

**Sherburne County Community Corrections**

**Client Information Sheet**

Today's Date: \_\_\_\_\_

Client #: \_\_\_\_\_

Full Name: \_\_\_\_\_ DOB: \_\_\_\_/\_\_\_\_/\_\_\_\_

Preferred Name (if different than above): \_\_\_\_\_ Preferred Pronouns: \_\_\_\_\_

Gender:  Male  Female  Transgender  Non-binary  \_\_\_\_\_ Marital Status:  Married  Not Married

Maiden Name/Other Names Previously Used: \_\_\_\_\_

Home Phone: (\_\_\_\_) \_\_\_\_\_  Cell Phone: (\_\_\_\_) \_\_\_\_\_

Check box for primary phone number

Email: \_\_\_\_\_ Cell Phone Provider: \_\_\_\_\_

DL #: \_\_\_\_\_ State: \_\_\_\_\_ DL Status:  Valid  Invalid

SS #: \_\_\_\_\_ US Citizen:  Yes  No

Race/Ethnicity:  Amer. Ind/Alaskan Native  Asian  African American/Black  Hispanic/Latino  Native Hawaiian/Pacific Islander

White  Multiracial: \_\_\_\_\_ Interpreter Needed:  Yes  No If yes, specify language: \_\_\_\_\_

Spiritual and/or Cultural Considerations: \_\_\_\_\_

Height: \_\_\_\_\_ ft. \_\_\_\_\_ in. Weight: \_\_\_\_\_ lbs. Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Tattoos/Marks/Scars: \_\_\_\_\_

Physical Address: \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

County of Residence: \_\_\_\_\_

Length of Time at this address: \_\_\_\_\_ Are you excluded from this address?  Yes  No

If yes, list alternate address: \_\_\_\_\_

Mailing Address (if different than physical address): \_\_\_\_\_

Lifelong Resident of MN:  Yes  No If No, what State(s) have you resided in? \_\_\_\_\_

**Residing with (include any children):**

Name	Relationship	Age (if child)	Phone #(s)	Home	Cell
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Other Children Not in the Home: \_\_\_\_\_

**Support/Collateral Persons/Emergency Contact:**

Name	Relationship	Phone #(s)	Home	Cell
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>
_____	_____	_____	<input type="checkbox"/>	<input type="checkbox"/>

Military Status:  N/A  Active  Disabled  Reserve  Veteran; discharge (Honorable or Other than Honorable)

Employment Information: Work Status:  21-35 hours/wk  20 hours/wk or less  Full-time

Homemaker  Disabled  Retired/Pensioner  Seasonal/Laid-off  Unemployed

Employer: \_\_\_\_\_ City: \_\_\_\_\_ Wage: \_\_\_\_\_ Length of Employment: \_\_\_\_\_

\*\*Education:  Current Student or Highest Level Completed:  Dropped Out  High School Diploma  GED  Some College

Vocational/Trade School  Associate Degree  Bachelor Degree  Graduate (Masters)

Are you currently on probation elsewhere?  Yes  No If yes, where/to who? \_\_\_\_\_

**SHERBURNE COUNTY COMMUNITY CORRECTIONS  
NOTICE OF PRIVACY PRACTICES**

Client #: \_\_\_\_\_

**Minnesota Government Data Practices Act** (Chapter 13) protects your right to privacy. As a result, you must be told the purpose and intended use of information; whether you may refuse or are legally required to supply data; the consequences for refusing to supply information; and the identity of others who may receive the information.

**Purpose and Intended Use of the Data** – We may verify the information you provide with other appropriate persons and/or agencies. The information requested is needed for one or more of the following purposes:

- To aid in the completion of court ordered reports and help the Court determine disposition of your case or your child’s case;
- To aid in probation supervision and case planning;
- For case referral, evaluation, placement and/or treatment;
- To plan, audit, and evaluate programming/services.

**Are You Legally Required to Supply the Requested Data?** - You are legally required to supply the requested data. You do, however, have the right to exercise your Fifth Amendment Right to remain silent in situations where you may have committed a crime.

**The Consequences for Refusing to Supply the Requested Information** - The Court will be informed and take appropriate action.

**Other Agencies or Entities which may Receive the Requested Data** – We may give information about you to the following agencies pursuant to court order or as otherwise authorized by law. This does not mean we always share information about you to these people.

Those within the Criminal Justice System whose work assignment requires it (Community Corrections, Court, County Attorney, your Attorney, and/or Guardian ad Litem);

- Correctional Institutions and/or Juvenile Out-Of-Home Placement Facilities;
- Court Appointed Evaluators;
- Sherburne County Social Services;
- Minnesota Monitoring for the purpose of court ordered random UA's/PBT's (referral, results, identification, i.e. photograph);
- Sherburne County Sheriff Department;
- Others as authorized by law.

**Privacy Rights of Children** - If you are under the age of eighteen, your parents may see data about you and authorize others to see your data, unless you have asked that this information not be shared with your parents. You must make this request in writing and specify what data you want withheld and why. If the Sherburne County Community Corrections department agrees with you that withholding the information would be in your best interest, we will not share the data with your parents. If we do not agree with you, the data may be shared with your parents if they ask for it.

**The Federal Privacy Act** requires that you are informed of the following:

- Providing your social security number is mandatory. If you fail to provide your social security number this matter may be referred back to Court.
- The request for your social security number is based upon the court order placing you on probation, Minnesota Statute 13.84, and the state laws regulating court services.
- The Community Corrections Department will use your social security number for the following purposes: Court Services Tracking System (CSTS) for identification purposes; Revenue Recapture, Minn. Stat. Chapter 270A, should you fail to pay your correctional fee(s) and/or restitution; to comply with any requirements of a governmental agency for juvenile out-of-home placement services (this includes releasing the social security number to the placement facility); or as required by court order or federal and/or state rule, regulation and/or law.

**Request for Data** - an Information Disclosure Request form is available should you request data in your file.

**Complaints** - If you need more information or feel that the Sherburne County Community Corrections department has violated your privacy rights, you may contact:

Sherburne County Administrator  
13880 Business Center Drive, N.W.  
Elk River, MN 55330-1692  
(763)765-3001 or (800)433-5229

**Acknowledgement of Receipt of Notice of Privacy Practices**

The Notice of Privacy Practices informs you how Sherburne County Community Corrections may use or disclose private information about you. Not all situations are described. I have been given a copy of the Sherburne County Community Corrections Notice of Privacy Practices and have read it or had it reviewed with me.

\_\_\_\_\_  
Defendant/Client Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Parent/Guardian (if applicable)

\_\_\_\_\_  
Date

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Printed Name