**UNITED STATES DISTRICT COURT**

Federal Probation System

**WORKSHEET FOR PRESENTENCE REPORT**

*(See Publication 107 for Instruction)*

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| FACESHEET DATA |
| Defendant’s Court Name:  |
| Defendant’s True Name:  |
| Docket No.:  | District:  |
| Judge/Magistrate:  | Sentencing Date:  |
| USPO:  | Arrest Date:  |
| Assistant U.S. Attorney:  | Defense Counsel:  |
| DEFENDANT’S IDENTIFICATION |
| Defendant’s Names: (List every name the defendant has used, e.g., name given at birth, name given at adoption, nickname, alias, names used as a result of marriage, etc.)  |
| Date of Birth:  | Age:  | Place of Birth:  |
| Race: [ ]  White [ ]  Black [ ]  American Indian/Alaskan Hispanic Origin:[ ]  Hispanic [ ]  Non-Hispanic [ ]  Asian/Pacific Islander [ ]  Unknown [ ]  Unknown |
| Sex:  | Country of Citizenship:  | Immigration Status:  |
| No. of Dependents:  | Education:  | SSN:  |
| FBI No.:  | USM No.:  | Other ID No.:  |
| Defendant’s Legal Address: | Who lives in the residence?  |
| Defendant’s Current Address:  | Time lived at residence:  |
| Defendant Phone Number:  |

 Interview Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

 Verification Contact: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

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| DEFENDANT |
| Residential History (list every town or city where the defendant has lived and foreign travel):  |
| PARENTS AND SIBLINGS |
| Name | Relationship and age | Present Address/Telephone Number | Occupation |
|   | Father |  |  |  |
| Current name: Maiden name:  | Mother |  |  |  |
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Were your parents together/married when you were born?

Were your basic needs met growing up?

How old were you when you left the family home?

Was or is there a history of violence, abuse, or neglect in your home? Was there any CPS Involvement?

Was or is there any history of drugs and/or alcohol abuse in your home?

Do any of your immediate family members have a prior criminal record?

Has anyone in your immediate family been diagnosed with a mental health problem?

Describe your current relationship with your immediate family.

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| MARITAL STATUS  |
| [ ]  The defendant is presently single and has no marital history  |
| Spouse or Domestic Partner | Date and Place of Marriage | Status | Length of Relationship | Date of Separation/Reason | Date of Divorce and Court where divorce was granted | Number of Children |
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| Age of current spouse:  | Current spouse’s phone number:  |
| Current spouse’s address:  | Employment of current spouse:  |
| Does your spouse have a criminal record? Please provide details.  |

Have the police ever been called for a domestic dispute?

Does your spouse have a history of drug/alcohol abuse?

Does your spouse have a mental health diagnosis?

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| CHILDREN |
| [ ]  The defendant does not have any children  |
| Child’s Name | Name of Other Parent of Child | Age | Custody/Support | Child’s Address and Telephone Number |
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Do any of your children have health problems?

Do any of your children have a criminal record?

If you do not live with your child(ren), how often do you see them?

Are you court ordered to pay child support? Are you current on your payments?

Do any of your child(ren) collect Social Security?

What are your childcare plans if you are incarcerated?

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| DEFENDANT’S PHYSICAL CONDITION |
| Height:  | Weight: | Eye Color:  |
| Hair Color:  | Scars:  |
| PHYSICAL HEALTH |
| [ ]  The defendant is health and has no history of health problems  |
| List the date(s) and nature of any serious illnesses and medical conditions. Include all past hospitalizations.Are you presently prescribed medication? [ ]  Yes [ ]  No |

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| Name of Medication | Prescribing Doctor | Dosage | Reason for Medication |
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| Name, Address, and telephone of defendant’s Physician:  |

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| Tattoos (including location):  |

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| MENTAL HEALTH INFORMATION |
| Are you or have you been under the care of a psychiatrist, psychologist or mental health professional?  |
| [ ]  Yes, currently under care | [ ]  Yes, was under care in the past | [ ]  No |
| NAME OF PROVIDER | ADDRESS | DATES OF TREATMENT | PROBLEM TREATED |
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Do you have a mental health diagnosis?

Have you ever been hospitalized for a mental health problem? When and where?

Do you gamble?

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| Are you taking medication for a mental health diagnosis? [ ]  Yes [ ]  No  |
| NAME OF MEDICATION | PROVIDER | DOSAGE | REASON FOR MED. |
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Have you ever had hallucinations? [ ]  Yes [ ]  Auditory [ ]  Visual [ ]  No

Have you ever been physically, emotionally, or sexually abused?

