

** COUNTY OF LAPORTE **

***** Pre-Sentence Investigation Information Sheet *****

LaPorte County Superior Court No. 4 Probation Department has been ordered by the Court to conduct a Pre-Sentence Investigation Report on you. This report will be submitted to the Court prior to the sentencing date. The Pre-Sentence Report will give the sentencing Judge a complete background overview of your life and will help the Judge decide what sentence to give you.

Please fill out the following pages truthfully and honestly by printing and using ink. Use complete sentences and if further space is needed, use the back of the sheet that you are working on. If there is a section or question that you are unsure of, leave that space blank and the probation officer will go over it with you. If possible, give exact addresses and dates when known. Please bring this packet with you to the Pre-Sentence Investigation Interview.

NOTE: It is to your benefit to bring in any diplomas, certificates, verification of employment or military record, etc., to the Pre-Sentence Interview.

Full Name: _____ SSN# _____

Maiden Name: _____ Nicknames: _____

Alias: _____ Age: _____

Nationality: _____ U.S. Citizen: () Yes () No

Other Citizenship: _____ Date of Naturalization: _____

Date of Birth: _____ Birth Place: _____

Address at time of offense: _____

Number of people presently in household: _____ Names and relationships: _____

Present Address: _____

Phone: () _____ Sex: _____ Race: _____ Complexion: _____

Eyes: _____ Hair: _____ Height: _____ Weight: _____ Build: _____

List any tattoos, scars, or distinguishing marks: _____

How many years have you lived in: The U.S. _____ Indiana _____ LaPorte County _____

Driver's License Number: _____ State of Issue: _____

II – PREVIOUS CRIMINAL RECORD:

A – Juvenile:

As a juvenile, were you ever arrested? Yes _____ No _____

Where? _____

When? _____

What were you charged with in those arrests? _____

As a juvenile, were you ever placed on probation? Yes _____ No _____

Where? _____

When? _____

Were you ever placed in a juvenile facility? Yes _____ No _____

Where? _____

When? _____

B – Adult:

As an adult, were you ever arrested? Yes _____ No _____

Where? _____

When? _____

What were you charged with in those arrests? _____

As an adult, were you ever placed on probation? Yes _____ No _____

Where? _____

When? _____

Are you presently on probation or parole? Yes _____ No _____

Your Probation Officer's Name: _____

Where? _____

Are you presently serving time for another offense? Yes _____ No _____

Where? _____

Offense: _____

Do you have any charges pending? Yes _____ No _____

Where? _____

Charge: _____

C – Criminal Orientation:

Age at first conviction/adjudication?: _____

Ever been sentenced to IBS/IGS?: _____

Previous felony in Indiana?: _____ Out of state?: _____

Out of state arrest(s): _____

Ever charged with Battery or other violent offense?: _____

Ever charged with Escape?: _____ Juvenile runaway?: _____

Ever had jail or prison write-up for discipline?: _____

Ever had felony reduced to misdemeanor at sentencing?: _____

At the time of the present offense, were you on probation?: _____ Parole?: _____

Previously on probation?: _____ Parole?: _____ Any Violations?: _____

Revocation(s)?: _____ If yes: Technical?: _____ New Offense(s)?: _____

Is your driver’s license suspended?: _____ Previous suspensions?: _____

Have you ever been a member of a juvenile or adult gang?: _____

Give name of gang: _____

How long have you been a member?: _____

What is your role in the gang?: _____

For any questions above that were answered with a “yes”, be sure to provide all available details.

