

WORKSHEET FOR STUDENT INTERN BACKGROUND INVESTIGATION

(See publication 107 for instructions)

1. FACE SHEET DATA				
Name:		True Name:		
University:	Semester Requested:		Major::	
Undergraduate/Graduate Student:		Required hours per semester:		
STUDENT'S IDENTIFICATION				
Other Name(s) Used: (List every name the student has used, e.g., name given at birth, name given at adoption, nickname, alias, names used as a result of marriage, etc.)				
Date of Birth:	Age:	Sex:	Place of Birth:	SSN:
No. of Dependents:		Education:		
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Hispanic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown <input type="checkbox"/> Asian or Pacific Islander				
Country of Citizenship:		Immigration Status and/or No:		
Student's Current Address: _____ (Number and Street) (Apartment)				
Phone No: _____				
Time at this residence: _____ (City) (State) (Zip)				
Description of Current Residence: _____				
Directions to Residence: _____				
Current Occupants of Residence: _____				
There will be a home inspection/verification conducted during the course of the background investigation				

Call Date _____

Interview Date and Time _____

Fingerprints taken: _____

--

3. STUDENT'S CRIMINAL HISTORY

<input type="checkbox"/> None

<input type="checkbox"/> The student reported no history of juvenile court status offenses, referrals, adjudications, or DYS commitments

Date of Arrest Prosecution, Referral or Detention	Charge/ Conviction	Court City/County/State Action No.	Date Sentence or Case Disposed	Sentence	Atty. Rep. (Y) or (N)	Waived Counsel (Y) or (N)
1.						
2.						
3.						

PENDING CHARGES

Charge (s)	Court	Docket No.	Next Court Appearance Date
1.			
2.			
3.			

STUDENT'S CHARACTERISTICS

Residential History: (List every town or city where the student has lived.)	<input type="checkbox"/> The student has lived in the St. Louis area his entire life.

PARENTS AND SIBLINGS

(List the student's biological parents. If student was reared by persons other than his natural parents, add the surrogate parents names immediately below the space allocated to father and mother. After the parents, list all siblings, living or dead.)

Name	Relationship and Age	Address and Phone No.	Occupation
1.	Father	Phone No: _____	
Current Name: Maiden Name: 2.	Mother	Phone No: _____	
3.			
4.			
5.			
6.			
7.			

PROVIDE A DESCRIPTION OF CHILDHOOD (Notes regarding family history; identify any significant problems during formative years; history of abuse; etc):

(History of emotional/physical/sexual or any other abuse? Death of immediate family member during childhood? Juvenile behavioral problems? Victim of neglect or abandonment?)

Family Health Issues:

Prior Criminal History of Family:

MARITAL STATUS

The student is presently single and has no marital history.

Spouse or Domestic Partner		Date and Place of Marriage	Status	Date of Separation	Date of Divorce	Court Where Divorce Granted	Number of Children
1. Nee: _____							
Age	Address and Phone No.	Occupation	Notes regarding relationships/Reason for separation/Child support				
2. Nee: _____							
Age	Address and Phone No.	Occupation	Notes regarding relationships/Reason for separation/Child support				
3. Nee: _____							
Age	Address and Phone No.	Occupation	Notes regarding relationships/Reason for separation/Child support				

None **CHILDREN**

Child's Name	Name of Other Parent	Age	Custody/Support	Address and Phone No./grade/school
1.				
2.				
3.				
4.				
5.				

INFORMATION REGARDING SPOUSE(S) OR DOMESTIC PARTNER(S) AND CHILDREN

Note health problems, criminal history, substance abuse, history of physical/mental abuse or any other significant information (Family Health Issues; Prior Criminal History of Family)

STUDENT'S PHYSICAL CONDITION

PHYSICAL DESCRIPTION

Height:

Weight:

Eye Color:

Hair Color:

Scars:

Tattoos:

Gang affiliation:

Student denies gang affiliation

PHYSICAL HEALTH

The student is healthy and has no history of health problems.

List the date(s) and nature of any serious or chronic illnesses, current dental problems, and medical conditions.