Have you ever tried to hurt yourself?

Have you ever tried to hurt someone else?

Have you had suicidal ideation or tried to commit suicide?

Are you interested in being referred for MH treatment?

If you have been in MH treatment, what has the response of your family and/or friends?

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| SUBSTANCE ABUSE |
| [ ]  I have never used drugs or abused alcohol  |
|  NAME OF DRUG | AGE OF FIRST USE | AGE/DATE OF LAST USE | AMOUNT/FREQUENCY |
| ALCOHOL |  |  |  |
| MARIJUANA |  |  |  |
| SYNTHETIC MARIJUANA  |  |  |  |
| POWDER COCAINE |  |  |  |
| CRACK COCAINE |  |  |  |
| HEROIN |  |  |  |
| OPIATE PILLS |  |  |  |
| SUBOXONE |  |  |  |
| METHAMPHETAMINES |  |  |  |
| MDMA/KETAMINE/GHB |  |  |  |
| BENZODIAZEPINES (Xanax, Valium, etc.) |  |  |  |
| LSD/MUSHROOMS |  |  |  |
| COUGH SYRUP |  |  |  |
| INHALENTS |  |  |  |
| OTHER (PLEASE IDENTIFY) |  |  |  |

What is your drug of choice?

Do you consider yourself to be addicted or dependent on any of the above substances?

Is your family aware of your drug/alcohol use [ ]  Yes [ ]  No

Has drug/alcohol use created problems with family, friends, or employment?

What is your longest period of abstaining from drugs/alcohol?

Have you experienced physical or mental health problems as a result of your substance use?

Were you ever under the influence of drug/alcohol when you committed a crime, engaged in disruptive behavior, or were arrested?

Have you ever been in drug or alcohol treatment? [ ]  Yes [ ]  No

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| TREATMENT FACILITY | ADDRESS (CITY/STATE) | DATES OF TREATMENT |
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Does your family support your treatment efforts?

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| EDUCATIONAL DATA |
| Educational status: [ ]  High School Diploma [ ]  GED [ ]  College/Higher Diploma [ ]  Did not complete high school |
| If you have less than a 12th grade education, please explain why you left school:  |
| NAME OF SCHOOL | LOCATION OF SCHOOL | DATE LAST ATTENDED | DEGREE |
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| Were you ever in special education classes? Can you read and write in English or any other language?  |
| Does the defendant have any specialized training or skills? [ ]  Yes [ ]  No -- If yes, what training or skills? Does the defendant have any professional licenses?  [ ]  Yes [ ]  No -- If yes, what training or skills?  |

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| MILITARY |
| [ ]  None |
| Branch:  | Service No.:  | Entered:  | Discharged:  | Type of DC:  |
| Highest Rank:  | Rank at Separation: | Decorations/Awards: | VA Claim No.:  |
| Summarize the defendant’s military service. Describe any courts martial or non-judicial punishments. Describe any foreign or combat service. Describe special training or skills acquired in the service. Describe VA claims.  |

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| EMPLOYMENT HISTORY |
| [ ]  No employment history, or only a number of short-term jobs (less than 3 months) as listed:  |
| Defendants usual occupation:  |
| Employer | Job Title | Date Started | Date Ended | Hourly Pay/Salary | Reason for Leaving |
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| Summarize any employment over 10 years old:  |
| What are your occupational skills and/or interests?  |
| If you are receiving a Government subsidiary (SSI, SSD, Public Assistance), what is the nature of your disability or inability to work?  |
| How were you supported during periods of unemployment?  |

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| PRIOR CRIMINAL HISTORY |
| What States have you been arrested in? What states have you been convicted of a crime in? Are you, or have you ever been on probation or parole? If yes, please identify which counties and states you have been on parole or probation in and identify if it is probation or parole supervision. Have you ever been to prison? If so, where? Have you ever been affiliated with a gang? Are you subject to any orders of protection? Do you have any juvenile convictions?  |

Please fill out the following table to the best of your ability if you have an arrest/conviction record?

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| DATE/YEAR OF ARREST | CITY/STATE OF ARREST | OFFENSE | SENTENCE |
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| ACCEPTANCE OF RESPONSIBILITY |
| Defendant’s statement regarding offense: |

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| PROBATION OFFICE USE ONLY |
| Booker? [ ]  Yes [ ]  No RequestGrounds |