MOHAVE CO PROBATION DEPT -- PRE-SENTENCE INTAKE QUESTIONNAIRE

[Rev 11/10/2004: PSIQ&A2004.doc]

NAME_____
First *Middle* *Last*

DATE OF BIRTH_____PLACE_____
City *State*

COUNTRY OF BIRTH_____ AGE_____ SEX: MALE_____ FEMALE_____

IF NOT BORN IN USA, WHEN DID YOU ENTER COUNTRY_____
Date *City* *State*

RESIDENCY STATUS_____ ARN#_____ EVER HAVE A DEPORTATION HEARING? NO____ YES____

YOU ARE A CITIZEN OF_____
Country

OTHER NAMES YOU HAVE EVER USED/AKA:_____

RACE: _____ WHITE *(Includes Hispanic, Arab and Middle Eastern)*

_____ BLACK

_____ ASIAN / PACIFIC ISLANDER *(Includes India sub-continent)*

_____ INDIAN or ALASKAN NATIVE (MEMBER OF WHICH TRIBE:_____)

_____ Other: _____

SOCIAL SECURITY #_____ RELIGION_____

HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

SCARS, MARKS OR TATTOOS (Describe what kind and where located on your body):_____

_____

_____

RESIDENCE: PHYSICAL ADDRESS _____

_____

MAILING ADDRESS _____

_____

HOME TELEPHONE # _____ WORK/MSG # _____ CELL#_____

HOW LONG HAVE YOU LIVED AT THIS ADDRESS?_____

IN THE PAST YEAR, ABOUT HOW MANY CRIMES OR ARRESTS HAVE OCCURRED IN YOUR NEIGHBORHOOD?_____

HAVE YOU MOVED TWO OR MORE TIMES IN THE PAST 6 MONTHS? NO_____ YES_____

AT THE TIME OF YOUR OFFENSE: WERE YOU LIVING IN ARIZONA? NO_____ YES_____

IF "YES", FOR HOW LONG?_____

IF ABOVE WAS LESS THAN 6 MONTHS, WHERE DID YOU LIVE BEFORE ARIZONA?_____

HOW LONG DID YOU LIVE AT YOUR LAST PRE-ARIZONA RESIDENCE(S)?_____

NAME ALL PERSONS -- INCLUDING CHILDREN -- WITH WHOM YOU PRESENTLY SHARE A RESIDENCE

*NOTE: IF YOU NOW LIVE OUTSIDE OF ARIZONA, OR PLAN TO, ALSO LIST HOW LONG YOU BELIEVE EACH PERSON YOU DO OR WILL RESIDE WITH HAS ALREADY BEEN LIVING IN THAT OTHER STATE**

FULL NAME SEX AGE RELATIONSHIP TO YOU *HOW LONG HAVE THEY LIVED THERE?

_____

_____

_____

_____

(USE BACK OF SHEET IF NECESSARY)

DO YOU, OR ANYONE WITH WHOM YOU NOW OR PLAN TO LIVE, POSSESS OR STORE ANY FIREARMS, DEADLY WEAPONS, MARTIAL ARTS WEAPONS, EXPLOSIVES, TOXIC SUBSTANCES OR DANGEROUS ANIMALS?

NO_____ YES_____IF "YES", LIST HERE_____

_____

(USE BACK OF SHEET IF NECESSARY)

DO YOU PLAN TO MOVE IN THE NEXT 90 DAYS? NO_____ YES_____

If "Yes", When and to Where? _____

LIST ALL CITIES / STATES YOU HAVE LIVED IN OVER THE PAST 10 YEARS:

_____

_____

CHILDHOOD:

BIRTH FATHER_____

First Name Last Name Age

_____

ADDRESS CITY STATE TEL #

BIRTH MOTHER_____

First Name Last Name Age

_____

ADDRESS CITY STATE TEL #

WERE YOU ADOPTED? NO_____ YES_____ IF "YES", LIST ADOPTIVE PARENTS INFORMATION ON BACK OF THIS PAGE

WERE YOU RAISED PRIMARILY BY YOUR BIRTH PARENTS? YES_____ NO_____

WHEN DID YOU LEAVE YOUR FAMILY HOME? BEFORE AGE 16_____ 16 OR OLDER_____

SIBLINGS: TOTAL NUMBER OF BROTHERS_____ SISTERS_____

NAME AGE SEX ADDRESS / CITY / STATE TEL#

_____

_____

_____

_____

(USE BACK OF SHEET IF NECESSARY)

DO ANY OF YOUR PARENTS, BROTHERS OR SISTERS HAVE A CRIMINAL RECORD (IE: BEEN CONVICTED) NO____ YES____

WAS YOUR CHILDHOOD: GOOD ( ) AVERAGE ( ) BAD ( )

IF "BAD", WHY?_____
(USE BACK OF SHEET IF NECESSARY)

WERE YOU EVER ABUSED AS A CHILD? NO_____ YES_____ IF "YES", HOW?

PHYSICALLY_____ EMOTIONALLY_____ MENTALLY_____ SEXUALLY_____

BY WHOM / WHEN?_____

_____
(USE BACK OF SHEET IF NECESSARY)

DID THIS ABUSE EVER RESULT IN COURT PROSECUTION? NO_____ YES_____

IF YOU WERE NOT ABUSED YOURSELF, DID YOU EVER WITNESS OTHERS BEING ABUSED WHEN YOU WERE A CHILD?

NO_____ YES_____ IF "YES", WHO WAS INVOLVED?_____

_____

DID YOU EVER ATTEND COUNSELING AS A RESULT OF BEING A VICTIM OF OR WITNESSING ABUSE AS A CHILD?

NO_____ YES_____

OVERALL, HOW WOULD YOU DESCRIBE YOUR PRESENT RELATIONSHIP WITH YOUR FAMILY?

POSITIVE_____ NEGATIVE_____

EDUCATION;

WERE YOU EVER SUSPENDED OR EXPELLED FROM SCHOOL? YES_____ NO_____

DID YOU GRADUATE HIGH SCHOOL? YES_____ NO_____ IF "NO", YOUR LAST GRADE COMPLETED _____

IF "NO", WHY DID YOU LEAVE SCHOOL?_____

DID YOU EARN A GED? NO_____ YES_____ IF "YES", WHEN_____ WHERE_____

DID YOU ATTEND COLLEGE? NO_____ YES_____ IF "YES", HOW MANY SEMESTERS_____ (OR YEARS_____)

COLLEGE MAJOR_____ DID YOU GRADUATE? NO_____ YES_____

IF "YES", DEGREE(S) EARNED_____

AT_____ DATES ATTENDED_____
(College or University)

VOCATIONAL TRAINING ATTENDED: NO_____ YES_____

IF "YES", WHERE_____ WHEN_____

SUBJECT(S)_____

JOB CERTIFICATIONS/LICENSES: NONE_____ CURRENT_____

PAST OR EXPIRED_____

DRIVER'S LICENSE(S): NONE_____ VALID_____ EXPIRED_____ SUSPENDED_____ REVOKED_____

STATE(S) & LICENSE #(S)_____

MILITARY SERVICE: NONE_____ YES_____BRANCH_____

DATE: ENTERED_____ DISCHARGED_____ TYPE DISCHARGE*_____

*IF OTHER THAN "HONORABLE", EXPLAIN: WHY:_____
(USE BACK OF SHEET IF NECESSARY)

HIGHEST RANK, RATE or SPECIALTY_____

WHAT JOB DID YOU DO?_____

WHERE WERE YOU STATIONED?_____

COMBAT SERVICE? NO_____ YES_____ WHERE/WHEN?_____

LIST ANY SPECIAL COMMENDATIONS OR AWARDS RECEIVED:_____

COURT-MARTIALED or DISCIPLINED? NO_____ YES_____IF "YES", EXPLAIN_____

_____
(USE BACK OF SHEET IF NECESSARY)

MARITAL STATUS: SINGLE_____ DIVORCED_____ WIDOWED_____ CO-HAB_____ COMMON LAW_____

*MARRIED_____ (*TOTAL TIMES:_____)

