

PRESENTENCE INFORMATION SHEET

PROBATION DEPARTMENT
 52-3 District Court
 700 Barclay Circle
 Rochester Hills, MI 48307

Interviewer: _____
 Appt Date/Time: _____

Sentence Date: _____ Name of Judge: _____ Case No: _____
 Date Of Conviction: _____ Convicted By: Plea/Judge/Jury

DEMOGRAPHICS

Name: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone No:(____)____-____ Age:____ Date of Birth:___/___/___ Gender: ___F ___M Race:_____
 Marital Status:_____
 Place of Birth (City & State Or Foreign Country): _____
 If Foreign Born - If Naturalized-Where?_____ No. & Date Of Certificate: _____
 If Alien- Port of Entry: _____ Alien Registration No:_____
 Hair Color:_____ Eye Color:_____ Height:_____ Weight_____ Complexion:_____
 Scars, Tattoos, Etc.:_____
 Driver's License No:_____ Social Security No:_____-_____-_____

Offense:_____ [State Law/City Ord./Twp. Ord.]
 Where offense was committed:_____ When:_____
 Where arrested:_____ When:_____
 Arresting agency:_____
 Time detained in jail on this charge:_____ Amount of Bond:_____
 Complaint (Individual Or Agency):_____
 Name of Defendant's Attorney:_____ Telephone No:_____
 Address of Attorney:_____ City:_____ State:_____ Zip:_____
 Name of Co-Defendants_____

RECORD OF ARRESTS - List below all other arrests whether convicted or not

Date	Court	Offense	Disposition

FAMILY - List Names of Relatives (Parents, Brothers, Sister, Etc.)

Name (place a check mark beside name if person has ever been arrested)	Relationship	Birth Date Or Age	Present Address	Occupation Or School Status

MARITAL HISTORY: Present & Previous Marriages

Name	Place & Date Of Marriage	No. Of Children	Outcome Of Marriage

Children's Full Name(s)	Gender	Birth Date

HOME AND NEIGHBORHOOD:

Type of Dwelling: _____ Condition of Dwelling: _____

No. of Rooms Occupied: _____ No of Persons living with Defendant: _____

Renting: Yes ___ No ___ Monthly Rent: _____ Condition Of Area: _____

List Previous Addresses (Start With Address Prior To Present & Work Backwards)

Address	City	State	Zip Code	Dates (From - To)

EDUCATION: Fill in all that apply Currently Enrolled in School? ___ Yes ___ No

___ Primary Education [circle highest grade completed] 1 2 3 4 5 6 7 8 9

___ High School ___ Graduate ___ GED Year of Graduation: _____ G.P.A. _____

___ Vocational No. of years _____ Graduated ___ Yes ___ No Major: _____

___ College No. of years _____ Graduated ___ Yes ___ No Major: _____

___ Graduate No. of years _____ Graduated ___ Yes ___ No Major: _____

EDUCATION: (continued...)

List Schools Attended - Start with Last School

Name of School	City	State	Dates Attended

RELIGION:

How important to you are spiritual matters? ___Not at all ___Little ___Moderate ___Much

Are you affiliated with a spiritual or religious group? ___Yes ___No

If Yes, describe_____

Name and Address of Place of Worship:_____

INTERESTS:

List Below any Skills, Hobbies, Activities, Clubs, Sports, Etc.:

MILITARY:

Military Experience ___Yes ___No Service Number:_____ Branch of Service:_____

Date of Entry:_____ Date of Discharge:_____ Type of Discharge:_____

Highest Rank Held:_____ Decorations and Awards:_____

Campaign, Previous Enlistments, Overseas Duties, Court Martial, Etc.:_____

Combat Experience ___Yes ___No V.A. Claim Number:_____

If Military Obligation has not been completed give:

Selective Service Board And Address, or Reserve Status:	Selective Service No.
	Classification

EMPLOYMENT: List Below Jobs Held – Begin with most recent job

Dates [Started - Ended]	Name and Address of Employer	Title	Weekly Wage	Reason For Leaving

Work Status: ___FT ___PT ___Temp ___Laid-off ___Disabled ___Retired ___Social Security ___Student

___Other (describe):_____

Give Reasons For Extended Periods Of Unemployment:

FINANCIAL:

<u>List Assets:</u> (real estate, insurance, personal property, pensions, stocks and bonds, etc.)	<u>List Debts:</u> (item and payment)
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Do you receive any financial assistance? _____ Amount: _____

PHYSICAL HEALTH:

Please list all of your **current** prescription and non-prescription (over-the-counter) medications:

Name of your current medicine	What do you use it for?	When did you begin taking it?	What dose do you take and how often?	Name of prescribing physician

Please list all medications that you have taken **in the past**:

Name of your previous medication	What did you use it for?	How long did you take it?	When did you stop taking it?	Why was it stopped?	Did the medication cause any problems?

