

**PAYNE COUNTY DRUG COURT
CONSUMER INFORMATION SHEET**

Name (Maiden, Married, First, Middle)	DOB	Age
Full Address _____ City _____		
Email _____ Zip Code _____		
Phone: _____		
Cell: _____ Email: _____		
Driving Directions to home from PCDC Office:	Social Security # _____-_____-_____	<input type="checkbox"/> Male <input type="checkbox"/> Female

Race	Height	Weight	Hair Color	Eye Color
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Native American Tribe: _____ CDIB card? YES NO

Marital Status:
 Single Living with _____ Separated (how long _____) Divorced (how long _____)
 Married to whom: _____ Widowed: how long _____

Children:
 How many live with you full time? _____ Do you have full/shared custody of the children? _____
 How many live with you part time? _____ How many are you ordered to pay child support for _____
 How old are your children? _____

Contact
 Name _____ Phone # _____ Relationship _____

Contact
 Name _____ Phone# _____ Relationship _____

Meds Taking	Reason Taking	How long	Strength	Dosage	Prescribing Doc

Allergies: _____

Make of Car _____ Model of Car _____ Year _____
 Tag # _____ State _____ Color _____ VIN # _____
 Marks on Car _____

Driver's License or ID # _____ State of Issue: _____
 Tattoos/Scars/Markings _____

Employer _____
 Full Address _____ City: _____ Zip Code: _____
 Phone Number _____ How long Employed there _____

Signature _____ Date _____

04/12/2022