



PERSONAL DATA FORM

202 Clift Street
Waxahachie, Texas 75165
(972) 825-5130 FAX (972) 825-5148

Last name _____ First _____ Middle _____

Suffix (Jr., II, etc.) _____ .AKA _____

Mailing Address _____

Street Apt# City State Zip

Physical Address (if different from above) _____

Street Apt# City State Zip

Cell Phone _____ Other Phone _____ County of Residence _____

Email address _____

DOB _____ Sex _____ Hair Color _____ Eye Color _____

Height/Weight _____ / _____ Race _____ Ethnic _____

Citizenship _____ Place of Birth _____ HS Diploma/GED (check) Yes No

Highest Grade _____ Marital Status _____ # of Dependents _____

Primary Language _____ SS# _____

DL# _____ State _____ Exp Date _____ ID# _____

Military Service (check) Yes /No Branch of the Military _____

Current Status: (check one) Active Inactive Retired Honorable Discharge: (check) Yes /No

If no, please explain: _____

Employer _____ Address _____

City _____ State _____ Zip _____ Phone _____

Position _____ Wages _____ hr wk yr FT/PT _____

Auto Make _____ Model _____ Body Type _____

Color _____ Year _____ Lic. # _____ State _____

References

Name _____ Relationship _____

Address _____ City _____ State _____ Phone _____

Name _____ Relationship _____

Address _____ City _____ State _____ Phone _____

Name _____ Relationship _____

Address _____ City _____ State _____ Phone _____

Name _____ Relationship _____

Address _____ City _____ State _____ Phone _____

Date _____ Defendants Signature _____