(Check any problem areas you have or have had)

Condition	Present	Past	Comments
Abortion			
Arthritis			
Back Pain			
Diabetes			
Head Injury			
Headaches (Frequent)			
Memory Loss/Blackouts			
Pain (Daily longer than 2 weeks)			
Seizure/Epilepsy			
Sleep Difficulties			
Sexually Transmitted Disease			
HIV/AIDS			
Hepatitis			
Other:			

PHYSICAL HEALTH: (Continued...)

List Any Current Health Concerns: _____

List Any Recent Health or Physical Changes: _____

General Condition of Health: ___ Good ___ Fair ___ Poor Physical Handicaps: ___ Yes ___ No

Explain Any Poor Health, Injuries, Surgeries, or Handicaps: _____

Explain Any Physical Problems in Immediate Family: _____

Primary Physician: _____ Phone: _____

Address: _____ City: _____ State: _____

MENTAL HEALTH:

Have you ever been diagnosed with a mental illness? ___ Yes ___ No If yes, what? _____

Please make any relevant notes in the boxes below (dates, ages, number of times, substances abused, etc)

Personal History of:	Present	Past	Comments
Substance Abuse			
Depression			
Anxiety			
Manic Depression (Bipolar)			
Suicide/Homicide Attempt			
Nervous Breakdown			
Addictive Behaviors			
Psychiatric Hospitalizations			
Other:			

Family History of:	Present	Past	Comments
Substance Abuse			
Depression			
Anxiety			
Manic Depression (Bipolar)			
Suicide/Homicide Attempt			
Nervous Breakdown			
Addictive Behaviors			
Psychiatric Hospitalizations			
Other:			

	Yes	No	When	Where
Mental Health Counseling	___	___	_____	_____
Suicidal thoughts/attempts	___	___	_____	_____
Drug/alcohol treatment	___	___	_____	_____
Mental health hospitalization	___	___	_____	_____
Involvement with self-help groups (e.g. AA, Al-Anon)	___	___	_____	_____

Psychiatrist/Therapist: _____ Phone Number: _____

Address: _____ City: _____ State: _____

MENTAL HEALTH: (Continued)

Are there special, unusual, or traumatic circumstances that affected you? ___ Yes ___ No

If Yes, please describe: _____

Any history of child abuse? ___ Yes ___ No If yes, which type? ___ Sexual ___ Physical ___ Verbal

How old were you at the time of abuse? _____

Other Childhood Issues: ___ Neglect ___ Poor Nutrition ___ Poor Health ___ Other: _____

Any history of abuse by others? ___ Yes ___ No

If Yes, which type? ___ Emotional ___ Sexual ___ Physical ___ Verbal ___ Other: _____

How old were you at the time of abuse? _____

SUBSTANCE USE HISTORY: Have you ever used any of the following?

	Method of use and amount	Frequency of use	Age of first use	Age / Date of last use
Alcohol				
Barbiturates				
Valium/Librium				
Cocaine/Crack				
Heroin/Opiates				
Marijuana				
PCP/LSD/Mescaline				
Inhalants				
Xanax, Klonopin, Ativan				
Nicotine				
Over the Counter				
Prescription Drugs				
Other: _____				

Substance(s) of preference:

1. _____ 3. _____

2. _____ 4. _____

Describe when and where you typically use substances:

Reason(s) for Use:

___ Addicted ___ Build Confidence ___ Escape ___ Self-Medication
 ___ Socially ___ Taste ___ Other (specify) _____

Yes No

- ___ ___ Has your use of alcohol or drugs interfered with your obligations at work/school?
- ___ ___ Has your use of alcohol or drugs interfered with your obligations/relationships at home?
- ___ ___ Have you ever used more alcohol or drugs in order to achieve the desired effect?
- ___ ___ Have you ever needed to take a drink or use a drug in the morning in order to relieve a hangover?
- ___ ___ Have you spent a great amount of time in activities necessary to obtain the alcohol or drugs?
- ___ ___ Have important social, occupational, or recreational activities been given up or reduced because of the use of alcohol or drugs?
- ___ ___ Have you continued to use alcohol or drugs despite knowing that physical, psychological, or legal problems are likely to occur?

