

**IMPORTANT:** Fill out this report completely and return to the Court Services Office by \_\_\_\_\_.

**IDENTIFYING INFORMATION**

Name (First, Middle, Last): \_\_\_\_\_

Maiden, Married, or other names used: \_\_\_\_\_

Physical address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Mailing address: \_\_\_\_\_ City/State/Zip: \_\_\_\_\_

Phone number(s): \_\_\_\_\_ E-mail address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth (city and state): \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Race: \_\_\_\_\_ Hispanic ancestors: Y/N \_\_\_\_\_

Do you have any difficulties with reading and writing? \_\_\_\_\_

List names, ages, and relationship of the other people living in the household.

NAME:	AGE:	RELATIONSHIP:
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Driver's license number: \_\_\_\_\_ State issued: \_\_\_\_\_

Has your license ever been suspended/revoked? \_\_\_\_\_ If yes, why? \_\_\_\_\_

Have you ever served in the military? \_\_\_\_\_ If yes, what branch? \_\_\_\_\_

Enlistment date: \_\_\_\_\_ Discharge date: \_\_\_\_\_ Type of discharge: \_\_\_\_\_

Are you eligible for veterans' benefits? \_\_\_\_\_ Did you serve in a combat zone? \_\_\_\_\_

**DEFENDANT'S (YOUR) VERSION OF THE OFFENSE**

Please write your version of the offense for which you were convicted. Your statements will be placed in the report exactly as you have written them. No words or spelling will be changed. This is your opportunity to tell the Court your side of the story. Use the back of the sheet if additional space is needed.

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How do you feel about the offense you have been convicted of? \_\_\_\_\_

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Were there any co-defendants involved in the offense with you? If yes, please list the name(s) \_\_\_\_\_

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Who, if anyone, is the victim of your offense? \_\_\_\_\_

Do you have a responsibility to help the victim? If so, how? \_\_\_\_\_

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**PRIOR RECORD**

Please report all **juvenile** arrests, diversions and convictions/adjudications:

Date:	Court Location:	Charge:	Adjudicated (Y/N)	Sentence:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Were you ever placed out of the home? \_\_\_\_\_ If yes, where and why? \_\_\_\_\_

Have you ever served any time in a juvenile facility? \_\_\_\_\_ Where & how long? \_\_\_\_\_

Please report all **adult** arrests, diversions and convictions:

Date:	Court Location:	Charge:	Convicted (Y/N)	Sentence:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Age at first arrest? \_\_\_\_\_

Are you required to register as an offender in any state? \_\_\_\_\_ If so, where: \_\_\_\_\_

Have you served any time in a prison? \_\_\_\_\_ How long? \_\_\_\_\_ For what offense? \_\_\_\_\_

Have you served any time in a county jail? \_\_\_\_\_ How long? \_\_\_\_\_ For what offense? \_\_\_\_\_

Are you **currently** on probation or parole? \_\_\_\_\_ Where? \_\_\_\_\_ For what offense? \_\_\_\_\_

Probation/Parole Officer's name: \_\_\_\_\_

Have you been on probation or parole **in the past**? \_\_\_\_\_ When? \_\_\_\_\_ Where?: \_\_\_\_\_

For what offense?: \_\_\_\_\_

Probation/Parole Officer's name: \_\_\_\_\_ How long were you on probation or parole? \_\_\_\_\_

Have you ever had your probation or parole revoked? \_\_\_\_\_ If yes, why? \_\_\_\_\_

**EDUCATION**

Did you graduate from high school? \_\_\_\_\_ If yes, when and where: \_\_\_\_\_

If not, what is the highest grade completed? \_\_\_\_\_ Why did you leave school? \_\_\_\_\_  
Have you received your G.E.D.? \_\_\_\_\_ If yes, when and where: \_\_\_\_\_

List all Senior High Schools you attended:

Grade \_\_\_ to \_\_\_ School: \_\_\_\_\_ Full address: \_\_\_\_\_

Grade \_\_\_ to \_\_\_ School: \_\_\_\_\_ Full address: \_\_\_\_\_

Grade \_\_\_ to \_\_\_ School: \_\_\_\_\_ Full address: \_\_\_\_\_

Did you have attendance problems in school? \_\_\_\_\_ Were you ever suspended or expelled from school? \_\_\_\_\_

Describe any special classes or programs you attended: \_\_\_\_\_

Describe your involvement in school sports and/or other school activities: \_\_\_\_\_

Did you go to college or trade school? \_\_\_\_\_

Dates Attended: \_\_\_\_\_ College/School: \_\_\_\_\_ Major: \_\_\_\_\_ Graduate (Y/N) \_\_\_\_\_

What plans, if any, do you have to further your education? \_\_\_\_\_

**EMPLOYMENT**

Are you employed? \_\_\_\_\_ If not, how long have you been unemployed? \_\_\_\_\_

Current employer: \_\_\_\_\_ Job title: \_\_\_\_\_

Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Immediate supervisor's name: \_\_\_\_\_

Date employed: \_\_\_\_\_ Current pay: \_\_\_\_\_ Work schedule: \_\_\_\_\_

Does your employer know about this offense? \_\_\_\_\_

What is the longest period of time you've been employed at the same location? \_\_\_\_\_

Have you ever been fired from a job? \_\_\_\_\_ If yes, why: \_\_\_\_\_

List your employment record for the past five (5) years. Please fill in as much information as possible:

Date: \_\_\_\_\_ Employer: \_\_\_\_\_ Address: \_\_\_\_\_ Job title: \_\_\_\_\_ Reason Left: \_\_\_\_\_

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**FINANCIAL**

Please list all income used to cover expenses in your household:

Your income: \_\_\_\_\_ Spouse's income: \_\_\_\_\_

Other income: \_\_\_\_\_ Child support received: \_\_\_\_\_

Do you receive any unemployment, worker's compensation, disability income, food stamps, etc? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Do you have any significant debt (auto loan/home loan/medical bills, etc.)? \_\_\_\_\_

If yes, please list: \_\_\_\_\_

Have your wages ever been garnished or have you ever been referred to a collection agency? \_\_\_\_\_

If yes, when and why? \_\_\_\_\_

Do you feel like your financial situation is manageable)? \_\_\_\_\_ If no, please explain: \_\_\_\_\_

**FAMILY/MARITAL**

Full name of natural father: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ State of health: \_\_\_\_\_ Date of death: \_\_\_\_\_

Full name of natural mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Date of birth: \_\_\_\_\_ State of health: \_\_\_\_\_ Date of death: \_\_\_\_\_

Full name of step-father: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Full name of step-mother: \_\_\_\_\_ Phone: \_\_\_\_\_

Address: \_\_\_\_\_

Describe your relationship with your parents. (Example: how often do you call or visit? Are they supportive? Do you have frequent disagreements?): \_\_\_\_\_

Which parent are you closest to? \_\_\_\_\_ Which parent primarily raised you? \_\_\_\_\_

Please list all brothers and sisters. Beside each name place the appropriate number designation:

- |                  |                  |                  |                    |
|------------------|------------------|------------------|--------------------|
| 1 - full sister  | 2 - step-sister  | 3 - half-sister  | 4 - foster-sister  |
| 5 - full brother | 6 - step-brother | 7 - half-brother | 8 - foster-brother |

Number:	Full Name:	Age:	Address:	Occupation:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

What is your marital status? Single / Married / Divorced / Separated / Widowed

Current spouse's/partner's name: \_\_\_\_\_

Are you satisfied with your current relationship? \_\_\_\_\_ If not, please explain: \_\_\_\_\_

List below any previous marriages or common-law relationships:

Spouse's name: \_\_\_\_\_ Number of children: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Date of divorce: \_\_\_\_\_

Spouse's name: \_\_\_\_\_ Number of children: \_\_\_\_\_

Date of marriage: \_\_\_\_\_ Date of divorce: \_\_\_\_\_

Has anyone in your family including your spouse or any close relative ever been in trouble with the law? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Do you pay child support? \_\_\_\_ \_\_\_\_ If yes, please list the information below:

Child's Name:	Monthly Amount:	Paid to Whom:
_____	_____	_____

Have you ever been contacted by SRS/DCF or gone to Court due to non-support/alimony? \_\_\_\_\_

Are you behind in any payments? \_\_\_\_\_ If yes, please list the amount of back child support owed: \_\_\_\_\_

**ACCOMODATIONS**

How would you describe the place in which you live? (Would you like to, or do you plan to move? Do you have friends or relatives over?) \_\_\_\_\_

How would you describe the neighborhood in which you live? (Do the police visit your neighborhood often? Are people dealing drugs, damaging or stealing property in your neighborhood?) \_\_\_\_\_

How many times have you moved in the last 12 months: \_\_\_\_\_ List the dates lived at each address below:

Date:

Address:

**LEISURE/RECREATION**

Have you belonged to any organizations, groups, or clubs in the past year? \_\_\_\_\_

Do you attend meetings, help with activities, or volunteer with their activities? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

How do you spend your free time? (Hobbies?) \_\_\_\_\_

Describe a typical day: \_\_\_\_\_

**COMPANIONS**

Please list three of your closest friends:

Name:

Age:

Address & Phone:

Occupation:

Do you prefer to spend your free time primarily alone or with others? \_\_\_\_\_

What do you and your friends do for fun? \_\_\_\_\_

How many people do you know that have been in trouble with the law? (Example: Consider any misdemeanors, i.e. DUI, Theft, Obstruction, Disorderly Conduct and any felony convictions.) \_\_\_\_\_

How do you know these people? \_\_\_\_\_

How many people do you know that have never been in trouble with the law, and you would think they would never be in trouble? \_\_\_\_\_

How do you know these people? \_\_\_\_\_  
\_\_\_\_\_

**ALCOHOL/DRUG USE**

How often do you drink alcohol? \_\_\_\_\_ When was the last time you drank? \_\_\_\_\_

How much do you normally consume when drinking? \_\_\_\_\_

Do you think that you currently have an alcohol problem? \_\_\_\_\_

Have you ever had an alcohol problem in the past? \_\_\_\_\_ If yes, explain? \_\_\_\_\_  
\_\_\_\_\_

How often do you use illegal drugs or abuse prescription drugs? \_\_\_\_\_

When was the last time you used illegal drugs or abused prescription drugs? \_\_\_\_\_

Do you think that you currently have a drug problem? \_\_\_\_\_ What kind of drugs do you use? \_\_\_\_\_  
\_\_\_\_\_

Have you ever had a drug problem in the past? \_\_\_\_\_ If yes, explain? \_\_\_\_\_  
\_\_\_\_\_

Has your use of alcohol or drugs contributed to any law violations? (Example: Crimes to support drug habit? Fights or Disorderly due to being intoxicated? Probation violations?) \_\_\_\_\_  
\_\_\_\_\_

Has your family or friends complained to you about your drinking or drug use? \_\_\_\_\_

Have you had problems in school or work because of your use of alcohol or drugs? \_\_\_\_\_

Have you had any medical problems because of your use of alcohol or drugs? \_\_\_\_\_

**EMOTIONAL**

Have you ever been diagnosed with any type of Mental Health disorder? (Example: Excessive Anxiety, Depression, PTSD, Bi-Polar, ADD/ADHD, etc?) \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_

Have you ever received, or are you currently receiving any counseling for mental health issues? \_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

List any medication you are presently taking for mental health reasons & why? \_\_\_\_\_  
\_\_\_\_\_

Do you have any concerns about your emotional stability: \_\_\_\_\_ If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_



**GOALS AND PROBATION PLANS:**

Do you think you should be placed on probation? \_\_\_\_\_ If yes, why? \_\_\_\_\_

List the goals you have set for the future: \_\_\_\_\_

PLEASE CHECK THIS INFORMATION FORM TO BE SURE THAT ALL BLANKS ARE FILLED IN AND ALL INFORMATION IS CORRECT.

I have read/had read to me, this questionnaire, and it is true and accurate to the best of my knowledge.

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature