

PRESENTENCE INFORMATION SHEET

PROBATION DEPARTMENT
82nd District Court
500 Lake Street
Roscommon, MI 48653

Interviewer: _____

Appt Date/Time: _____

Sentence Date: _____ Name of Judge: _____ Case No: _____

Date Of Conviction: _____ Convicted By: Plea/Judge/Jury

DEMOGRAPHICS

Full Name: _____ Date of Birth: __/__/__

Maiden/Other Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

County of Residence: _____ Telephone No: (____) _____ - _____ Age: ____ Gender: F M

Race: White Black Hispanic Other _____ Hair: _____ Eye: _____ Height: _____ Weight: _____

Marital Status: _____ Place of Birth (City & State Or Foreign Country): _____

Citizenship: : US Other: _____ Reg #: _____

Scars, Tattoos, Etc.: _____

Driver's License #: _____ Social Security #: _____ - _____ - _____

OFFENSE:

Date of Offense: _____ Date of Arrest: _____ Agency: _____

Substance Involved: _____ BAC: _____ Blood: _____

Plea Agreement: _____

Time in jail on this charge: _____ Bond: _____ Posted by: _____

Defense Attorney: _____ Appointed ____ Retained ____ Pro Per ____

Victim: _____ Restitution: _____

Name of Co-Defendants _____

ARREST RECORD –List below all other Adult and Juvenile Charges whether convicted or not including pending

Date	Court	Offense	Disposition

MARITAL HISTORY: Present & Previous Marriages

Full Name of Spouse	Year of Marriage	Children & Ages	Outcome of Marriage & Year

HOME: Current Residents-List name, approximate age and relationship to you

EDUCATION: Less Than 12th Diploma GED Some College Graduated College

Currently In School: Yes No If Yes, Where? _____ F/T P/T

INTERESTS: List Below any Skills, Hobbies, Activities, Clubs, Sports, Etc.:

MILITARY: Military Experience: Yes No (if no, skip to next section)

Air Force Army Coast Guard Navy Marines National Guard Combat Experience: Yes No

Date of Service: _____ To _____ Type Of Discharge: _____

VA Benefits: Yes No If Yes describe: _____

EMPLOYMENT:

Full-Time Part-Time Unemployed Employed Disabled Retired Laid Off Student

Reason For Extended Periods of Unemployment: _____

Employment History – Begin with current job

Dates [Start - Ended]	Name of Employer	Title	Wage	Reason for Leaving

STATE/FEDERAL ASSISTANCE:

Do you receive assistance? Food \$ _____ Cash \$ _____ Disability \$ _____ Insurance Childcare

Other _____

PHYSICAL HEALTH:

List Any Current Health Issues: _____

General Condition of Health: Good Fair Poor

Physical Handicaps: Yes No

Please list all of your **current** prescription and non-prescription (over-the-counter) medications:

Primary Physician: _____ Phone: _____

MENTAL HEALTH:

Do you have a history of mental health issues? Yes No If yes, what? _____

Past/Current Treatment	Yes	No	When	Where
Mental Health Counseling	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Drug/alcohol treatment	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Mental health hospitalization	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____
Involvement with self-help groups (e.g. AA, Al-Anon)	<input type="checkbox"/>	<input type="checkbox"/>	_____	_____

Are there special, unusual, or traumatic circumstances that affected you? Yes No

If Yes, please describe: _____

Any history of abuse? Yes No If yes, which type? Sexual Physical Verbal; Age at time of abuse: _____

SUBSTANCE USE HISTORY:

Have you ever been diagnosed with a substance disorder? Yes No Yes, what? _____

Substance(s) of Choice: _____

Describe when and where you typically use substances: _____

Has your use interfered with work/school/home/relationships? Yes No

Have you continued use despite knowing that physical, psychological, or legal problems are likely to occur? Yes No

Why do you Use: Addicted Build Confidence Escape Self-Medication Socially Taste Other: _____

THE EXACT TRUTH CONCERNING THIS CASE:

Give a brief explanation of the events that happened on the day in which the offense occurred such as the who, what, when, where, why and how. **If it is a driving offense you must state where you were coming from, going to, what you had been drinking/using, amount consumed and length of time for consumption.

Date: _____ Signature: _____

