D/KS PSR Defendant Worksheet **Rev. July 2008** 

## UNITED STATES DISTRICT COURT Federal Probation System

## DEFENDANT WORKSHEET FOR PRESENTENCE REPORT

The court has ordered the preparation of a presentence investigation report, which pursuant to 18 U.S.C. § 3552 and Federal Rules of Criminal Procedure Rule 32, must contain, in part, information pertaining to a defendant's history and characteristics, and any factors relevant to the appropriate kind of sentence to be imposed. To facilitate this process, **please complete this form accurately and bring with you to your presentence interview**.

IDENTIFYING DATA							
Full Legal Name:							
Aliases/Other Names Used:							
Date of Birth:  Age: Sex: Place of Birth:							
Race: UWhite	Black	☐ Asian/ Pac	nder   American I	Indian/ Alaskar	n Native	□ Unknown	
Hispanic Origin: □ Hispani	c □ Not His	spanic	J□	Jnknown			
Social Security No.:				Country of Citizen	nship:		
Height:	Weight:			Eye Color:		Hair Color:	
Tattoos – Please list and describe any tattoos (up to six):							
1	locatio	on:		4		location: _	
2	location:					location: _	
3 location:				_ 6 location:			
Current Address:				Previous Address:			
(Number and Street)		(Apt./Box	No.)	(Number and Stre	et)		(Apt./Box No.)
(City) (State) (Zip Code)		Code)	(City)	(State)		(Zip Code)	
(Telephone)				(Telephone)			
Length of time at address:				Length of time at	address:		
Other Occupants:				Other Occupants:			

RESIDENTIAL HISTORY List every town, city, or state, and country where you have lived and the dates of that residence:							
Time Period (month/year)	City, State, Cou	entry	Time Perio		ity, State, Country		
From: To:			From: To:				
From: To:			From: To:				
From: To:			From: To:				
From: To:			From: To:				
From: To:			From: To:				
From: To:			From: To:				
From: To:			From: To:				
Probation Officer commo	ents.						
		MILITARY	SERVICI	E			
□ None	<u> </u>	1					
Branch of Service:	Service Number:	Entered:		Discharged:	Type of Discharge:		
Highest Rank:	Rank at Separation:	Decorations/	Awards:		VA Claim Number:		
Probation Officer commo	ents:				I		

PARENTS AND SIBLINGS								
If deceased, list year and cause of death in address line:								
Name	Relationship	Age	Present Address/Telephone No.	Occupation				
	Father/ Step-Father							
Current Name: Maiden Name:	Mother/ Step-Mother							
Probation Officer comments:								

		MARITAL S	STATUS				
☐ Presently single and no mar (Include present and previous			law)				
Spouse/Domestic Partne	er	Date/Place of Marriage Status		Date of Separation/ Divorce (list court granting divorce)		Number of Children	
				_			
Employment status of current	spouse:			Spouse Do	OB/SSN:		
Probation Officer comments:							
		CHILDI	REN				
□ No children If deceased, list year and cause of death in address line:							
Child's name	Age	Name of other parent of this child	Amount of Support Provided (if child does not reside with you)  Residence			ce	
Probation Officer comments:							

PHYSICAL HEALTH							
□ Currently healthy and no history of health problems.  List the date(s) and nature of any diseases, handicaps, serious or chronic illnesses, and/or other medical conditions:							
Name and/or Description of Medical Condition (include current condition)			nysician lity	Prescriptions			
eer comments:							
MENTAL AND EMOTIONAL HEALTH							
□ No history of mental or emotional problems, and no history of treatment of such problems.  Describe any past or present mental or emotional, or gambling problems (do not include substance abuse):							
Name and/or Description of Condition	and/or Facilit	ty (include	Inpatient or Outpatient	Prescriptions			
eer comments:							
	althy and no history of health problems. and nature of any diseases, handicaps, serious or ch  Name and/or Description of Medical Condition (in current condition)  MENTAL AND EMO  f mental or emotional problems, and no history of trast or present mental or emotional, or gambling prob  Name and/or Description of Condition	MENTAL AND EMOTIONAL Formental or emotional problems, and no history of health problems.  Mental or emotional problems, and no history of treatment of suclast or present mental or emotional, or gambling problems (do not in Name and/or Description of Condition  Treating Phyand/or Faciliticity and state	althy and no history of health problems. and nature of any diseases, handicaps, serious or chronic illnesses, and/or other  Name and/or Description of Medical Condition (include current condition)  Treating Pt and/or Faci (include cit  Treating Pt and/or Faci	althy and no history of health problems. and nature of any diseases, handicaps, serious or chronic illnesses, and/or other medical concurrent condition)  Treating Physician and/or Facility (include city and state)  Treating Physician and/or Facility (include city and state)  MENTAL AND EMOTIONAL HEALTH  The mental or emotional problems, and no history of treatment of such problems. ast or present mental or emotional, or gambling problems (do not include substance abuse):  Name and/or Description of Condition  Treating Physician and/or Facility (include city and state)  Inpatient or Outpatient city and state)			

SUBSTANCE ABUSE							
□ No history of alcol	nol or drug use ar	nd no h	istory of treatm	nent for the same.			
Please provide the fo	llowing informat	ion for	any alcohol an	id/or drugs you have	used:		
	Date/Age of first use	Plea perio	se list the avera	age quantity and frequent last use; and sumn	uency of use for the two-year narize other prior use patterns	Date o last us	
Alcohol							
Marijuana							
Cocaine							
Crack Cocaine							
Amphetamine/ Methamphetamine							
Heroin/ Opiates							
Barbiturates							
Hallucinogens							
Inhalant							
Other:							
Please provide the following information for any prior substance abuse treatment in which you have participated:							
Treatmen	nt Provider		Inpatient/ Outpatient	Duration/dates of treatment	Reason for termination	Court or (Y or	
Probation Officer con	mments:				L		

## **EMPLOYMENT HISTORY** List places of employment, beginning with the most recent, for the past ten years. Dates (month and year) Name/ Address of Employer Job Position Wage Reason for Leaving From: To: Phone: From: To: Phone: From: To: Phone: From: To: Phone: From: Phone: To: From: Phone: To: From: To: Phone: From: Phone: To: From: To: Phone: From: Phone: To: From: To: Phone: From: Phone: To: From: To: Phone:

EI	DUCATION AN	D VOCATION	AL SKILLS
Highest Grade Completed:	Age left School	for Leaving:	
Name/Location of School/Vo-	-Tech	Dates Attended	Degree/Diploma/Certificate Received
Please list any specialized training, skill	s, or professional lic	enses possessed:	
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P. L. COCC			_
Probation Officer comments:			
FIN	NANCIAL CON	DITION/ABIL	ITY TO PAY
Defense counsel is □ Retained or □ App			
Probation Officer comments:			
Troomion officer comments.			
ADI	DITIONAL INF	ORMATION (p	lease leave blank)
Probation Officer comments:			
Date of Interview:			
Interviewer:			
Attorney Present: □ Yes □ No			
Name: Interpreter Present: □ Yes □ No			
Name:			