

Personal Questionnaire - Presentence Investigation

Please complete all sections of this form and return it to the assigned probation officer.

This form can also be completed in advance of the guilty plea and submitted via email to:
NJP_Presentence@njp.uscourts.gov

Fillable copies of presentence forms can be found at: <https://www.njp.uscourts.gov>



Date of interview: _____

Attorney present? Yes No

Interpreter: _____

Collateral contact name and number: (1) _____

Relationship to you: _____

Collateral contact name and number: (2) _____

Relationship to you: _____

Face Sheet Data							
Court Name:				True Name:			
Docket No.:				USPO:			
Assistant U.S. Attorney: (Name and Telephone)				Defense Counsel: (Name and Telephone)			
DEFENDANT'S IDENTIFICATION							
Alias, other names used (maiden), nicknames:							
Date of Birth:	Age:	Sex at Birth:	City, State, Country of Birth:		SSN:		
Race: (Hispanic, Non-Hispanic, African-American, Asian, White, Other)			Hair Color:	Eye Color:	Height:	Weight:	
Country of Citizenship:			U.S. Immigration Status: (naturalized citizen, legal resident, no legal status)				
Current Address: _____ _____							
Phone No.: _____ Email: _____							
Time at this residence: _____							
Current Occupants/Animals at Residence: _____							
If in custody, do you plan to return to this address? If not, where will you live? _____							
Where else have you lived? (city, state, and years at each location): _____							
<div style="display: flex; justify-content: space-between;"> Are you in custody now? Yes No Are you on bail now? Yes No </div>							
In Custody Since: _____				Date of release: _____			
Custody Location: _____				Name of supervising Pretrial Services Officer: _____			

Parents and Siblings

List your biological parents first. If you were raised by anyone other than your biological parents, please add the other parents' names below the space for Mother and Father. After your parents, list all your siblings, living and deceased.

Name	Relation-ship	Age	Address / Telephone #	Occupation	Criminal Record
	Mother				Y N
	Father				Y N
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N

Who of the listed family members have health problems or long-term serious injury or illness? If any, explain.

Who raised you? Explain.

What kind of neighborhood did you grow up in? Explain.

Were there financial problems in your childhood home? If yes, explain.

Was there any drug use or alcohol abuse in your childhood home? If yes, explain.

Was there any violence and/or physical/mental abuse in your childhood home? If yes, explain.

Which family members are you closest with?

Which family members know about this federal case?

Marital History

Married? Yes No

Are you currently in a non-marital, committed relationship? Yes No

Have you been married previously? Yes No

Name	Age	Place and Date(s) of Marriage Court and Date of Divorce	Occupation and Address/ Telephone #	Criminal Record
Current Spouse/ Domestic Partner				Y N
Prior Spouse/ Domestic Partner				Y N
				Y N
				Y N

Children

Name	Age	Name of Other Parent	Who has custody?	Occupation and Address/ Telephone #	Is child support ordered?
					Y N
					Y N
					Y N
					Y N
					Y N
					Y N

Describe your relationship with your child(ren).

Did you previously, or do you currently, help raise any other children? If yes, explain.

List any health problems, substance abuse, or any other significant information regarding your spouse, domestic partner, and/or children.

If you are incarcerated, or will likely become incarcerated, who will care for your children?

Physical Condition			
Do you have a Primary Care Physician (regular doctor)? Yes No			
Name of Primary Care Physician	Address	Phone Number	
Do you have any current health problems or concerns? Yes No			
Explain your health problem(s), including approximate date the problem started, any diagnoses, and treatment.			
Do any of your current health issues limit your activity or your ability to work? Yes No If yes, explain.			
Do you have any specialty doctors? (Example: cardiologist, oncologist, etc.) Yes No			
Name of Specialist	Address	Phone Number	Illness Treated and Date(s)

	Mental Health
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Have you ever been treated for or diagnosed with a mental health issue?	Yes	No
If so, check all that apply.		

Anger issues	Other Learning Disabilities
Anxiety	Psychiatric hold
Attention Deficit Hyperactivity Disorder (ADHD)	Schizophrenia
Bipolar Disorder	Self Mutilation
Depression	Sexual Abuse
Eating Disorder	Sex Offender Treatment
Mood Swings	Suicidal attempts
Obsessive Compulsive Disorder	Suicidal thoughts
Other: _____	

Explain.

Are you currently seeing, or have you previously seen, a Mental Health Provider (example: counselor, therapist, psychiatrist)?	Yes	No
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Provider Name and Address	Type and Frequency of Treatment (inpatient, outpatient, individual, group)	Dates and Reason for Treatment	Successfully completed?
			Y N
			Y N
			Y N

Are you currently taking any prescribed medications for mental health reasons?	Yes	No
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Name of Medication/Dosage	Reason for Medication	Prescribing Doctor and Address

Have you ever participated in any anger management counseling or domestic violence counseling? Yes No
If so, was it court-ordered? Explain.

Do you believe you would benefit from mental health counseling now? Explain. Yes No

Does anyone in your immediate family have any mental illness or developmental disabilities? Explain. Yes No

Do you gamble in the streets or online, in casinos, engage in sports betting, or play the lottery? Explain. Yes No

How much have you won? How much have you lost? When and where did these occur?

Do you think your gambling is a problem? Do your family members think your gambling is a problem? Explain. Yes No

Do any family members have a gambling history/addiction? Explain. Yes No

Substance Use			
Drug	Age at first use	Frequency (example: everyday, twice per week, once per month, etc.)	Date of last use
Alcohol			
Marijuana			
Cocaine			
Crack (Cocaine base)			
Heroin			
Methamphetamine			
Ecstasy (MDMA or Molly)			
Fentanyl			
LSD (Acid)			
Benzodiazepines (eg. Xanax, Valium)			
Synthetic cannabinoids (eg. Spice, K2)			
Medication not prescribed to you:			
Other drugs (list drug name):			

What drug has caused the most problems in your life? Explain why.
What is your first drug of choice?
Have you ever used more drugs than you planned? If yes, explain. Yes No
Have you ever used drugs while incarcerated? If yes, explain. Yes No
Have you ever used drugs while on probation or parole? If yes, explain. Yes No

Are you currently in or have you ever participated in a substance abuse treatment program Yes No (example: inpatient, outpatient, detoxification, NA/AA)?			
Provider Name and Address	Type of Treatment (inpatient, outpatient, individual, group)	Dates and Reason for Treatment	Successfully completed?
			Y N
			Y N
			Y N
			Y N

What is the longest period you remained drug/alcohol free? Please provide dates.
Have you ever relapsed after being sober? If yes, explain why. Yes No
Have you ever been arrested for driving under the influence? If yes, when and where? Yes No
What were the negative consequences related to your drug/alcohol use (eg: accidents, injuries, job problems, relationship problems, school problems, legal problems)?
Does anyone in your family have a drug/alcohol problem? If yes, explain. Yes No
Do you believe you would benefit from drug/alcohol treatment? Why or why not? Yes No

Education				
Name and Address of School	Dates attended	Last grade completed? Provide transcripts/diploma if diploma, degree, or certificate received.	GPA	Reason for leaving: (eg. graduated, expelled, incarcerated, withdrew)

Do you have a GED? Yes No If yes, date received:

If yes, in what state did you earn the GED?

What is your primary/native language? What other languages do you speak?

Can you read and write English? Yes No

Did you have behavior problems in school? If yes, explain. Yes No

Were you ever suspended from school? If yes, explain. Yes No

List any grades you repeated in school.

Were you in special education classes or had an Individualized Education Plan (IEP)? If yes, explain. Yes No

Do or did you have a learning disability? If yes, explain. Yes No

Did you participate in any extra-curricular activities in school (eg. sports, musical groups, clubs, etc.)? If yes, explain. Yes No

Do you plan to continue your education? If yes, explain. Yes No

Employment

Please list jobs and periods of unemployment for the past 10 years. Start with your present position and work backward.
If you have a resume, please attach.

Employer Name and Address	Start Date	End Date	Position / Type of Work	Salary / Hourly Wage	Reason for Leaving

Is your current employer aware of your arrest in the instant offense? If no, explain. Yes No

List occupational skills, licenses, and certifications.

Have you ever applied for or received disability benefits for any reason? If yes, explain. Yes No

How did you support yourself during periods of unemployment?

What are your future employment goals?

Military

List dates of military service, branch, commendations, deployments, duty station(s), and type of discharge.
Please provide DD214.

Prior Record

Are you currently on probation or parole? If yes, explain why and include your reporting schedule. Yes No

If yes, Name of Probation/Parole Officer: _____ Phone Number: _____

Were you previously under any term of probation or parole? If so, when? Yes No

Name of Probation/Parole Officer: _____

Phone Number: _____

Have you violated any term of probation, parole, or pretrial release? If so, explain. Yes No

Have you ever been cited or arrested as a juvenile? If so, explain. Yes No

Driver's License

List all states/countries where you have held a driver's license.

State	License Number	Status of License	Prior Suspensions

Acceptance of Responsibility Statement

Please explain, in your own words, using the space below, why you committed the offense.

You may want to think about the following questions as you write your response:

- What led you to get involved in the offense?
- What did you gain from the offense, if anything?
- How has your behavior affected your family and friends?
- What could you have done differently to prevent this from happening?
- What will you do differently in the future, so this does not happen again?
- Is there anything else you want the judge to know about you?

You may want to speak with your attorney before completing this section.

I declare the above information is true and correct.

Completed by: _____ Date: _____

Defendant's Signature: _____