List all current prescriptions or regularly used medications.

Provide name, address, and telephone number of defendant's physician.

MENTAL AND EMOTIONAL HEALTH

The student has no history of mental health conditions and no history of treatment for mental health.

Have you ever been diagnosed with any of the following disorders?

(Describe in detail the age of diagnoses, what treatment was provided, if any hospitalizations resulted, what medication was prescribed, and all doctor information including method of treatment e.g., medication/counseling/group therapy etc).

History Current

- Depression (common medications: Prozac, Paxil, Zoloft, Celexa, Effexor, Elavil, Wellbutrin, Luvox)

- Bi-Polar Disorder (common medications: Lithium, Depakote, Valproic Acid)

- Anxiety Disorder - Panic Disorder, Posttraumatic Stress Disorder, Obsessive Compulsive Disorder, Social Phobia (common medications: Xanax, BuSpar, Zyprexa, Librium, Ativin, Klonopin)

- Schizophrenia (common medications: Haldol, Seroquel, Stelazine, Mellaril, Prolixin, Thorazine)

- Attention Deficit Disorder/Attention Deficit Hyperactivity Disorder (common medications: Ritalin, Cylert, Adderall)

- Gambling Addiction

- Personality Disorders - Paranoid, Narcissistic, Antisocial, Borderline

- Sleep Disorders - Narcolepsy, Insomnia, or Hypersomnia (common medications: Ambien, Seconal)

- Seizure Disorders/head injuries (common medication: Dilantin)

- Suicidal Thoughts (How long ago? Any precipitating events? Recurring thoughts? Did you have a plan?)

- Suicide Attempts (How long ago? Method used? How many times?)

SUBSTANCE ABUSE

The student has no history of alcohol, illegal or prescription drug abuse, and no history of treatment for substance abuse.

Which of the following substances has the defendant used:

Describe in detail the student's history of substance abuse and treatment, including the age of first use and last use of any drug. (Overdose, daily cost to support habit, frequency and quantity of use, treatment programs and dates, date of last use)

Alcohol

Marijuana

Cocaine/Crack

Methamphetamine/Amphetamine

Heroin

Other Opiates

Barbiturates

Hallucinogens (PCP, LSD, Ecstasy, etc.)

Inhalants

Prescription Drugs

Other: _____

OTHER TREATMENT PROGRAMS ATTENDED (INPATIENT AND OUTPATIENT)

EDUCATION AND VOCATIONAL SKILLS

Highest grade completed: _____

SCHOLASTIC HISTORY

Name and location of School (List most recent school first)	Dates Attended	Degree, Diploma, or Certificate Received
Any Foreign language:		
Professional License, Certifications, or other professional titles.		

None

MILITARY

Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:
--------------------	-----------------	----------	-------------	--------------------

Highest Rank:	Rank at Separation:
---------------	---------------------

Summarize the defendant's military service, including Court Martial(s) or non judicial punishment(s), foreign service, special training, and skills acquired.	Decorations or Awards:
---------------------------------------------------------------------------------------------------------------------------------------------------------------	------------------------

National Guard: _____ Unit/Location: _____	Enlisted Reserve: _____ Unit/Location: _____
---------------------------------------------------	-----------------------------------------------------

BANKRUPTCY FILINGS

(Include information regarding any Chapter 7,11,13 bankruptcy filings as an individual or as a business entity)

I/J S/D	Type of bankruptcy (Voluntary or Involuntary/ Name and address of trustee)	Bankruptcy Case Number	Bankruptcy Court of Jurisdiction	County and State of Discharge	Date Filed	Date of Discharge

EMPLOYMENT HISTORY
(Describe the student's employment history)

Dates	Name and Address of Employer	Job, Monthly Wage, Reason for Leaving
From: _____ To: _____		
From: _____ To: _____		
From: _____ To: _____		
From: _____ To: _____		
From: _____ To: _____		
From: _____ To: _____		

Summarize employment history more than five years old:

During periods of unemployment, how were you supported?

What do you like to do in your leisure time?

What communities organization are you involved in?

What University activities are you involved in?

