

## Pre-Sentence Information

The following information must be filled out completely and accurately. Do not leave any questions blank—please fill out both sides. If the question does not apply to you, please write N/A (not applicable).

Name: \_\_\_\_\_ Today's Date: \_\_\_\_\_  
SS#: \_\_\_\_\_ Case Number: \_\_\_\_\_  
Address: \_\_\_\_\_ City: \_\_\_\_\_  
State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ How long have you lived at this address? \_\_\_\_\_

Do you use any other names (maiden name, previous married names)? If so, please list below:

\_\_\_\_\_

Reside with (name and relationship):

\_\_\_\_\_

Marital Status: \_\_\_\_\_  
(single, married, divorced, widowed)

Previous Residences (Address, City, State and Date):

\_\_\_\_\_

\_\_\_\_\_

Place of Birth: \_\_\_\_\_

Parent's Names : \_\_\_\_\_

\_\_\_\_\_

Parent's Address: \_\_\_\_\_

\_\_\_\_\_

Parent's Phone #: \_\_\_\_\_

Number of Siblings: \_\_\_\_\_

Name/Address/Phone for Siblings:

\_\_\_\_\_

\_\_\_\_\_

Number of Children: \_\_\_\_\_

Names/Ages/Location for Children:

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Employer: \_\_\_\_\_

Occupation: \_\_\_\_\_

Employer's Address: \_\_\_\_\_

\_\_\_\_\_

Employer's Phone #: \_\_\_\_\_

How long employed here? \_\_\_\_\_

Income: \_\_\_\_\_ per \_\_\_\_\_

If unemployed, how are you supported? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Highest grade you completed in school: \_\_\_\_\_

Name of High School/Location: \_\_\_\_\_

\_\_\_\_\_

Additional Education/Training: \_\_\_\_\_

\_\_\_\_\_

Have you ever been a member of the U. S. Armed

Services? \_\_\_\_\_ Branch: \_\_\_\_\_

Dates: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Do you have any serious health problems? \_\_\_\_\_

If yes, please describe: \_\_\_\_\_

\_\_\_\_\_

Are you currently receiving treatment or

medications? \_\_\_\_\_

\_\_\_\_\_

Are you currently under any medical or psychiatric

treatment or involved in any type of professional

counseling? \_\_\_\_\_

\_\_\_\_\_

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

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

Phone Number: \_\_\_\_\_

How Long: \_\_\_\_\_

Medications Taken: \_\_\_\_\_

Do you consume alcohol (frequency)? \_\_\_\_\_

\_\_\_\_\_

At what age did you start drinking? \_\_\_\_\_

Do you feel that you have a drinking problem? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever been in a treatment program for

alcohol abuse? \_\_\_\_\_ If yes, where and when?

\_\_\_\_\_

\_\_\_\_\_

Do you use any type of illegal drug or abuse any

prescribed medication (type and frequency)?

\_\_\_\_\_

\_\_\_\_\_

At what age did you start using? \_\_\_\_\_

\_\_\_\_\_

Do you feel that you have a drug problem? \_\_\_\_\_

Explain: \_\_\_\_\_

Have you ever been in a treatment program for drug abuse? \_\_\_\_\_ If yes, where and when? \_\_\_\_\_

Do you have any charges pending in this or any other court? \_\_\_\_\_ If yes, please explain: \_\_\_\_\_

Are you currently on any type of parole or probation or diversion program? \_\_\_\_\_

Have you **EVER** been questioned, held, issued a ticket, arrested, convicted, acquitted, accused or detained by any type of law enforcement agency for any matter? \_\_\_\_\_ If yes, please fill out the information below.

Charge	City/County/State	Year	What Happened in Court?
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____

Do you have an attorney in this case? \_\_\_\_\_ Name: \_\_\_\_\_ Phone: \_\_\_\_\_

**Defendant's Statement**

Please give a brief description of what happened in **this** offense.

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I swear that the information I have given to the Probation Department is true and complete, to the best of my ability. I understand that the Probation Department will investigate this information. I further understand that willfully giving false or misleading information could be a punishable offense.**

\_\_\_\_\_  
Defendant's Signature

\_\_\_\_\_  
Date