

**UNITED STATES DISTRICT COURT
DISTRICT OF NEW JERSEY
UNITED STATES PROBATION OFFICE**

WORKSHEET FOR PRESENTENCE REPORT

FACESHEET DATA

Name: _____
Aliases or Nick Names: _____
Docket #: _____ Judge: _____
Arrest Date: _____
Assistant U.S. Attorney: (Name, Address) _____ Defense Counsel: (Name, Address, Telephone) _____

Retained Assigned

DEFENDANT'S IDENTIFICATION

Place of Birth: _____ Date of Birth: _____ Age: _____
Social Security #: _____
Race: White Black American Indian/Alaskan Native Asian or Pacific Islander Unknown
Hispanic Origin: Hispanic Not Hispanic Unknown
Sex: Male Female Country of Citizenship: _____
Immigration Status: _____ Alien Registration #: _____

RESIDENTIAL INFORMATION

Current Address: _____
(Number and Street) Apt. # _____

(City) (State) (Zip)
Mailing Address: _____
(Number and Street) Apt. # _____

(City) (State) (Zip)
Email Address(es): _____
Home Phone Number: _____ Cellular Phone Number: _____

RELEASE STATUS

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

Bond: _____ Type: _____

Pretrial Supervision: Yes No Pretrial Services Officer's Name and #: _____

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 did you become involved? What influenced your involvement in this offense? (i.e., peers, personal circumstances...)

What impact has your behavior had on others?

What did you receive from this offense?

What was your relationship with your co-conspirators/co-defendants, if any?

What could you have done differently to avoid finding yourself in this situation? What can you do differently in the future to avoid finding yourself in a similar situation?

CRIMINAL HISTORY (Juvenile and Adult)

None.

Date of Arrest, Prosecution, Referral, or Detention	Charge/Conviction	Court City/County/State Docket 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?

- Probation State Federal
- Supervised Release
- Parole
- Conditional Discharge
- Pretrial Intervention
- In custody
- Other

Supervising Officer's Name and Telephone Number:

OFFENDER CHARACTERISTICS

Life/Residential History: Please list every town where you have lived, how long, and with whom. Please be specific, include parents, step-parents, or any other important information.

Are you affiliated with any gangs? _____

PARENTS AND SIBLINGS

(List your biological parents. If raised 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			

Indicate whether any family members have any health problems, criminal history, substance abuse issues, or mental or mental health issues.

Include if any of the following have impacted you: divorce of parents; physical abuse or sexual abuse; serious injury or illness; domestic violence or gambling:

Family Verification Contact Person: Name: _____ Phone: _____

MARITAL STATUS

Presently single with no marital history.

Spouse/ 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:

Does partner have criminal history? History of substance abuse/mental illness?

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:

If applicable, describe child support, physical/legal custody and visitation issues.

What are your future plans regarding family, child care, etc.?

Is your family aware of your conviction? Yes No

PHYSICAL CONDITION/HEALTH

How would you rate your present physical health: Excellent Good Fair Poor

Height: _____ Weight: _____ Eye Color: _____ Hair Color: _____

Scars: _____ Tattoos: _____

Are any tattoos gang-related? _____

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

List all current prescriptions or medications. List any allergies to food or medication.

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:

Describe past and present gambling addiction/problem, if applicable.

Indicate if you wish to receive counseling or mental health treatment for any specific problems:

Potential Reentry Needs:

- State I.D.
- Social Security Card
- Birth Certificate
- Register to Vote
- Register for Selective Service
- In Need of Emergency Shelter
- Health Insurance
- Literacy Program
- Driver's License
- Passport
- Other post-release issues

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"/> Prescription Drugs (not prescribed to you) |
| <input type="checkbox"/> Ecstasy | <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: Yes No

Describe your history of substance abuse and treatment. Where and When? Did you complete the program? Were you clinically discharged?

Were you under the influence of illicit substances or alcohol when the offense occurred?

Did your use of drugs/alcohol contribute to your commission of the offense? In what way?

How has your use of alcohol/drugs impacted your relationship with significant others/family?

Are you interested in receiving substance abuse treatment?

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: _____ Did you participate in special education classes? _____

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) or hobbies?

Yes

No

If yes, what training or skill(s)?

Do you have any professional license(s)?

Yes

No

If yes, what license(s)?

What are your future educational goals?

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 present, you are:

- | | |
|-------------------------------------------------------------------|------------------------------------------------------------------------|
| <input type="checkbox"/> Employed full-time | <input type="checkbox"/> Employed part-time |
| <input type="checkbox"/> Unemployed temporarily, looking for work | <input type="checkbox"/> Unemployed seasonal worker |
| <input type="checkbox"/> Unemployed due to disability | <input type="checkbox"/> Unemployed, history of extensive unemployment |
| <input type="checkbox"/> Incarcerated or confined | <input type="checkbox"/> Student |
| <input type="checkbox"/> Homemaker | <input type="checkbox"/> Retired |
| <input type="checkbox"/> Other
(Specify): _____ | |

FINANCIAL CONDITION/ABILITY TO PAY

- Refer to Personal Financial and Monthly Cash Flow Statements (Forms 48 & 48B)
- 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:	Phone No.:	
To Present		
From:		
To:		
From:		
To:		

EMPLOYMENT HISTORY (Continued)		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		

Summarize any employment history over 15 years old:

Is your current employer aware of your instant offense? Yes No

How did you support yourself during periods of unemployment?

Describe your receipt of state/federal benefits, to include food stamps, health benefits, unemployment, social security, disability benefits, health benefits for children, etc. Also include the year(s) you received these benefits.

Describe your future employment goals/plans.

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

Would you be interested in any of the following?

- Adult Basic Education Classes
- GED Prep Classes
- ESL Classes
- Computer Classes
- Vocational Programs
- College Classes
- Job Readiness Skills
- Small Business / Entrepreneurship

Prepared by _____ Date _____

Defendant Signature _____