

PSI PACKET

Oakland County Circuit Court Probation

1200 N. Telegraph
North Office Building 26 East
Pontiac, MI 48341-0407
(248) 858-0300 / Fax (248)858-0423

South Office Building
1151 Crooks Rd
Troy, MI 48084
(248)655-1100 / Fax (248)655-1168

Date: _____

The Court has referred your case to the Probation Department for the completion of a Presentence Report. The purpose of the report is to provide the Judge with information regarding your personal and criminal history, as well as the circumstances regarding this offense.

An agent will be contacting you either by phone or mail. If you do not hear from an agent within 7 days, it is your responsibility to call the Probation Department at (248) 858-0300 to obtain your agent's name and schedule an interview. Failure to do so will result in a bench warrant for your arrest.

YOUR CASE HAS BEEN ASSIGNED TO PROBATION AGENT:

TELEPHONE: _____

You must bring this completed questionnaire with you to the interview. It is important to be on time and prepared for your appointment.

Please bring each of the following items with you to your interview:

1. **Picture Identification / Driver's License**
2. **Social Security Card**
3. **High School Diploma / GED / College Transcripts / Degree / Certificate**
4. **Military Discharge**
5. **Progress Report from any Treatment Program you are currently attending or have attended or proof of completion**
6. **Current Paycheck stub, or Letter from your Employer**
7. **Prescription Medication that you are currently taking.**
8. **Proof of a Medical Condition you are being treated for.**

CHILDREN ARE NOT ALLOWED IN THE LOBBY / WAITING AREA. YOU MAY NOT BRING MINOR CHILDREN TO THE INTERVIEW.

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NAME: _____

ALIAS, MAIDEN, OR OTHER NAMES: _____

BIRTH DATE: _____ **AGE:** _____ **GENDER:** _____

DRIVER'S LIC#: _____ **SOCIAL SECURITY#:** _____

ADDRESS: _____ **CITY:** _____ **ZIP:** _____

TELEPHONE# _____ **2ND # OR CELL #** _____

HOW LONG AT THIS ADDRESS? _____ **CITY OF BIRTH:** _____

COMPLEXION: _____ **HAIR COLOR:** _____ **RACE:** _____ **MULTIRACIAL? Y or N**

EYE COLOR: _____ **FACIAL HAIR(DESCRIBE):** _____

RELIGIOUS PREFERENCE: _____ **MARITAL STATUS:** _____

RT/LFT HANDED: _____ **USA CITIZEN?** _____ **WEIGHT:** _____ **HEIGHT:** _____

GLASSES / CONTACTS? _____ **DEPENDANTS:** _____

DO YOU HAVE HEALTH INSURANCE: _____ **(INCLUDE MEDICARE)**

LIST ANY TATTOOS / BODY MARKINGS/ SCARS/ OR PIERCINGS AND THEIR LOCATION:

ATTORNEY NAME: _____ **APPOINTED OR
RETAINED**

ARREST DATE: _____ **BOND AMT \$:** _____ **DATE
POSTED:** _____

**ANY HISTORY OF GANG
INVOLVEMENT?** _____

**NAME OF
GANG:** _____ **RANK** _____

NICKNAMES _____

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PROVIDE THE FOLLOWING INFORMATION REGARDING ALL FAMILY MEMBERS:

RELATION	NAME	DOB	ADDRESS AND PHONE # (City, State and Zip)	EMPLOYMENT	CRIMINAL RECORD?
FATHER					
MOTHER					
STEP-FATHER					
STEP-MOTHER					
BROTHER OR SISTER (INDICATE WHICH)					
BROTHER OR SISTER (INDICATE WHICH)					
BROTHER OR SISTER (INDICATE WHICH)					
BROTHER OR SISTER (INDICATE WHICH)					
BROTHER OR SISTER (INDICATE WHICH)					

WHO RAISED YOU? _____ **RELATIONSHIP?** _____

DESCRIBE YOUR CHILDHOOD (Please include any mental, physical or sexual abuse that you may have suffered and by whom): _____

DO ANY MEMBERS OF YOUR FAMILY HAVE DRUG /ALCOHOL PROBLEMS? _____

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EMPLOYMENT

**CURRENT OR MOST RECENT
EMPLOYER:** _____

ADDRESS: _____

DATES OF EMPLOYMENT: _____ **TO** _____

POSITION: _____ **PAY RATE:** _____

WORK HOURS: _____ **TO** _____

**NAME AND PHONE # OF YOUR
SUPERVISOR:** _____

**IS YOUR EMPLOYER AWARE OF YOUR
ARREST?** _____

**WILL YOU STILL HAVE YOUR JOB FOLLOWING
SENTENCING?** _____

**WHAT IS YOUR
OCCUPATION?** _____

**WERE YOU EMPLOYED AT THE TIME OF YOUR
ARREST?** _____

**LONGEST TIME SPENT ON ANY
JOB:** _____

**DO YOU RECEIVE ANY FORM OF GOVERNMENT
ASSISTANCE?** _____

**DO YOU HAVE A MILITARY
BACKGROUND?** _____ **EXPLAIN** _____

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LIST YOUR PRIOR EMPLOYMENT INFORMATION:

Employer	Start Date	End Date	Address & Phonw	Position	Supervisor	Pay (hourly)	Reason for leaving

EDUCATION

WHAT IS THE HIGHEST GRADE THAT YOU COMPLETED? _____

ANY COLLEGE EXPERIENCE? _____ **DEGREE?** _____

ANY VOCATIONAL OR JOB SKILL TRAINING? _____

ANY CERTIFICATIONS OR LICENSES? _____

WERE YOU INVOLVED IN SPECIAL EDUCATION COURSES? _____

IF YOU LEFT SCHOOL BEFORE COMPLETION / GIVE REASON: _____

WERE YOU EVER SUSPENDED / EXPELLED FROM SCHOOL?

EXPLAIN: _____

LIST ALL HIGH SCHOOLS/COLLEGES ATTENDED:

SCHOOL NAME	ADDRESS	FROM	TO	LEVEL ACHIEVED

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SUBSTANCE ABUSE

DO YOU FEEL THAT YOU HAVE A SUBSTANCE ABUSE ISSUE? _____

PLEASE EXPLAIN: _____

LIST ALL SUBSTANCES THAT YOU HAVE USED OR ABUSED (including alcohol):

SUBSTANCE	FIRST USED (AGE)	LAST USED (DATE)	HOW OFTEN USED	AMOUNT USED

WHEN WAS YOUR HEAVIEST PERIOD OF USE? _____

LONGEST PERIOD OF SOBRIETY? _____

SUBSTANCE ABUSE TREATMENT

PLEASE LIST ANY TREATMENT PROGRAMS THAT YOU HAVE ATTENDED:

PROGRAM NAME	LOCATION	BEGIN DATE	END DATE	TYPE OF PROGRAM	SUCCESSFUL COMPLETION?

HEALTH

HOW WOULD YOU DESCRIBE YOUR HEALTH? _____

ARE YOU CURRENTLY SEEING A DOCTOR? _____ **WHO?** _____

LIST ANY PRESCRIPTION MEDICATION THAT YOU TAKE: _____

HAVE YOU EVER RECEIVED ANY FORM OF DISABILITY? _____

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LIST ANY MEDICAL PROBLEMS; AND HOW LONG YOU HAVE HAD THEM: _____

ARE YOU PHYSICALLY CAPABLE OF HOLDING EMPLOYMENT? _____

MENTAL

HISTORY OF MENTAL ILLNESS? _____ **DIAGNOSIS?** _____

HAVE YOU EVER BEEN HOSPITALIZED FOR MENTAL ILLNESS? _____

ANY HISTORY OF PSYCHO TROPIC MEDICATION? _____

ANY HISTORY OF SUICIDE ATTEMPTS? _____

PLEASE DESCRIBE ANY (YES) ANSWERS: _____

FINANCES

WHAT IS THE SOURCE AND AMOUNT OF YOUR INCOME? _____

LIST ANY ASSETS THAT YOU HAVE, THEIR APPROXIMATE VALUE, AND WHEN YOU RECEIVED THEM:

(EXAMPLES: CARS, HOUSE, BANK ACCOUNTS) _____

LIST ANY DEBTS THAT YOU HAVE (TOTAL AND PAYMENT AMOUNT- EXAMPLES: CHILD SUPPORT, CREDIT CARDS, LOANS, RENT)

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State of Michigan



Jennifer Granholm, Governor
Department of Corrections

Patricia Caruso, Director
"Expecting Excellence Every Day"

RELEASE OF INFORMATION

I, _____ hereby authorize the release of privileged information contained in my records which are held by your institution to the Michigan Department of Corrections, Oakland County Circuit Court Probation and the 6th Judicial Circuit Court. Such information may be released to the Director of Probation or his/her Agent.

Such authorization extends to the following agencies:

- I. Health and Welfare
- I. Military
- I. Credit
- I. Schools
- I. Immigration
- I. Medical
- I. Clinical
- I. Employment

It is understood that the information released is for the sole use of the Department of Corrections and will be kept confidential and released only to those agencies enumerated under MCLA 771.20.

I further authorize the release of information, whose confidentiality is protected by Federal Law, pertaining to any treatment that your agency provided. This authorization shall be in effect from: _____ to _____ and in any event shall expire 60 days after date of signing.

Signed

Date: _____

Witnessed