

UNITED STATES DISTRICT COURT

Federal Probation System

WORKSHEET FOR PRESENTENCE REPORT

(See Publication 107 for Instruction)

1. FACESHEET DATA				
Defendant's Court Name:	Last Name:	First Name:	Middle Name:	Generation:
Defendant's True Name:	Last Name:	First Name:	Middle Name:	Generation:
District:		Docket/Dft. No.:		
Judge/Magistrate:		Sentence Date:		
Assigned Officer:		Arrest Date:		

Assistant U.S. Attorney	Defense Counsel

Defendant Identifying Data				
Date of Birth:	Age:	Race:	Hispanic Origin:	
Sex:	FBI:	SSN:	State ID No.:	
Register/Marshal's No.:	ICE No.:	No. of Dependents:		
Country of Birth:	Citizenship:			
Country of Citizenship:	Immigration Status:			
Place of Birth:	Height:	Weight:	Eye Color:	Hair Color:

Identifying Marks:

Defendant Names: (list every name defendant has ever used)					
Defendant's Current Residence Address			Defendant's Current Legal Address		
Address: (line 1)			Address: (line 1)		
Address: (line 2)			Address: (line 2)		
City:	State:	Zip Code:	City:	State:	Zip Code:
Residence Phone No.:	Mobile Phone No.:	Pager Phone No.:	E-Mail Address:		

Referral Date:

Interview Date:

2. OFFENSE DATA				
CHARGES AND CONVICTIONS				
Type of Charging Document:		Superseding? <input type="checkbox"/>		Date Information/Indictment filed:
Date of Conviction:		Convicted by: Guilty Plea/Plea of Nolo Contendere <input type="checkbox"/> Court Trial Verdict <input type="checkbox"/> Jury Trial Verdict <input type="checkbox"/>		
	Title	Section/Subsection	Offense Level	Description
+				
-				
+				
-				
+				
-				
+				
-				

RELEASE STATUS			
In Federal Custody Since:		In Non-Federal Custody Since:	
Date Released on Bond:	Type of Bond 1:	Amount of Bond:	PTS Supervision?

DETAINERS			
No Detainers: <input type="checkbox"/>			
	Agency or Court	Type of Detainer	Case Number
+			
-			

CODEFENDANTS					
No Codefendants: <input type="checkbox"/>					
	Last Name	First Name	Middle Name	Generation	Docket No./Dft. No.
+					
-					
+					
-					
+					
-					

RELATED CASES

No Related Cases: ☐

	Last Name	First Name	Middle Name	Generation	Docket No./Dft. No.
+					
-					
+					
-					
+					
-					
+					
-					

PLEA AGREEMENT

Type of Plea Agreement: None ☐ Written ☐ Oral ☐ Substantial Assistance Motion: ☐ (check if applicable)

Was Agreement: Accepted ☐ Deferred ☐ Binding ☐

Notes:

VICTIM IMPACT

No Loss: ☐

	Company/Corporation Name or Victim Name	Financial Loss	Company/Corporation Address or Victim Address	City	State	Zip Code	Phone
+							
-							
+							
-							
+							
-							
+							
-							
	Loss to all victims:						

Describe any social, psychological, or medical impact upon the victim of the offense behavior.

ACCEPTANCE OF RESPONSIBILITY

Defendant's Statement Regarding Offense:

3. DEFENDANT'S CRIMINAL HISTORY

The defendant has no Criminal History. ☐

	Date of Referral/ Arrest	Convictions	Agency/City/State	Court/City/State	Date Sentence Imposed	Disposition	Rep. by Counsel Waived?
<div><div>+</div><div>-</div></div>							
<div><div>+</div><div>-</div></div>							
<div><div>+</div><div>-</div></div>							
<div><div>+</div><div>-</div></div>							
<div><div>+</div><div>-</div></div>							
<div><div>+</div><div>-</div></div>							
<div><div>+</div><div>-</div></div>							
<div><div>+</div><div>-</div></div>							
<div><div>+</div><div>-</div></div>							
<div><div>+</div><div>-</div></div>							

PENDING CHARGES AND SUPERVISION

The defendant has no pending charges. ☐

	Date of Arrest	Charge/ Conviction	Case No.	Court	City	State	Date Sentence Imposed	Disposition	Rep. by Counsel Waived?
<div><div>+</div><div>-</div></div>									
<div><div>+</div><div>-</div></div>									
<div><div>+</div><div>-</div></div>									
<div><div>+</div><div>-</div></div>									

The defendant is not currently under supervision. ☐

If yes, what type of supervision is the defendant under?

