PRESENTENCE INFORMATION SHEET

PROBATION DEPARTMENT 82nd District Court Interviewer: 500 Lake Street Appt Date/Time: Roscommon, MI 48653 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: _____ 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 #:______-Date of Offense: Date of Arrest: Agency: Substance Involved: BAC: Blood: Blood: Plea Agreement: Time in jail on this charge: _____ Bond: _____ Posted by: ____ Defense Attorney:_____ Appointed____ Retained ____ Pro Per____ ______ Restitution:_____ Victim: Name of Co-Defendants ARREST RECORD -List below all other Adult and Juvenile Charges whether convicted or not including pending Date Court Offense Disposition

Revised 12/2018 NOTES:

(Over)

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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: _____ Phone:____ Primary Physician:

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MENTAL HEALTH:	lul. :		h	
Do you have a history of mental Past/Current Treatment	Yes No	When	yes, wnat? Where	
Mental Health Counseling				
Drug/alcohol treatment				
Mental health hospitalization				
Involvement with self-help groups (e.g. AA, Al-Anon)				
Are there special, unusual, or tra	umatic circum	stances that affe	cted you? Yes	No
If Yes, please describe:				
Any history of abuse? Yes	No If yes, wh	nich type? Sex	ual Physical Ve	erbal; Age at time of abuse:
SUBSTANCE USE HISTORY: Have you ever been diagnosed w	vith a substanc	e disorder? 🔲 Y	es No Yes, what?)
Substance(s) of Choice:				
Describe when and where you ty	pically use sub	ostances:		
Has your use interfered with wor	rk/school/hom	e/relationships?	Yes No	
Have you continued use despite	knowing that p	ohysical, psycholo	ogical, or legal proble	ms are likely to occur? Yes No
Why do you Use: Addicted	_			
THE EXACT TRUTH CONCERNI				,
Give a brief explanation of the			e day in which the	offense occurred such as the
who, what, when, where, why		* *		
from, going to, what you had	been drinking	g/using, amount	consumed and len	gth of time for consumption.
Date:		Signature:		

		
PARTMENT USE ON	NLY:	
<u>.</u>	Probation Tern	m:
Comply with Standard	Terms & Condition of Probation	and:
		Serve:
DAYS IN JAIL	CREDIT UPFRONT SUSPE	WEEKENDS WORK RELEASE
		REPORT TO JAIL BY:
56.46		
Referrals for:	es community convice within	lays or serve days
. I complete hour	COMMINION CERVICE WILDIN	
Complete hours		lays or serve days
Substance Abuse Ev	valuation	ays of serve days
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