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| PRESENTENCE INTERVIEW FORM |
|  FACESHEET DATA |
| Defendant's Court Name:  |
| Defendant's True Name: |
| Docket No: | Tribal Jurisdiction:  |
| Judge/Magistrate: | Sentencing Date:  |
| Offense of Conviction: |
| Probation Officer: | Arrest Date: |
| Prosecutor: | 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: Date Of Birth | Age: Age | Place of Birth: Place Of Birth |
| Race: Race Description | Hispanic Origin: Hispanic Description |
| Sex: Sex Code | Country of Citizenship: Country Of Birth | Immigration Status: Immigration Status |
| No. of Dependents: | Education: | SSN: SSN |
| FBI No.: FBI Number | U.S. Marshal’s No.: Register Marshal Number | Other ID No.: State ID Number ;Driver License No.: Driver License Number, Current? [ ] yes [ ] noDo you have reliable transportation? [ ] yes [ ] no |
| Defendant’s Legal Address:  | Address 1 Address City, Address State Address Zip Code |
| Defendant’s Current Address:  |  |  |  |
| (Number and Street) |  | (Apartment) |
|  |  |  |
|  | (City) | (State) | (Zip) |
| How long have you been at this address? \_\_\_\_\_\_\_\_\_ [ ] years [ ] months  | Do you own or rent? [ ] own [ ] rent | Whose name is on the lease? | Relationship to defendant? |
| Who resides with you? (i.e., spouse, children, roommates, friends) | Are they employed? | Do they have a hx of arrests or convictions/currently on probation/hx of substance and alcohol abuse/gang involvement? |
| Any hazards at home? (i.e, firearms/dangerous weapons/dogs-where are they-aggressive/any drugs) | How many times have you moved in the last 12 months? | Why? |
| Where do you plan to live after sentencing/release? |
| Why?Interview Date: Click here to enter a date. |

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| **ACCEPTANCE OF RESPONSIBILITY** |
| Defendant's statement regarding offense: |

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| **OFFENDER CHARACTERISTICS** |
| **DEFENDANT** |
| Residential History: (List every town or city where the defendant has lived, including approximate time frame.) |
| PARENTS AND SIBLINGS |
| (List the defendant's biological parents. If defendant was reared by persons other than his natural parents, add the surrogate parent's names immediately below the space allocated to Father and Mother. After the parents, list all siblings/half-siblings/step siblings, living or dead in birth order.) |
| Name | Relationship and Age | Present Address and Telephone Number | Occupation |
|  | Father |  |  |  |
| Current Name:Maiden Name: | Mother |  |  |  |
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| Notes regarding family history; identify any significant problems:Were your parents married when you were growing up? Describe your relationship with each parent?How would you describe your childhood? How were your basic needs met? (did you always have enough to eat/clothing/place to live/utilities in the home)Were there any family problems when you were growing up? Did you experience any physical, emotional, or sexual abuse/traumatic incidents?How is your current relationship with your parents/siblings?How often do you have contact with your parents/siblings? (contact numbers)Has anyone in your family been arrested or convicted of an offense, or is under active supervision? Who and for what type of offense?Does anyone in your family have a history of substance abuse? If so, who and to what substances?Who are you closest to in your family?Is your family aware of your instant offense/are they supportive? In what way are they supportive?Do you have any history of gang affiliations? At what age did this begin?What was your life like prior to committing the instant offense? Was there anything causing you stress (financial/emotional/other)? If so, what caused stressed?Prior to your arrest/instant offense how did you spend your free time?Are you involved in any social organizations/clubs?Do you have a close group of friends? Who are they? What do you do together?Who do you spend most of your free time with? Does this individual have any prior arrests and/or criminal convictions? Does this individual have any history of gang affiliation? (Contact number) |
| **MARITAL STATUS** |
| [ ]  The defendant presently is single and has no marital history |
| Spouse or Domestic Partner | Date and Place of Marriage | Status | Date of Separation | Date of Divorce | Court Where Divorce was Granted | Number of Children |
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| Employment of current spouse/partner: |
| Marital Status: [ ] Single [ ]Cohabitation/common-law [ ] Married [ ] Separated |
| **CHILDREN** |
| [ ]  The defendant has never had any children. |
| Child’s Name | Name of Other Parent of this Child | Age | Custody/Support | Child’s Address and Telephone Number (if different from defendant)  |
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| Note health problems, criminal history, substance abuse or any other significant information. |
| **DEFENDANT'S PHYSICAL CONDITION** |
| **PHYSICAL DESCRIPTION** |
| Height:  | Weight:  | Eye Color:  |
| Hair Color:  | Tattoos:  | Scars:  |
| **PHYSICAL HEALTH** |
| [ ]  The defendant is healthy and has no history of health problems. |
| List the date(s) and nature(s) of any serious or chronic illnesses and medical conditions. (Include name of any doctor or facility where defendant has received treatment for verification purposes) |
| List all current prescriptions for physical illnesses/conditions. |
| MENTAL AND EMOTIONAL HEALTH |
| [ ]  The defendant has no history of mental or emotional problems, and no history of treatment for such problems. |
| List any mental health diagnoses:List any mental health complaints/suicide attempts or thoughts:List any prescriptions for mental health disorders: |
| **SUBSTANCE ABUSE** |
| [ ]  The defendant has no history of alcohol or drug use and no history of treatment for substance abuse. |
| Which of the following substances has the defendant used? |
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|  | Age of first use | Frequency of use | Date of last use |
| ALCOHOL |  |  |  |
| MARIJUANA |  |  |  |
| COCAINE |  |  |  |
| CRACK |  |  |  |
| AMPHETAMINE/METHAMPHETAMINE |  |  |  |
| HEROIN/OPIATES |  |  |  |
| FENTANYL |  |  |  |
| BARBITUATES |  |  |  |
| HALLUCINOGENS  |  |  |  |
| INHALENTS |  |  |  |
| OTHER: |  |  |  |

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| List any prior substance use treatment defendant has received (include dates and name of provider) |

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| **EDUCATION AND VOCATIONAL SKILLS** |
| Highest grade completed \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
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| SCHOLASTIC HISTORY |
| Name and Location of School(List most recent school first) | Dates Attended | Degree, Diploma, or Certificate Received |
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| **MILITARY**[ ]  None |
| Branch of Service: | Service Number: | Date Entered: | Date Discharged: |
| Highest Rank: | Rank at Separation: | Decorations and Awards: | VA Claim No.: |
| Any court martial or non-judicial punishments? |
| **CURRENT EMPLOYMENT/UNEMPLOYMENT** |
| Defendant’s Usual Occupation:  |
| **EMPLOYMENT HISTORY**(Describe the defendant’s employment history for the last 10 years) |
| Dates | Name and Address of Employer | Job, Monthly Wage, Reason for Leaving |
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| List any special skills: |