Diversion ☐ Parole ☐ Probation ☐ Escape Status ☐ Supervised Release ☐ In Custody ☐

Name of Jurisdiction:

Supervising Officer's Name:

Supervising Officer's Telephone Number:

4. OFFENDER CHARACTERISTICS

DEFENDANT

Residential History: (List every town or city where the defendant has lived.)

PARENTS AND SIBLINGS

(List the defendant's biological parents. If defendant was reared by persons other than his naturals, add the surrogate parent's names immediately below the space allocated for Father and Mother. After the parents, list all siblings, living or deceased.)

	Name	Relationship	Age	Address/Telephone Number	Occupation
		Father			
	Current: Maiden:	Mother			
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					
<input type="checkbox"/> + <input type="checkbox"/> -					

Notes regarding family history; identify any significant problems.

MARITAL HISTORY

Current Marital Status: Cohabiting ☐ Divorced ☐ Married ☐ Separated ☐ Single ☐ Unknown ☐ Widowed ☐

	Name	Marital Status	Citizenship	Address/Telephone No.	Dates of Marriage	No. of Children
	Current:					
<div><div>+</div><div>-</div></div>						
<div><div>+</div><div>-</div></div>						

CHILDREN

The defendant has never had any children. ☐

	Name of Child	Name of Other Parent of Child	Age	Custody/Support	Address/Telephone No.
<div><div>+</div><div>-</div></div>					
<div><div>+</div><div>-</div></div>					
<div><div>+</div><div>-</div></div>					
<div><div>+</div><div>-</div></div>					
<div><div>+</div><div>-</div></div>					
<div><div>+</div><div>-</div></div>					

Note health problems, criminal history, substance abuse, or any other significant information.

PHYSICAL CONDITION

Health and Wellness Status

- ☐ None. The defendant has no history of health problems.
- ☐ Minor medical problems only.
- ☐ Significant medical disorder (under control but follow-up care required).
- ☐ One or more chronic or recurrent medical problems.
- ☐ Uncontrolled significant disorder.
- ☐ Diagnostic evaluation or specific treatment in progress.
- ☐ Unknown.

List the dates and nature of any serious or chronic illness and medical conditions.

List all current prescriptions.

Name, address and telephone number of the defendant's physician.

Name:

Address/Telephone No.:

MENTAL AND EMOTIONAL HEALTH

Mental Health Status (check all that apply)

- ☐ No evidence of a current or past mental health condition.
- ☐ History of a mental health condition, no active symptoms.
- ☐ Mental Health condition requiring ongoing treatment.
- ☐ Has been in therapy within the last 12 months for a mental health condition.
- ☐ Currently taking medication for a mental health condition (psychotropic drug).
- ☐ Has seen a physician within the last 12 months for a mental health condition.
- ☐ Has been hospitalized within the last 24 months for a mental health condition.

Describe any past or present mental, emotional, or gambling problems. Include the diagnosis of any problems (if known) and the dates of any treatment.

List the dates of any mental health treatment and the name, address and telephone number of the mental health treatment provider.

	Dates of Treatment	Name of Provider	Address/Telephone No.
+			
-			
+			
-			

SUBSTANCE ABUSE

Substance Abuse Status

- ☐ No substance abuse/dependence history.
☐ Sustained remission. (greater than 12 months of abstinence following a history of substance abuse or dependence)
☐ Early remission. (greater than one month, but less than 12 months of abstinence following history of substance abuse or dependence)
☐ Actively abusing substances. (does not meet criteria for dependence, but has abused substances in the past month)
☐ Actively dependent on substances. (TCU greater than 2 or has abused substances in the past month and meets three of the following: 1) Tolerance; 2) Withdrawal; 3) Taken in larger amounts and over longer period than intended; 4) Desire or unsuccessful effort to reduce or control usage; 5) Great deal of time is spent on trying to obtain, use, or recover from use; 6) Social, recreational or occupational activities are given up because of substance use; 7) Substance use is continued despite the knowledge of having a problem.

Age Drug Use Began:

Drug Use	Current	History of	Rank	Last Used	Frequency Used
Alcohol Social Drinking Only <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>			
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>			
Cannabinoids	<input type="checkbox"/>	<input type="checkbox"/>			
Club/Designer Drugs (include Ecstasy, GHB)	<input type="checkbox"/>	<input type="checkbox"/>			
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>			
Hallucinogens (PCP, LSD)	<input type="checkbox"/>	<input type="checkbox"/>			
Heroin	<input type="checkbox"/>	<input type="checkbox"/>			
Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>			
Prescription Opiates	<input type="checkbox"/>	<input type="checkbox"/>			
Other Drug:	<input type="checkbox"/>	<input type="checkbox"/>			
Substance Abuse Treatment History (check all that apply)	Current	History of			
Inpatient	<input type="checkbox"/>	<input type="checkbox"/>			
Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>			
Self-Help (AA/NA)	<input type="checkbox"/>	<input type="checkbox"/>			
Confined Treatment Program (BOP)		<input type="checkbox"/>			

