nickname/Other names used:

Date of Birth:

Place of Birth:

Home Address:

Home Phone:

Occupation:

Business Address:

Business Phone:

Regular Work Hours:

Days:

Physical Description:

Height:

Weight:

Eyes:

Hair:

Glasses:

Scars or special identifying marks:

Medical Conditions/Allergic To:

Medication Required/Intervals:

Blood Type:

Doctor:

Name:

Specialization:

Address:

Phone:

Languages Spoken:

Regularly Scheduled Events/Locations:

Miscellaneous Information:

Date completed: _____

CONFIDENTIAL

Child

(please mark inapplicable items as such)

Full Name:

Nickname/Other names used:

Date of Birth:

Place of Birth:

Home Address:

Home Phone:

School/Day Care Name:

Phone:

Address:

Hours/Days of Attendance:

Occupation:

Business Address:

Business Phone:

Regular Work Hours:

Days:

Physical Description:

Height:

Weight:

Eyes:

Hair:

Glasses:

Scars or special identifying marks:

Medical Conditions/Allergic To:

Medication Required/Intervals:

Blood Type:

Doctor(s):

Name:

Specialization:

Address:

Phone:

Name:

Specialization:

Address:

Phone:

Languages Spoken:

Regularly Scheduled Events/Locations:

Miscellaneous Information:

Date completed: _____