

# VICTIM BACKGROUND INFORMATION SUMMARY

## I. Personal History Section

NAME:		LAST:		FIRST:		MI:	
DATE OF BIRTH:				AGE:		RACE:	
SEX:	M <input type="checkbox"/>	F <input type="checkbox"/>					
LAST KNOWN ADDRESS:							
LAST KNOWN ADDRESS:							
EDUCATION (LAST YEAR COMPLETED):							
PHYSICAL DESCRIPTION:			HT.	WT.	HAIR	EYES	
SOURCE	GLASSES:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	CONTACTS:	YES <input type="checkbox"/>	NO <input type="checkbox"/>	
	DENTURES :	YES <input type="checkbox"/>	NO <input type="checkbox"/>				
DISABILITIES, IF ANY (DESCRIBE):							
USE OF ALCOHOL OR DRUGS:							
PREVIOUS CRIMINAL RECORD:				YES <input type="checkbox"/>	NO <input type="checkbox"/>		
PERSONAL PHYSICIAN'S NAME:							
ADDRESS:							
DENTIST'S NAME:							
ADDRESS:							
MARITAL STATUS:		SINGLE <input type="checkbox"/>	MARRIED <input type="checkbox"/>	DIVORCED <input type="checkbox"/>	SEPARATED <input type="checkbox"/>		
SPOUSE:				ADDRESS:			
CHILDREN		YES <input type="checkbox"/>	NO <input type="checkbox"/>	NUMBER OF CHILDREN:			
NEAREST RELATIVE							
RELATIONSHIP TO VICTIM:							
ADDRESS:							
PHONE NUMBER:							

## II. Employment History Section

<b>SOURCE</b>	<b>LAST EMPLOYER:</b>
	<b>POSITION HELD:</b>
	<b>LENGTH OF EMPLOYMENT:</b>
	<b>PREVIOUS EMPLOYMENT:</b>
	<b>LAST EMPLOYER:</b>
	<b>POSITION HELD:</b>
	<b>LENGTH OF EMPLOYMENT:</b>
	<b>LAST EMPLOYER:</b>
	<b>POSITION HELD:</b>
	<b>LENGTH OF EMPLOYMENT:</b>
	<b>LAST EMPLOYER:</b>
	<b>POSITION HELD:</b>
	<b>LENGTH OF EMPLOYMENT:</b>

## III. Financial Information

<b>SOURCE</b>	<b>A. CHECKING ACCOUNT: YES <input type="checkbox"/> NO <input type="checkbox"/></b>
	<b>NAME OF BANK:</b>
	<b>B. SAVINGS ACCOUNT: YES <input type="checkbox"/> NO <input type="checkbox"/></b>
	<b>NAME OF BANK</b>
	<b>C. MEMBER OF CREDIT UNION YES <input type="checkbox"/> NO <input type="checkbox"/></b>
	<b>NAME OF CREDIT UNION</b>
	<b>D. GENERAL CREDIT RATING: GOOD <input type="checkbox"/> BAD <input type="checkbox"/></b>
	<b>E. CREDIT CARDS</b>

## IV. Life Insurance Information

<b>SOURCE</b>	<b>DID VICTIM CARRY LIFE INSURANCE?</b>	
	<b>AMOUNT:</b>	<b>COMPANY</b>
	<b>BENEFICIARY:</b>	
	<b>AMOUNT:</b>	<b>COMPANY</b>
	<b>BENEFICIARY:</b>	
	<b>AMOUNT:</b>	<b>COMPANY</b>
	<b>BENEFICIARY:</b>	

**V. Interests and Hobbies**

SOURCE	

**VI. Daily Routine (s)**

SOURCE	

**VII. General Reputation**

SOURCE	

**VIII. Known Enemies**

SOURCE	NAME	REMARKS

**IX. Social History**

SOURCE	BARS FREQUENTED:
	HEALTH CLUB MEMBERSHIPS:
	RESTAURANTS FREQUENTED:





**SOURCE CODE**

<b>CODE</b>	<b>NAME</b>
<b>A</b>	
<b>B</b>	
<b>C</b>	
<b>D</b>	
<b>E</b>	
<b>F</b>	
<b>G</b>	
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<b>V</b>	
<b>W</b>	
<b>X</b>	
<b>Y</b>	
<b>Z</b>	