



# COLLIN COUNTY TEEN COURT

## DEFENDANT'S PRE-TRIAL SURVEY

### Personal Information

Name: \_\_\_\_\_

Age: \_\_\_\_\_ Age at the time of the offense: \_\_\_\_\_

School: \_\_\_\_\_ Grade: \_\_\_\_\_

### Offense Information

Offense: \_\_\_\_\_

Date of Offense: \_\_\_\_\_ Day of the week: \_\_\_\_\_ Time: \_\_\_\_\_

Location of Offense: \_\_\_\_\_

Who were you with? \_\_\_\_\_

Is this your first criminal offense? \_\_\_\_\_ If no, list others: \_\_\_\_\_

If a vehicle was involved, what kind of vehicle? \_\_\_\_\_

If alcohol was involved, what kind of alcohol? \_\_\_\_\_

If this is a truancy charge, which classes did you miss? \_\_\_\_\_

### Mitigating Information

Do you have a job? \_\_\_\_\_ If so, where? \_\_\_\_\_

Extracurricular Activities: \_\_\_\_\_

What kind of grades do you make in school: \_\_\_\_\_

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**TEEN ATTORNEY USE ONLY: (teen attorney may write any notes here)**

Recommended Sentence: \_\_\_\_\_