## UNITED STATES DISTRICT COURT

Federal Probation System

## QUESTIONS FOR ORGANIZATIONAL DEFENDANTS

1. COURT DATA		
Organization's Court Name:		
Organization's Other Names: (Including former names, doing business as, subsidiaries, parent company, etc.)		
Docket No.:		
Sentence Date:		
District:		
Judge/Magistrate:	USPO:	
Assistant U.S. Attorney: (Including name, address, and telephone)	Defense Counsel: (Including name, address, and telephone)	
Organization's Representative: (Including name, address, and telephone)		
2. CHARGES AND	CONVICTIONS	
Date Information/Indictment Filed:		
Date(s) Superseding Information/Indictment Filed:		
Date of Conviction:		
Convicted by: (Guilty plea, trial or bench jury, etc.)		

3. ORGANIZATION'S IDENTIFICATION				
Date of Incorporation/Establishment:	Place of Incorporation:			
Federal Employer ID #:	Other ID #:			
Organization's Headquarter's Address: (Including telephone and directions)	How Long?			
Organization's Address and Other Business Locations: (If different from above)				
Physical Description of Organization: (Including building and office description, square footage of space, proper inventory and value of general equipment, etc.)	erty owned or leased,			

4. PLEA AGREEMENT				
Details of	Plea Agreement	t:		
(Written, ora	l, substantial assist	ance motion, no	agreement, etc.)	
	5. (	COUNTS DI	SMISSED PURSUANT TO PLEA	A AGREEMENT
Count Nos.	Statutes Violated	Date of Offense	Statutory Penalties (Including mandatory minimums, etc.)	Guidelines Apply?
6. OTHER COURT-RELATED INFORMATION				
NOTES:				

7. COUNTS OF CONVICTION				
Count Nos.	Statutes Violated	Date of Offense	Statutory Penalties (Including mandatory minimums, etc.)	Guidelines Apply?
			8. CODEFENDANTS	
			9. RELATED CASES	
Related Ca (Including do	Related Cases: (Including docket number, status, etc.)			

10. VICTIM IMPACT			
Identify all Victims and Financial Losses: (Include name, address, and telephone numbers of victims, restitution paid, remedial orders, civil settlements, etc.)			
Victim(s) (List each victim separately)	Amount of Loss(es)		
TOTAL LOSSES: \$			
RESTITUTION PAID: \$			
OUTSTANDING TO BE PAID: \$			
11. OTHER VICTIM IMPA	CT		
Describe any social, psychological, or medical impact upon the victim in the suits filed by victims that are pending or settled. Note any remedial order including judicial, administrative, or civil:			

## (Rev. 4/97) 12. PRIOR HISTORY OF MISCONDUCT Identify any prior similar misconduct: (Describe all similar incidents of misconduct, including criminal, civil, or administrative. Include prior license supervision, revocation, or rejection, including pending charges) Date Charge Court/Agency Sentence/Action Identify any prior similar misconduct: (Describe all similar incidents of misconduct, including criminal, civil, or administrative. Include prior license supervision, revocation, or rejection, including pending charges) Charge Court/Agency Sentence/Action Date

13. ORGANIZATION'S HISTORY
Nature of Organization's Business:
Organization Officers: (Include name, business address, telephone, shares held, involvement in instant offense, etc.) (If involved in the offense, also identify any other companies or organizations officers may have financial interest.  Do these companies have some relationship with the defendant organization?)
Organizational Structure: (Include number of departments, subsidiaries, etc.) (Does the organization file its own tax return? If not, who?)
Total Number of Employees: (Describe numbers of employees based on the organization structure (i.e., number of employees in organization, including number of employees in subsidiary or sub-division, if applicable)
Identify Employees involved: (Include name, business address, telephone, position, title, and role in offense)
History: (Provide brief history of organization, describe growth/expansion, product lines, and services)

13. ORGANIZATION'S HISTORY (Continued)		
Community Reputation/Impact of the Prosecution:		
Licensing and Registration Requirements to do business: (Including SEC licensing, liquor licensing, or other requirements)		
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Compliance Plan?		
(Describe written and unwritten plans and other efforts to correct violation and/or prevent reoccurrence, date plan implemented, etc.)		

NOTES:	