

UNITED STATES DISTRICT COURT
 EASTERN DISTRICT OF MICHIGAN
 U.S. PROBATION OFFICE
 PRESENTENCE INTERVIEW FORM

THIS SECTION TO BE COMPLETED BY U.S. PROBATION OFFICE		
Date of Interview: _____ Atty Present?: <input type="checkbox"/> YES <input type="checkbox"/> NO Interpreter: _____ <div style="text-align: right;">Photographed: <input type="checkbox"/> YES <input type="checkbox"/> NO</div>		
PTS Officer: _____ Home inspection done: <input type="checkbox"/> YES <input type="checkbox"/> NO		
Court Name:		CR No.:
Judge/Magistrate:	Arrest Date:	Sentencing Date:
FBI No.:	Marshal No.:	Other ID No.:
AUSA: Phone: _____		Defense Counsel: <input type="checkbox"/> Retained <input type="checkbox"/> Ct. Appointed Phone: _____
IDENTIFICATION DATA		
Your Name: (List every name you have used, e.g., name given at birth, name given at adoption, nickname, alias, names used as a result of marriage, etc.)		
Date of Birth:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Place of Birth (city and state or country):
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> American Indian/Eskimo <input type="checkbox"/> Unknown		
Hispanic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown		
Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Country of Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other:	Immigration Status: Alien Registration Number:
No. of Dependents:	Highest Level of Education:	SSN:
Your Legal Address: _____ <div style="text-align: center;">(Number and Street)</div>		
(Apartment) _____ <div style="text-align: center;">(City) (State)</div>		
(Zip) _____		
Your Mailing Address: _____ <div style="text-align: center;">(Number and Street)</div>		
(Apartment) _____ <div style="text-align: center;">(City) (State)</div>		
(Zip) _____		
Your E-mail Address: _____		

Home Phone Number: _____

Cell Phone Number: _____

Work Phone Number: _____

How long have you been at this address:

Do you own or lease your home? Whose name is on the lease/mortgage?

Identify other people who reside at this address and their relationship to you:

With whom and where were you living at time of the offense?:

Where and with whom do you plan to live in the future?

Identify all members of your household, including yourself who possess firearms/dangerous weapons or have access to firearms/dangerous weapons:



CRIMINAL HISTORY

- None (No prior arrests or convictions)
- I decline to comment on advice of counsel

Report any juvenile or adult criminal convictions, arrests, pending cases, current State or Federal supervision. If on supervision, list name and phone number of supervising officer.

Describe your experience under supervision.

ACCEPTANCE OF RESPONSIBILITY

- Check if you decline to comment on advice of counsel
- Check if you prefer to rely on your statement at the Change of Plea hearing
- Check if you decline to comment at this time, but will submit a written statement by _____

Description of the offense:

Describe how you feel about this offense?

What impact has your behavior had on others?

What influenced your involvement in this offense? (I.e., peers, personal circumstances)

What could you have done differently to avoid finding yourself in this situation? What can you do differently in the future to avoid finding yourself in a similar situation?

BACKGROUND AND CHARACTERISTICS

SELF

Residential History:

(Provide a chronological history of countries, cities and states where you have lived and the approximate year or age during which you lived there.)

PARENTS AND SIBLINGS

List your biological parents, adoptive, foster or legal guardians, and all siblings, half-siblings or step-siblings, alive or deceased.

Name	Relationship and Age	City and State of Residence	Occupation
	Father		
Current Name: Maiden Name:	Mother		

Family History:

Describe who raised you; where you were raised; any significant problems during your childhood; were your material needs met?

Is your family aware of the instant case and are they supportive of you? In what ways are they supportive of you?

Indicate whether family members have significant health problems, criminal history, substance abuse or other problems.

Who do you spend most of your time with?

MARITAL STATUS

Check if you are presently single and have never been married.

Spouse or Domestic Partner	Age	Date and Place of Marriage	Date and Place of Divorce	Number of Children	Still in contact?

Describe your relationship with current partner:

Describe employment of current partner. Does partner have criminal history? History of substance abuse/ mental illness?

CHILDREN

Check if you have never had any children.

Child's Name	Parent	Age	Custody (full/joint)	Current Residence

Indicate whether family members have health problems, criminal history, substance abuse, and describe your family relationships, etc.

If applicable, describe child support, physical/legal custody and visitation issues.

What impact has your behavior had on others?

What are your future plans regarding family, child care, etc.?

Family Verification Contact Person:

Name: _____ Relationship: _____
Phone: _____



PHYSICAL DESCRIPTION			
Height:	Weight:	Eye Color:	Hair Color:
Birthmarks/Distinguishing Marks:	Scars:	Tattoos (Is there any meaning behind the tattoo(s) you chose?)	
PHYSICAL HEALTH			
<input type="checkbox"/> Check if you are healthy and have no history of health problems.			
Identify all serious or chronic illnesses and/or medical conditions; hospitalizations or surgeries.			
List all current prescriptions or medications. List any allergies to food or medication.			
Provide physician(s) name, address, and telephone number.			
MENTAL AND EMOTIONAL HEALTH			

Check if you have no history of mental or emotional problems, and no history of treatment for such problems.

Describe any past or present mental or emotional health issues, to include and present suicidal thoughts and attempts. Also include describe the diagnosis of any problems (if known).

Describe past and present gambling addiction/problem, if applicable.

Provide the dates (year) of your participation in mental health counseling or treatment and list the name and address of the treatment providers.

Indicate if you wish to receive counseling or mental health treatment for any specific problems.

SUBSTANCE ABUSE

Check if you do not have a history of alcohol or drug use and no history of treatment for substance abuse.

Check if you decline to comment on advice of counsel

Describe your use of controlled substances, dates of use, frequency and amounts:

- | | | |
|--|----------------|--|
| <input type="checkbox"/> Alcohol | Heroin/Opiates | <input type="checkbox"/> |
| <input type="checkbox"/> Marijuana | | <input type="checkbox"/> Barbiturates |
| <input type="checkbox"/> Cocaine | Hallucinogens | <input type="checkbox"/> |
| <input type="checkbox"/> Crack | | <input type="checkbox"/> Inhalants |
| <input type="checkbox"/> Amphetamine/Methamphetamine | you) | <input type="checkbox"/> Prescription Drugs (not prescribed to |
| <input type="checkbox"/> Ecstasy | | |

Indicate whether you previously received outpatient or residential substance abuse treatment. Where and when? Did you complete the program? Were you clinically discharged?

Were you under the influence of illicit substances or alcohol when the offense occurred?

Did your use of drugs/alcohol contribute to your commission of the offense? In what way?

How has your use of alcohol/drugs impacted your relationship with significant others?

Are you interested in receiving substance abuse treatment?

Describe your participation in substance abuse treatment and/or drug testing while on bail:

EDUCATIONAL, VOCATIONAL AND OTHER SKILLS

Highest grade completed:

SCHOLASTIC HISTORY

Name and location of School	Last Year Attended (# of years attended)	Degree, Diploma, or Certificate Received

Did you participate in special education classes? Yes No If yes, please list below.

Describe any martial arts, firearms or weapons training.

Describe any other specialized training or skill(s) or hobbies

Identify your professional license(s).

What are your future educational goals?

None **MILITARY SERVICE**

Branch of Service:	Service Number:	Entered:	Discharged	Type of Discharge:
Highest Rank:	Rank at Separation:	Decorations and Awards:		VA Claim Number:

Describe your military service, to include foreign or combat service. Describe any special training or skills acquired in the service. Describe any Court-Martial or non-judicial punishments. Describe previous VA claims.

EMPLOYMENT

EMPLOYMENT HISTORY

Describe your employment history for the last ten years, including periods of unemployment. Also describe any significant unemployment beyond the ten years that may impact your BOP placement.

Dates	Employer (name and address)	Job Title - Wages - Reason for Leaving (Part-time or Full-time)
From:	Phone No.	
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		

EMPLOYMENT HISTORY (Continued)		
From:		
To:		
From:		
To:		
From:		
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From:		
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To:		
From:		
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From:		
To:		

Additional Employment Notes:

How did you support yourself during periods of unemployment?

Describe your receipt of state/federal benefits, to include food stamps, unemployment, social security, disability benefits, etc. Also include the year(s) you received these benefits.

Describe your future employment goals/plans.

ADDITIONAL DATA ABOUT YOU

If you are sentenced to a term of imprisonment, what will you hope to focus on while in custody?

Is there anything else you would like the Judge to know about you?