

Pre-Sentence Investigation Questionnaire

PERSONAL DATA

Full Name: _____ Alias/Nickname/Maiden _____

Home Phone: _____ Work Phone: _____

Mailing Address: _____ Physical Address: _____

Employer: _____ Employer City/State: _____

Date of Birth: _____ Place of Birth: _____

Social Security # _____ INS #: _____ Driver's License #: _____

Are you a citizen? Yes No Race/Ethnic Group: _____

Complexion: _____ Height: _____ Weight: _____

Eye Color: _____ Hair Color: _____

Marks, Scars, Tattoos: _____

ACCOMMODATION

How do you like the place you live? Do you rent or own your residence? How long have you lived there?

Do you plan on moving? Yes No If so, when and why? _____

With whom do you live? _____

#1

List your last three addresses:

Address Start/End Dates With whom did you reside?

CRIMINAL HISTORY

Juvenile Record:

How old were you when you were in trouble with the law? _____

Do you have a juvenile record? Yes No Where and what offense(s)? _____

#2

Were you on juvenile probation? Yes No Where? _____

If yes, who was your agent? _____

Were you ever placed outside the home as a juvenile? Yes No Where? _____

Adult Record:

Do you have an adult record? Yes No Where? _____

#3

List all convictions, arrests, summons, whether convicted or not (include out-of-state information).

<u>Offense</u>	<u>Date</u>	<u>Place</u>	<u>Sentence</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have any pending charges? Yes No If yes, please describe: _____

Have you ever been on adult probation or parole? Yes No Where? _____

If yes, who was your agent? _____

Have you ever been involved in a gang? Yes No _____

As a juvenile or adult:

Have you ever had probation, parole, or work release violations? Yes No
Have you ever had your probation, parole, or work release revoked? Yes No
If yes, why? (New charges, technical violations such as dirty UA's, absconding, etc.)

Have you ever been incarcerated? Yes No Where? _____

Have you had any reports or write-ups while in jail, prison, or a halfway house? Yes No
If yes, what for? _____

Have you ever escaped, or attempted to escape, from a youth or adult correctional facility? Yes
No
If yes, please explain: _____

Have you ever been in trouble for fighting, been assaultive, or used forms of violence? Yes No
If yes, please explain: _____

Have you ever used a weapon against another person? Yes No
If yes, please explain: _____

Do you have any weapons in your home? Yes No

Have you ever had a driver's license in another state? Yes No
If yes, where? _____

FAMILY BACKGROUND

Father's name: _____ DOB: _____ Birthplace: _____

Address: _____ Telephone: _____

Employer: _____ Position Held: _____

How many times has your father been married? _____ Divorced? _____

How many children does he have? _____

Does he now or has he ever had:

Psychological problems? Yes No

Alcohol or drug problems? Yes No

Has he ever been convicted of a crime? Yes No

Has he ever been violent toward you or anyone else? Yes No

Mother's name: _____ Maiden name: _____

Birthplace: _____ DOB: _____

Address: _____ Telephone: _____

Employer: _____ Position Held: _____

How many times has your mother been married? _____ Divorced? _____

How many children does she have? _____

Does she now or has she ever had:

Psychological problems? Yes No

Alcohol or drug problems? Yes No

Has she ever been convicted of a crime? Yes No

Has she ever been violent toward you or anyone else? Yes No

Do you have step-parents? Yes No

If yes, please list:

Full Name/DOB

Address

Phone #

Please list your brothers and sisters(full, half, and step).

Full Name/DOB

Address

Phone #

Occupation

Have any of your siblings had:

Psychological problems? Yes No

Alcohol or drug problems? Yes No

If yes, Who? _____

Have any of your siblings been convicted of a crime? Yes No

If yes, who? _____

Childhood:

Where did you grow up? _____

Who were you raised by? (Parents, relatives, foster parents, etc.) _____

Describe your childhood. Were there any problems during your childhood? Yes No _____

List towns you have lived in and dates lived there:

City/State:

Dates:

Have you ever been a victim of abuse or criminal behavior? Yes No

If yes, would you like to explain? _____

How would you describe your relationship with your parents or step-parents? _____

How often do you have contact with them? _____

#4

How would you describe your relationship with other relatives? _____

How often do you have contact with them? _____

Siblings? _____

Grandparents? _____

Aunts/Uncles/Cousins? _____

How have they reacted to your offense? _____

EDUCATION

List names of schools and dates you attended: include high school, college, vo-tech, etc.