_____
1) Spouse's Full Name Age Date/Place Married

_____ SEPARATED_____ DIVORCED_____ DEATH_____
Date/Place Marriage Ended

_____
2) Spouse's Full Name Age Date/Place Married

_____ SEPARATED_____ DIVORCED_____ DEATH_____
Date/Place Marriage Ended

_____
3) Spouse's Full Name Age Date/Place Married

_____ SEPARATED_____ DIVORCED_____ DEATH_____
Date/Place Marriage Ended
(USE BACK OF SHEET IF NECESSARY)

CHILDREN: TOTAL NUMBER *BORN TO YOU*_____

FULL NAME SEX AGE OTHER PARENT'S NAME CHILD'S ADDRESS/LOCATION

_____
_____
_____
_____
_____

(USE BACK OF SHEET IF NECESSARY: *CIRCLE NAME* OF EACH FOR WHOM YOU *NOW* OWE CHILD SUPPORT)

DO YOU FINANCIALLY SUPPORT ANY *OTHER* PERSONS NOT ALREADY LISTED ABOVE? NO_____ YES_____

IF "YES", EXPLAIN_____
(USE BACK OF SHEET IF NECESSARY)

EMPLOYMENT:

YOUR OCCUPATION_____

ARE YOU EMPLOYED NOW? NO_____ YES_____

IF "YES", LIST YOUR CURRENT EMPLOYER _____

ADDRESS_____

_____

TEL # _____ SUPERVISOR_____ WHEN JOB BEGAN_____

YOUR JOB TITLE_____ WAGE: PER/HR _____ PER/MO_____

WORKING: HOURS PER DAY_____ DAYS PER WK:_____ Mon Tue Wed Thu Fri Sat Sun

DOES CURRENT EMPLOYER KNOW ABOUT THIS CASE? YES_____ NO_____ NOT APPLICABLE_____

WOULD SUCH KNOWLEDGE JEOPARDIZE YOUR JOB? YES_____ NO_____ UNKNOWN_____

YOUR *LAST* **PRIOR** EMPLOYER: _____

WHEN THAT JOB BEGAN_____ ENDED_____

REASON YOUR LAST JOB ENDED_____

DO YOU PLAN TO LOOK FOR A NEW EMPLOYER? NO_____ YES_____

IF "YES", WHAT JOB AND WHERE?_____

DO YOU PRESENTLY HAVE A SECOND OR PART-TIME JOB? NO_____ YES_____

IF "YES", WHAT JOB AND WHERE?_____

HOW MUCH OF PAST 12 MONTHS HAVE YOU BEEN EMPLOYED? NONE_____ 1-49%_____ 50-100%_____

IN THE PAST THREE YEARS: HOW MANY TIMES HAVE YOU BEEN UNEMPLOYED FOR MORE THAN 30 DAYS?_____

IN THE PAST THREE YEARS: HOW MANY TIMES HAVE YOU BEEN FIRED OR ASKED TO RESIGN?_____

HOW MANY JOBS HAVE YOU HAD IN PAST 12 MONTHS? _____

ESTIMATED INCOME OVER PAST 12 MONTHS $_____

LIST OTHER JOBS or JOB SKILLS YOU HAVE_____

_____

_____

HOW DO YOU PLAN TO SUPPORT YOURSELF OVER THE NEXT YEAR?_____

DO YOU PRESENTLY DO ANY "VOLUNTEER" (UNPAID) WORK FOR ANY PERSON OR ORGANIZATION?