List the dates of any substance abuse treatment and the name, address and telephone number of the substance abuse treatment provider.			
	Dates of Treatment	Name of Provider	Address/Telephone No.
+ -			
+ -			

Describe in detail the defendant's history of substance abuse and treatment. (overdose, daily cost to support habit, frequency and quantity of use)

EDUCATION AND VOCATIONAL SKILLS								
What is the highest academic level achieved by the defendant?							Date Education Obtained:	
SCHOLASTIC HISTORY								
	Name of School (List most recent first)	Address	City	State	Zip Code	Start Date	End Date	Degree, Diploma or Certificate Received
+ -								
+ -								
+ -								
+ -								

ENGLISH LANGUAGE SKILLS

- ☐ Fluent in English as primary language
- ☐ Fluent in English as secondary language
- ☐ Limited Fluency in English
- ☐ No Fluency in English
- ☐ Mute- Fluent in international sign language
- ☐ Mute- Limited or no fluency in international sign language
- ☐ Unknown

Primary Language:

Other Primary Language:

VOCATIONAL TRAINING/SKILLS (check all that apply)

- | | |
|--|--|
| <ul style="list-style-type: none"><input type="checkbox"/> Architecture and Engineering<input type="checkbox"/> Arts, Design, Entertainment and Media<input type="checkbox"/> Child/Adult Care<input type="checkbox"/> Community and Social Services<input type="checkbox"/> Computers and Mathematics<input type="checkbox"/> Construction and Extraction<input type="checkbox"/> Cosmetology/Barber<input type="checkbox"/> Data Processing<input type="checkbox"/> Education, Training, Library Science<input type="checkbox"/> Farming, Fishing, Forestry<input type="checkbox"/> Finance<input type="checkbox"/> Food/Lodging Services<input type="checkbox"/> Healthcare<input type="checkbox"/> Janitorial/Cleaning Services | <ul style="list-style-type: none"><input type="checkbox"/> Laborer<input type="checkbox"/> Landscape/Ground Maintenance<input type="checkbox"/> Legal<input type="checkbox"/> Life, Physical and Social Science<input type="checkbox"/> Management<input type="checkbox"/> Military Service<input type="checkbox"/> Office/Clerical/Administrative Support<input type="checkbox"/> Production/Assembly<input type="checkbox"/> Sales<input type="checkbox"/> Tradesman (Electrician/Plumber/Mechanic)<input type="checkbox"/> Transportation and Material Moving<input type="checkbox"/> Other: |
|--|--|

Does the defendant have any professional license(s)? ☐ Yes ☐ No

If yes, what license(s)?

MILITARY

<input type="checkbox"/> None.	Branch of Service:	Service Number:	Date Entered:	Date Discharged:
Highest Rank:	Rank at Separation:	Decorations and Awards:		VA Claim No.:

Describe the defendant's military service. Describe any court(s) martial or non-judicial punishments. Describe any foreign or combat service. Describe any special training or skills acquired in the service. Describe any previous VA claims.

CURRENT EMPLOYMENT/UNEMPLOYMENT

Defendant's usual occupation: _____					
Is defendant currently unemployed? <input type="checkbox"/> Yes Start Date of Unemployment: _____			Excused Due To: <input type="checkbox"/> Caregiver <input type="checkbox"/> Long-Term Treatment <input type="checkbox"/> Court Order <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Other _____		
Company Name: _____ <input type="checkbox"/> Self-Employed?			Address (Street): _____ Delete Current Employer		
Start Date:		Phone No.:		City: _____ State: _____ Zip Code: _____ County: _____	
Hours per week:		Occupation:		Gross Income for this Employment: <input type="checkbox"/> Hourly <input type="checkbox"/> Semi-monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Bi-weekly <input type="checkbox"/> Yearly	
Job Title:					
How Long Employed?		Work Hours:			
Supervisor's Name:			Supervisor's Title:		
Supervisor's Phone:		Supervisor Cell/Pager No.:		Supervisor's Email: _____ Add Current Employer	

EMPLOYMENT/UNEMPLOYMENT HISTORY

	Start Date	End Date	Name of Employer/Unemployed	Address of Employer	Nature of Work. Salary, Reason for Leaving
+ -					
+ -					
+ -					
+ -					
+ -					

	Start Date	End Date	Name of Employer/Unemployed	Address of Employer	Nature of Work. Salary, Reason for Leaving
+					
-					
+					
-					
+					
-					

Summarize any employment history over 10 years old.

Notes: