

United States District Court

WORKSHEET FOR PRESENTENCE REPORT

PERSONAL INFORMATION		
Court Name: _____		
True Name: _____		
Aliases or Nick Names: _____		
Place of Birth: _____	Date of Birth: _____	Age: _____
Social Security #: _____		
PHYSICAL DESCRIPTION		
Race: _____	Sex: _____	Height: _____
Weight: _____	Hair Color: _____	Eye Color: _____
Scars: _____		
Tattoos: _____		
Are any Tattoos Gang Related?		
CITIZENSHIP		
Country of Citizenship: _____		
Immigration Status: _____		
Alien Registration #: _____		
RESIDENTIAL INFORMATION		
Legal Address:	_____	_____
	(Number and Street)	Apt. #
	_____	_____
	(City)	(State) (Zip)
Current Address:	_____	_____
	(Number and Street)	Apt. #
	_____	_____
	(City)	(State) (Zip)
Mailing Address:	_____	_____
	(Number and Street)	Apt. #
	_____	_____
	(City)	(State) (Zip)
Home Phone Number: _____	Cellular Phone Number: _____	

RELEASE STATUS

In Custody: _____ Where: _____ Since What Date: _____ Bond: _____
Type: _____

Pretrial Supervision: _____ Pretrial Officer Name and # _____

Attorney Name and Telephone Number: _____

Attorney assigned or retained:

ACCEPTANCE OF RESPONSIBILITY

Version of the offense. This statement may be handwritten or typed. You should include, but are not limited to, the following information about the crime of conviction:

Why you became involved?

Your exact actions/conduct?

What you planned to and actually received from the crime?

Your relationship to co-conspirators/co-defendants (if any)?

CRIMINAL HISTORY (Juvenile and Adult)

None

Date of Arrest, Prosecution, Referral, or Detention	Charge/Conviction	Court City/County/State Action No.	Date Sentenced or Case Disposed	Sentence	Represented by or Waived Counsel (Y) or (N)

PENDING CHARGES AND SUPERVISION STATUS

No pending charges.

Charge(s)	Court	Accusation/Indictment #	Next Appearance Date

Not currently under supervision.
(diversion, probation, supervised release, or parole supervision)

Currently under criminal justice sentence. What type of supervision:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Diversion | <input type="checkbox"/> Probation | <input type="checkbox"/> Supervised Release |
| <input type="checkbox"/> Parole | <input type="checkbox"/> Escape Status | <input type="checkbox"/> In Custody |

Jurisdiction(s): _____

Supervising Officer's Name and Telephone Number: _____

OFFENDER CHARACTERISTICS

DEFENDANT

Life/Residential History: Please trace your life from birth to the present - where you have lived, how long, and with whom. Please be specific, include parents, step-parents, or any other important information.

PARENTS AND SIBLINGS

(List your biological parents. If reared by persons other than your natural parents, add the surrogate parents' names immediately below the space allocated to Father and Mother. After the parents, list all siblings, both living and deceased.)

Name	Relationship and Age	Present Address and Telephone Number	Occupation
	Father		
Current Name: Maiden Name:	Mother		

Crisis Situations: Include any problems in the family with drugs or alcohol. Deaths in the family which impacted you: divorce of parents; physical abuse or sexual abuse; serious injury or illness; domestic violence or gambling:

MARITAL STATUS

Presently single with no marital history.

Spouse or Domestic Partner (Current)	Date and Place of Marriage	Status	Date of Separation	Date of Divorce	Court Where Divorce was Granted	Number of Children

Employment status of current spouse:

CHILDREN

No children.

Child's Name	Name of Other Parent of this Child	Age	Custody / Support	Child's Address and Telephone Number (If different from defendant)

**Note health problems, criminal history, substance abuse, or any other significant information:

****Is your family aware of your conviction?**

PHYSICAL CONDITION/HEALTH

How would you rate your present physical health: excellent good fair poor

List the date(s) and nature(s) of any serious or chronic illnesses and medical conditions.

List all current prescriptions.

Provide the name, address, and telephone number of your physician(s).

MENTAL AND EMOTIONAL HEALTH

How would you rate your present mental health: excellent good fair poor

Describe any past or present mental or emotional problems. Include the diagnosis of any problems (if known).

Any attempts to commit suicide:

Psychiatric treatment and/or hospitalizations:

SUBSTANCE ABUSE

No history of alcohol or drug abuse and/or no history of treatment for substance abuse.

Which of the following substances have you experimented with and/or abused?

- | | |
|--|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Heroin/Opiates |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Barbiturates |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Hallucinogens |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Inhalants |
| <input type="checkbox"/> Amphetamine/
Methamphetamine | <input type="checkbox"/> Other: _____ |

When was alcohol or any controlled substance last used? _____

Which substance do you prefer? _____

Which substance has caused you the most problems? _____

Any positive urine test results:

Describe, in detail, your history of substance abuse and treatment.
(Overdose, daily cost to support habit, effect on family and personal life, frequency and quantity of use, treatment programs and dates)

Describe your use of alcohol:

When was the first time you drank alcohol?

How often do you drink?

Drink of choice?

Did your alcohol use ever impact your life in a negative manner (employment, marital, family, legal etc.)?

Have you ever received treatment? If yes, when and where was the treatment facility.

EDUCATION AND VOCATIONAL SKILLS

Highest grade completed: _____

SCHOLASTIC HISTORY

Name and Location of School (List most recent school first)	Dates Attended	Degree, Diploma, or Certificate Received

Do you have any specialized training or skill(s)?

Yes

No

If yes, what training or skill(s)?

Do you have any professional license(s)?

Yes

No

If yes, what license(s)?

None

MILITARY SERVICE

Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:
Highest Rank:	Rank at Separation:	Decorations and Awards:		VA Claim Number:

Summarize your military service. Describe any courts martial or non-judicial punishments. Describe any foreign or combat service. Describe any special training or skills acquired in the service. Describe previous VA claims.

EMPLOYMENT HISTORY

Usual Occupation: _____

Employment Status:

At the time of the offense, you were (select the appropriate number from the categories below) _____

At present, you are (select the appropriate number from the categories below) _____

- | | |
|---|--|
| 1. Employed full-time | 2. Employed part-time |
| 3. Unemployed temporarily, looking for work | 4. Unemployed seasonal worker |
| 5. Unemployed due to disability | 6. Unemployed, history of extensive unemployment |
| 7. Incarcerated or confined | 8. Student |
| 9. Homemaker | 10. Retired |
| 11. Other
(Specify): _____ | |

FINANCIAL CONDITION/ABILITY TO PAY

- Refer to Personal Financial and Monthly Cash Flow Statements (Forms 48 & 48B)
- You have few assets and liabilities.

EMPLOYMENT HISTORY

(Describe your employment history for the last fifteen years)

Dates	Name and Address of Employer	Job, Monthly Wage, Reason for Leaving
From:		
To Present		
	Phone No.:	
From:		
To:		
From:		
To:		

Notes: Is there anything else you would like the Court to know about you and your life?