Any relatives or close friends currently serving time in the D.O.C.?: _____

List relatives or close friends **currently** in D.O.C.:

<u>Name(s)</u>	<u>Relationship</u>	<u>Institution (if known)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

V – FAMILY/PERSONAL BACKGROUND

A – Family

Father:

Name: _____

Date of Birth: _____

City and State of Birth: _____

Race: _____

Deceased?: _____ If so, date?: _____

Cause of Death?: _____

Present Address: _____

Phone No.: _____

Father's Occupation: _____

Describe your relationship with your father: _____

How often do you see your father? _____

Mother:

Name: _____ Maiden Name: _____

Date of Birth: _____

City and State of Birth: _____

Race: _____

Deceased?: _____ If so, date?: _____

Cause of Death?: _____

Present Address: _____

Phone No.: _____

Mother's Occupation: _____

Date parents were married?: _____ Are your parents: Still Married _____

Separated _____ Divorced _____ If yes, when? _____

Describe your relationship with your mother: _____

How often do you see your mother? _____

B – Marital/Dependants

(If you are single, or are divorced, use your steady girl/boy friend’s name in the spouse section)

Present marital status – Married?_____ Divorced?_____ Separated?_____ Single?_____

Present spouse:_____ Maiden Name:_____

Address:_____ Phone No:_____

Age:_____

Is your spouse employed?: Yes_____ No_____ Where?:_____

Date and Place of your marriage:_____

List any previous marriages involving yourself. Include dates of marriages and divorces, reasons for divorces, names of previous spouses and their current addresses:

Please list all children by completing the following chart.

Name	Age	Address	Supported By	Natural Parents

Have you been ordered to pay support through a court?_____

Where?_____

Are you paying support? Yes_____ No_____ \$_____week/month

Are you current in those payments? Yes_____ No_____ Arrears? \$_____

C – Education

Where did you attend elementary school? _____

Where did you attend junior high? _____

Where did you attend high school? _____

Where did you attend college? _____

Did you graduate from high school? Yes _____ No _____

What year did you graduate? _____

List highest grade completed? _____ Grade average: _____

Were you involved in school activities (sports, choir, etc.) Yes _____ No _____

Describe _____

If you did not complete your high school education, explain your reason for leaving: _____

If you did not complete your high school education, did you receive a G.E.D.?: Yes _____ No _____

If so, when and at what facility?: _____

Do you have any plans in furthering your education? Yes _____ No _____

Explain: _____

D – Employment

Present Occupation: _____ Date started: _____

Name and address of present employer: _____

Type of work: _____

Pay per hour:\$ _____ Hours per week: _____

Any Benefits?: (circle one) life/health insurance, savings plan, retirement

Are you satisfied with your present job?: _____

Future employment goals: _____

Please list **all** previous employers:

DATES EMPLOYED	EMPLOYER	ADDRESS	REASON FOR LEAVING
1.	_____	_____	_____
2.	_____	_____	_____
3.	_____	_____	_____
4.	_____	_____	_____
5.	_____	_____	_____
6.	_____	_____	_____
7.	_____	_____	_____
8.	_____	_____	_____
9.	_____	_____	_____

E – Military (Please bring your DD-214 paper with you)

Branch of Service: _____ Service No.: _____

Date of Entry: _____ Date of Discharge: _____

Type of Discharge: _____

Reason for discharge: _____

Rank at time of separation: _____

Highest rank attained: _____

Any vocational training?: Yes _____ No _____ Describe _____

Number of court martials: _____ Reason for Court Martial(s) _____

Ever AWOL and/or incarcerated?: Yes _____ No _____ Give details: _____

Any combat duty?: _____

What was the physical and emotional impact of your military experience?: _____

F – Financial

Is your economic situation GOOD - FAIR - POOR (circle one)

Expenses:

Do you own your property? Yes _____ No _____ Value? _____

Location of property: _____

Balance owed on property: \$ _____

Monthly payment on property: \$ _____

Rent payment per month: \$ _____

Average **monthly** expenses for:

Gas \$ _____ + Electric \$ _____ + Water \$ _____ +

Phone \$ _____ + Cable T.V. \$ _____ = \$ _____

Food expenses per month: \$ _____

Medical/Dental expenses per month: \$ _____

Child Support per month: \$ _____

Credit cards possessed: _____

Total owed on credit cards: \$ _____

Total monthly credit card payments: \$ _____

Vehicle #1 _____

Value: \$ _____ Amount owed: \$ _____

Monthly payment: \$ _____

Vehicle #2 _____

Value: \$ _____ Amount owed: \$ _____

Monthly payment: \$ _____

Other: _____ \$ _____

TOTAL MONTHLY EXPENSES: \$ _____

Income

Income per month: Defendant \$_____ + Spouse \$_____ = \$_____

Public assistance received per month:

SSI \$_____ + AFDC \$_____ + WIC \$_____

Food stamps \$_____ + Government housing \$_____ +

Other:_____ \$_____ = \$_____

Other sources of income: Child support \$_____

V.A. Benefits \$_____

Other \$_____

TOTAL MONTHLY INCOME \$_____

TOTAL MONTHLY INCOME - EXPENSES = \$_____

Savings/investments worth \$_____

Average checking account balance \$_____

Financial institution(s) of your accounts:_____

Location:_____

If no income, what is your current source of support?:_____

Total income reported last year \$_____

G – Religious Affiliation

What is your present religion?

1. Protestant (Christian other than Catholic)_____

2. Catholic 4. Muslim 6. Other (non-christian)_____

3. Jewish 5. Buddhist 7. Atheist 8. None

In your opinion, are you a religious person? Yes No Don't know

How often did you attend religious services in the past year?

- 1. Not at all
- 2. On special days
- 3. Occasionally
- 4. Regularly

H – Interests/Leisure Activities

List hobbies and interests: _____

What do you do in your free time: _____

List your plans for the future: _____

VI – HEALTH

A – Physical health

<p>PROBATION DEPARTMENT USE ONLY</p> <p>H.I.V. test require for current offense? _____</p> <p>Date of test: _____ Test location: _____</p> <p>Result: Positive: _____ Negative: _____</p>
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Do you feel your physical health is: Good - Fair - Poor (Circle one)

If fair or poor, explain: _____

List any past operations or surgeries: _____

Are you presently taking any prescription medications?: Yes _____ No _____

List: _____

Are you currently under the care of a physician?: Yes_____ No_____

If so, give name/address:_____

List any major illnesses or diseases:_____

List any eyesight, hearing, or speech problems:_____

B – Mental

Have you ever been to a counselor in the past?: Yes_____ No_____

If so, describe: (name of counselor, dates seen, and where treated)_____

Are you currently in counseling?: Yes_____ No_____

Where?:_____

Reason:_____

C – Substance Use

When you committed the offense that you have pled guilty to, were you under the influence of alcohol, marijuana or any other drug?: Yes_____ No_____

Explain:_____

Do you feel your alcohol usage is: NONE - LIGHT - MODERATE - HEAVY (circle one)

Do you feel your drug and/or marijuana usage is: NONE - LIGHT - MODERATE - HEAVY (circle one)

Do you smoke cigarettes? Yes_____ No_____ Typical use in one day?_____

Do you feel that you have an alcohol problem? Yes_____ No_____

Explain:_____

Do you feel you have a drug problem?: Yes_____ No_____

Explain_____

If you feel you have a problem, have you taken any steps to correct this problem?:_____

Name, type or brand	Your age when 1 st used	Your age when regular usage began	When was your last usage of this subst.	Typical amount of your use on a day when used(d) this substance	Number of days per month of use
Example: Beer	18	20	3 days ago	6 pack	8

When and how did alcohol and/or drugs first become a problem to you?

Have you ever received alcohol or drug abuse treatment?: Yes _____ No _____

Where and when? _____

On what occasions do you use alcohol?: _____

On what occasions do you use marijuana?: _____

On what occasions do you use any other drugs?: _____

List two individuals that can be contacted in case of emergency

Name	Address	Relationship	Phone
1. _____			
2. _____			

VII – EVALUATION/SUMMARY

VIII – RECOMMENDATION

PRE-SENTENCE INVESTIATION WORK SHEET