School

Address

Dates

Area of Study

Did you graduate from high school? Yes No Date of graduation? _____

If no, what was the highest grade you **completed**? _____ Year you left school? _____

Do you have a GED? Yes No If yes, when did you receive it? _____

Did you ever repeat a grade? Yes No

Were you ever expelled or suspended? Yes No If yes, why? _____

Describe any problems you experienced in school (attendance, behavior, getting along with other students and/or teachers): _____

What school organization or special activities did you participate in? _____

Do you have a learning disability? Yes No What? _____

Have you ever been diagnosed with Attention Deficit Disorder? Yes No

Do you plan to improve your education? Yes No What are your educational goals? _____

Are you currently enrolled in school? Yes No

#5

MILITARY

Have you ever been in the military? Yes No
If yes, what branch? _____

Date joined: _____ Date of discharge _____

Type of discharge: _____ Rank at discharge: _____

Were you ever: Decorated? Yes No Disciplined? Yes No

Are you eligible for benefits? Yes No Where is your DD214 filed? _____

EMPLOYMENT

Present employer: «Employer Name» _____

Address: _____ Phone: «Employee Phone» _____

Wage per hour: _____ Gross income per week: _____ Hours per week: __

Date of Employment: _____ Supervisor: _____

List any other income besides employments: _____

#6

If you are employed, please describe your position: _____

How long do you plan on working where you are currently at? _____

Do your employers and co-workers know you have been arrested? Yes No

If yes, what do they think of that? _____

#7

Please describe your relationship with your boss: _____

#8

Do you feel he/she does a good job? Yes No

Please list your last three jobs:

Employer	City/State	Start/End Dates	Position	Wage	Reason for leaving
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

#9

Have you ever been fired? Yes No Why? _____

Have your legal charges ever caused you to leave a job? Yes No

Have you ever walked off the job without giving notice? Yes No

Have you ever just quit going to a job? Yes No

Do you have a license to drive a bus? Yes No

FINANCIAL

Please list all debts including any support payments:

Person/Place Owed	Initial Amount	Monthly Payment	Balance

Please list assets and their value (include checking and/or savings accounts, stocks, bonds, or other investments, vehicles, home, stereo equipment, etc.)

Please list your monthly bills and payment amounts (rent, electricity, phone, groceries, etc.)

How much did you earn in the last twelve months? _____

In the past year have you experienced any financial problems? Yes No

If yes, please explain: _____

#10

During the past year have you received any type of financial assistance (i.e.: food stamps, WIC, disability, etc.) Yes No

If yes, please explain: _____

MARITAL HISTORY

Are you currently in a relationship? Yes No

#11

Spouse or Significant Other: (including current girl/boyfriend, fiancé, etc.)

Full Name: _____ DOB: _____

Address: _____ Telephone: _____

Education Level: _____ Employer: _____

If married, when? _____ If divorced, when? _____

Does he/she now, or has he/she ever, had:

Psychological problems? Yes No

Alcohol or drug problems? Yes No

Has he/she ever been convicted of a crime? Yes No

Prior marriages:

Name of previous spouse(s)

Dates of marriage(s)

#12

CHILDREN

Please list your children:

Name	DOB	Address	Occupation
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#13

Have any of your children been convicted of a crime? Yes No

If yes, what? _____

Has the Department of Human Services been involved with your family? Yes No

If yes, please explain: _____

What religion are you? _____ How often do you attend services? _____

LEISURE

Have you been active in any organizations or clubs during the past year (church, clubs, sports, etc.)?

Yes No If yes, please describe: _____

#14

COMPANIONS

With whom do you spend most of your time with? _____

What types of things do you do with your friends? _____

#15

Of the people you know, how many have never been in trouble with the law and have never engaged in criminal behavior? _____

How many of your friends have never been in trouble with the law and have never been involved in criminal behavior? _____

What did they say about your offense? _____

HEALTH

Have you ever been seriously ill? Yes No Are you healthy now? Yes No

If no, please explain: _____

List present medical problem(s) or disability(ies)

Are you currently taking medications? Yes No

If yes, please explain: _____

#16

MENTAL HEALTH

Have you ever had a psychiatric evaluation or diagnosis? (Depression, OCD, etc.) Yes No

In the past year, have you been in any kind of counseling or treatment (including chemical dependency)?

Yes No If yes, where? _____

Have you ever tried to hurt yourself? (Suicide attempts, etc.) Yes No

#18

CHEMICAL USE

Was the use or possession of drugs or alcohol involved in this offense? Yes No

If yes, please explain: _____

How can you right the wrong of your offense: _____

Name(s) of others involved: _____

How long were you in jail? _____ How much was your bond? _____

Name of your present attorney: _____ Court appointed Private ("X" one)

ATTITUDES/ORIENTATION

What do you think of crime in general? _____

What is the first thing that comes to mind when you think about your criminal behavior? _____

Is there ever a good reason to break the law? Yes No