NO_____ YES_____ IF "YES", WHAT JOB AND WHERE?_____

IF YOU ARE SUPPORTED BY SOMEONE ELSE, LIST NAME(S) AND RELATIONSHIP TO YOU:_____

_____

DO YOU NEED JOB or VOCATIONAL TRAINING? NO_____ YES_____WHAT KIND_____

_____

(*USE BACK OF SHEET IF NECESSARY)*

FINANCIAL:

CURRENT NET INCOME	$_____PER/MO	RENT & UTILITIES	$_____PER/MO
SPOUSE'S NET INCOME	$_____PER/MO	FOOD & CLOTHING	$_____PER/MO
SOCIAL SECURITY	$_____PER/MO	MEDICAL	$_____PER/MO

OTHER GOVT ASSISTANCE	$_____PER/MO	INSURANCE	$_____PER/MO
RETIREMENT	$_____PER/MO	CREDIT CHARGES	$_____PER/MO
CHILD SUPPORT RECEIVED	$_____PER/MO	VEHICLES & PROPERTY	$_____PER/MO
ALL OTHER INCOME	$_____PER/MO	ALL OTHER EXPENSES	$_____PER/MO
TOTAL INCOME	$_____PER/MO	TOTAL EXPENSES	$_____PER/MO

ASSETS: LIST ALL OF YOUR MAJOR ASSETS: HOME, VEHICLES, PROPERTY, TOOLS, SAVINGS ETC:

ITEM	ESTIMATED VALUE	FULLY OWNED?		AMOUNT STILL OWED
		YES	NO	
		YES	NO	
		YES	NO	

(USE BACK OF SHEET IF NECESSARY)

DEBTS: LIST ALL MAJOR DEBTS: CREDIT CARDS, LOANS, FINANCE PLANS, OTHER COURT ORDERS, ETC.

WHO OWED	ESTIMATED BALANCE DUE	RATE PAYING PER MONTH
	$_____	$_____
	$_____	$_____
	$_____	$_____

(USE BACK OF SHEET IF NECESSARY)

HAVE YOU EVER FILED FOR BANKRUPTCY? NO_____ YES_____ IF "YES", WHEN?_____

HAVE YOU EVER STOLEN FROM OR MISUSED AN EMPLOYER'S MONEY OR PROPERTY? NO_____ YES_____

IF "YES", FROM WHOM?_____ WHEN?_____ WHERE?_____

HOW MUCH (OR WHAT) DID YOU TAKE/USE?_____

COURT PAYMENTS: IF PLACED ON PROBATION, HOW MUCH COULD YOU BUDGET TOWARD COURT-ORDERED MONIES (RESTITUTION, FEES, FINES ETC)? $_____PER / MONTH

HOW MANY TIMES HAVE YOU GAMBLED IN THE PAST MONTH? _____ PAST YEAR?_____

ESTIMATE THE MOST, AT ONE TIME, YOU EVER LOST GAMBLING: $_____ MOST WON? $_____

HAVE YOU EVER BEEN AWARDED A FINANCIAL SETTLEMENT OR INHERITANCE? NO_____ YES_____

IF "YES", HOW MUCH? $_____ WHEN?_____ WHY?_____

HAVE YOU EVER BEEN TOLD, OR DO YOU FEEL, THAT YOU HAVE A PROBLEM SPENDING MONEY OR USING CREDIT?

NO_____ YES_____

IF YES, WHEN AND WHY?_____

MEDICAL:

ARE YOU NOW RECEIVING TREATMENT FOR ANY MEDICAL, MENTAL OR EMOTIONAL CONDITION?

NO_____ YES_____IF "YES", LIST WHAT CONDITION, DATE DIAGNOSED, AND TREATMENT RECEIVED:

_____

_____

_____

_____
(USE BACK OF SHEET IF NECESSARY)

DO YOU BELIEVE YOU HAVE ANY CONTAGIOUS DISEASES OR ANY MEDICAL, MENTAL OR EMOTIONAL CONDITIONS FOR WHICH YOU NEED TREATMENT, BUT ARE NOT PRESENTLY BEING TREATED?

NO_____ YES_____ IF "YES", EXPLAIN:_____
(USE BACK OF SHEET IF NECESSARY)

DO YOU HAVE ANY CONDITIONS, UNDERGO ANY TREATMENT OR SUFFER ANY RESTRICTIONS OF ABILITY WHICH COULD SIGNIFICANTLY LIMIT OR PREVENT YOU FROM PERFORMING WORK SERVICE, JAIL TIME OR PERFORMING ANY OTHER OBLIGATIONS OF PROBATION IF SO ORDERED?

NO_____ YES_____IF "YES", EXPLAIN:_____
(USE BACK OF SHEET IF NECESSARY)

HAVE YOU EVER:

SUFFERED FROM or BEEN TREATED FOR DEPRESSION? NO_____ YES*_____

ATTEMPTED or SERIOUSLY CONTEMPLATED SUICIDE? NO_____ YES*_____

ATTENDED MENTAL or EMOTIONAL COUNSELING? NO_____ YES*_____

UNDERGONE A PSYCHIATRIC EVALUATION? NO_____ YES*_____

RECEIVED MEDICATION FOR ANY PSYCHIATRIC CONDITION? NO_____ YES*_____
**(EXPLAIN "YES" ANSWERS ON BACK OF THIS SHEET)*

SUBSTANCE USE: CIRCLE YOUR RATE OF USE OF FOLLOWING ("1" being "NONE" and "5" being "ADDICTED")

	NONE				ADDICTED		
ALCOHOL	1	2	3	4	5	AGE FIRST USED_____	DATE LAST USED_____
MARIJUANA	1	2	3	4	5	AGE FIRST USED_____	DATE LAST USED_____
METHAMPHETAMINE	1	2	3	4	5	AGE FIRST USED_____	DATE LAST USED_____
COCAINE	1	2	3	4	5	AGE FIRST USED_____	DATE LAST USED_____
LSD	1	2	3	4	5	AGE FIRST USED_____	DATE LAST USED_____
HEROIN	1	2	3	4	5	AGE FIRST USED_____	DATE LAST USED_____
PRESCRIPTION ABUSE	1	2	3	4	5	AGE FIRST USED_____	DATE LAST USED_____
_____ *(OTHER)*	1	2	3	4	5	AGE FIRST USED_____	DATE LAST USED_____

LAST TIME DRANK ALCOHOL_____ HOW MUCH DRANK_____

HOW MUCH DO YOU DRINK PER WEEK_____

LAST TIME USED DRUGS_____DRUG(S) USED_____AMOUNT USED_____

DRUG USED MOST_____AVERAGE AMOUNT PER WEEK_____HIGHEST_____

TREATMENT PROGRAMS:

LIST ALL DRUG AND/OR ALCOHOL PROGRAMS YOU HAVE EVER ATTENDED:

PROGRAM/SUBSTANCE	WHEN/WHERE	IN-PATIENT	OUT-PATIENT	SUCCESSFULLY COMPLETED?
		YES / NO	YES / NO	YES / NO

_____ YES / NO YES / NO YES / NO

(USE BACK OF SHEET IF NECESSARY)

ARE YOU NOW ATTENDING ANY PROGRAMS? NO_____ YES_____

IF "YES", WHAT PROGRAM(S)?_____

DO YOU NEED COUNSELING NOW FOR ANY REASON? NO_____ YES_____

WHY?_____

_____

LIST ANY OTHER "ADDICTIONS" or PROBLEM BEHAVIORS FOR WHICH YOU MIGHT NEED HELP:

_____

CURRENT COURT CASE:

NAMES OF ALL OTHER PEOPLE ARRESTED or CHARGED WITH YOU IN THIS CASE:

_____

_____

(USE BACK OF SHEET IF NECESSARY)

WERE YOU: SUMMONED_____ ARRESTED_____DATE_____

ARRESTING AGENCY_____ DAYS IN JAIL_____ DATE RELEASED_____

HOW RELEASED (BOND, OWN RECOGNIZANCE ETC)_____

WHO IS YOUR ATTORNEY?_____ COURT APPOINTED?_____ PRIVATE?_____

PRIOR RECORD:

ARE YOU NOW UNDER COURT ORDERS OR MONITORING DUE TO:

SUMMARY PROBATION (Court/Unsupervised) NO_____ YES_____ FELONY_____ MISDEMEANOR_____ CIVIL TRAFFIC_____

OFFENSE_____

STATE/COURT_____

SUPERVISED PROBATION NO_____ YES_____ FELONY_____ MISDEMEANOR_____

OFFENSE_____

STATE/COURT_____

OFFICER_____TEL#_____

PAROLE NO_____ YES_____ OFFENSE_____

STATE/OFFICE_____

OFFICER_____TEL#_____

ARE YOU A REGISTERED SEX OFFENDER? NO_____ YES_____ OFFENSE_____

STATE/COURT_____

FELONY_____ MISDEMEANOR_____ ORDER/SENTENCE DATE_____

ON PRE-TRIAL RELEASE NO_____ YES_____

OFFENSE_____

OR MONITORING?

STATE/COURT_____

FELONY_____ MISDEMEANOR_____ SENTENCING DATE_____

JUVENILE RECORD:

IST NUMBER OF TIMES YOU WERE INVOLVED WITH THE FOLLOWING ACTIONS:

REFERRED TO JUVENILE PROBATION/COURT_____ CASE DISMISSED_____ COUNSELED_____ IN REHAB_____

PLACED ON SUPERVISED JUVENILE PROBATION_____ DATE/AGE_____

OFFENSE(S)_____

CITY/STATE_____ SUCCESSFUL PROBATION? YES_____ NO_____

TIMES *PLACED IN*: DETENTION CENTER_____ STATE JUVENILE CORRECTION FACILITY_____ WORK CAMP_____

HALFWAY HOUSE_____ FOSTER HOME_____ OTHER_____

ADULT RECORD:

LIST NUMBER OF TIMES YOU WERE INVOLVED WITH THE FOLLOWING ACTIONS:

IN JAIL_____ ELECTRONIC MONITORING_____ AN "ESCAPEE"_____

ON DIVERSION_____ SUCCESSFULLY COMPLETED DIVERSION? YES_____ NO_____

ON PROBATION:

SUPERVISED_____ UNSUPERVISED_____

PROBATIONS: TIMES SUCCESSFULLY COMPLETED_____ TIMES REVOKED_____

CURRENTLY PENDING REVOCATION? NO_____ YES_____

IN PRISON: _____

ON PAROLE: TIMES SUCCESSFULLY COMPLETED_____ TIMES REVOKED_____

ARE YOU CURRENTLY PENDING A PAROLE REVOCATION? NO_____ YES_____

ARE YOU CURRENTLY WANTED IN ANY JURISDICTION? NO_____ YES_____

IF "YES", WHERE?_____ AGENCY_____

OFFENSE(S)_____

NUMBER OF TIMES YOU'VE BEEN CONVICTED FOR: MISDEMEANORS_____ FELONIES_____

LIST ALL PRIOR FELONY CONVICTIONS YOU HAVE RECEIVED (NOT INCLUDING YOUR CURRENT CASE):

OFFENSE_____WHEN_____WHERE_____

OFFENSE_____ WHEN_____WHERE_____

OFFENSE_____ WHEN_____WHERE_____

OFFENSE_____ WHEN_____WHERE_____

(LIST ANY ADDITIONAL FELONY CONVICTIONS ON BACK OF THIS SHEET.)

MISCELLANEOUS:

DO YOU NOW HAVE ANY RESTRAINING or PROTECTION ORDERS AGAINST YOU? NO_____ YES_____

IF "YES", WHERE?_____

PROTECTING WHOM?_____

DO YOU HAVE ANY OTHER CRIMINAL CASES PENDING BESIDES THIS ONE? NO_____ YES_____

IF "YES", WHERE?_____

FOR WHAT OFFENSE?_____
(USE BACK OF SHEET IF NECESSARY)

HAVE YOU EVER BEEN REQUIRED OR ORDERED TO REGISTER AS EITHER : A CONVICTED FELON or A SEX OFFENDER?

NO_____ YES_____ IF "YES", BY WHEN?_____

WHERE/WHAT COURT?_____

FOR WHAT OFFENSE?_____

IF FOR SEX OFFENSE, ARE YOU NOW REGISTERED IN MOHAVE COUNTY? YES_____ NO_____

IF "NO", WHY NOT?_____

GANG AFFILIATION

HAVE YOU EVER ASSOCIATED WITH A GANG? NO_____ YES_____

IF "YES", WHAT GANG_____

WHERE_____

YOUR NAME IN GANG_____

AGE OR DATE WHEN YOU STARTED_____

AGE OR DATE WHEN YOU STOPPED_____

ARE YOU STILL ASSOCIATING WITH GANG MEMBERS? YES_____ NO_____

LIST ALL GANG TATTOOS YOU HAVE_____

_____

CURRENT CASE INFORMATION:

IF BEING SENTENCED ON A PLEA AGREEMENT, DO YOU PLAN TO ASK YOUR PLEA BE WITHDRAWN FOR ANY REASON?

NO_____ YES_____

IF "YES", WHY_____

IS THERE ANYTHING IN YOUR PERSONAL HISTORY, EXPERIENCES OR CONDITION WHICH YOU BELIEVE HAS SIGNIFICANT BEARING ON YOUR SENTENCING, OR ABILITY TO ADDRESS COURT OBLIGATIONS, WHICH HAS NOT BEEN REPORTED BY YOU ELSEWHERE IN THIS QUESTIONNAIRE? IF SO, EXPLAIN:

_____

_____

_____

_____
(USE BACK OF SHEET IF NECESSARY):

DEFENDANT STATEMENT:

IN ORDER TO GIVE THE JUDGE A CLEAR PICTURE OF WHY YOU ARE BEFORE HIM NOW AND WHAT SENTENCE HE SHOULD GIVE YOU, IT'S IMPORTANT YOU TELL HIM YOUR SIDE OF THE STORY:

WHAT YOUR INVOLVEMENT WAS IN THE CRIME(S) CHARGED, ANY ERRORS MADE IN THE INVESTIGATING AGENCY'S REPORT, WHAT THE JUDGE MIGHT EXPECT YOUR BEHAVIOR OR ACTIONS TO BE FOLLOWING SENTENCING TO PROBATION OR OTHER PUNISHMENT, ETC.

WRITE YOUR STATEMENT HERE, USING THE BACK OF THE SHEET OR ADDITIONAL PAPER IF NECESSARY.

NOTE: STATEMENTS REGARDING YOU OR THIS CASE, BY YOURSELF OR ANYONE ELSE, MAY ALSO BE GIVEN TO THE PROBATION DEPARTMENT FOR INCLUSION IN YOUR PRE-SENTENCE REPORT.

SUCH STATEMENTS CAN BE FORWARDED THROUGH YOUR ATTORNEY, CORRECTIONS OFFICERS – IF YOU ARE IN JAIL, OR DELIVERED DIRECTLY TO THE PROBATION DEPARTMENT BY HAND, MAIL, FAX OR TELEPHONE (SEE THIS QUESTIONNAIRE'S COVERSHEET INSTRUCTIONS).

IF YOUR ATTORNEY HAS DIRECTED YOU TO MAKE NO STATEMENT TO PROBATION, PLEASE INDICATE YOU'VE BEEN SO INSTRUCTED.

_____

_____

_____

_____

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_____

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_____

DID ANYONE ELSE HELP YOU FILL OUT THIS QUESTIONNAIRE? NO_____ YES_____

IF "YES", BY WHOM?_____ WHY?_____

_____ _____

DEFENDANT'S SIGNATURE DATE COMPLETED