

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

Full Name: _____ Email: _____
 Address: _____ City: _____ State: _____ Zip Code: _____
 Telephone No: _____ Age: _____ Date of Birth: _____ Gender: F M
 Marital Status: _____ Race: White Black Mexican Other _____
 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: _____
 Scars, Tattoos, Etc.: _____
 Driver's License No: _____

Offense: _____
 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 CRIMINAL HISTORY - List below all OTHER Charges whether convicted or not

Date	Court	Offense	Disposition

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

Name	Relationship	Birth Date Or Age	Present Address	Occupation Or School Status

(place an X mark in the box beside family member's name if they have ever been arrested)

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:

House Condo Mobile Home Apartment Other Condition of Home: _____

No of Persons living with Defendant: _____ Condition Of Area: _____

Renting: Yes No Monthly Rent: _____ No. of Rooms Occupied: _____

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

Highest grade completed High School Graduate Year of Graduation: _____ G.P.A. _____ GED _____

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 (if no, skip to next section)

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:

Work Status: FT PT Temp Laid-off Disabled Retired Social Security Student

Other (describe): _____

Give Reasons For Extended Periods Of Unemployment:

List Below Jobs Held – Begin with most recent job

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

FINANCIAL:

<p><u>List Assets:</u> (real estate, insurance, personal property, pensions, stocks and bonds, etc.)</p>	<p><u>List Debts:</u> (item and payment)</p>
--	--

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?

THE EXACT TRUTH CONCERNING THIS CASE:

In a paragraph give a brief explanation to the best of your knowledge the events that happened on the day in which the offense occurred such as the place, the street, the city, the persons you were with and the incidents leading up to the arrest, ticket or turning yourself in. **If it is an alcohol related offenses you must state where you were coming from (home, bar, work), going to, what type of beverage you had been drinking, approximately how much consumed and what length of time that this consumption took place. If you took the breathalyzer test, what were the results?

Date: _____

Signature: _____