

OFFENDER INFORMATION WORKSHEET

It is your responsibility to thoroughly complete the attached form, and bring the form with you when you are scheduled for your presentence investigation/report.

True Name: _____ Social Security No.: _____ - _____ - _____

Alias/Nickname: _____

Address: _____
(Street Number) (Apt #) (City) (State) (Zip) (County)

Length of time at this address: _____ Number of times moved in past year: _____

Home Phone: _____ Message phone: _____

Cell Phone: _____ E-Mail address: _____

Residing with: _____

List any weapons in the house _____

List any animals/pets in the house _____

Please list every city and state in which you have lived during the last five (5) years:

City and State	Dates or Ages	City and State	Dates or Ages
1. _____	_____	4. _____	_____
2. _____	_____	5. _____	_____
3. _____	_____	6. _____	_____

Date of Birth: _____ Age: _____ Birthplace: _____

*Age of First of Arrest/Citation: _____

U.S. Citizen: Y/N Resident Alien: Y/N Documented: Y/N Undocumented: Y/N (Document)

Race: _____ Ethnicity: _____

Sex: _____ Height: _____ Weight: _____

Hair color: _____ Eye color: _____

Scars/tattoos/identifying marks: _____

Marital Status: _____ Dependents: _____

Education Completed: Grade in high school _____ GED _____ Years of college _____

Associates Degree _____ Bachelor's Degree _____ Master Degree _____ Doctorate Degree _____

Current employment: _____

Employer's address: _____ Phone: _____

Full or part-time employment: _____

If unemployed - are you seeking employment (yes or no): _____

Driver's License #: _____ License Plate #: _____

Vehicle Color: _____ Year: _____ Make: _____ Model: _____

OFFENSE OR CHARGE: _____ (BAC:) _____

ATTORNEY: _____

OFFICE USE ONLY:

FBI: _____ NSP: _____

OTHER INFORMATION: _____

PSI Information:

Date ordered: _____ Date interviewed: _____

Sentencing date: _____ Sentencing time: _____

COURT: _____ JUDGE: _____

APPOINTMENT SCHEDULED FOR: _____

OFFICER: _____ Case No. _____

DEFENDANT'S STATEMENT:

Write a complete description of the events that led to your arrest(s). Include any additional items that you feel are important and you would like the Judge to know, such as physical health, mental health, drug/alcohol usage, special attributes, and special circumstances that may have led to your involvement in the crime. (Use additional paper if necessary. Write on one side only, please.)

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED THE PROBATION OFFICE IS TRUE AND CORRECT.

Signed: _____ Date: _____

***PRIOR RECORD:** (If more space is needed, list on a separate sheet.)

<u>Date</u>	<u>Place</u>	<u>Offense</u>	<u>Disposition</u>
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*Do you have any charges pending (other than the present offense) at this time? _____
If yes, please explain: _____

Are you presently on probation or parole in any other jurisdiction? _____
Where? _____
If yes, list where and your probation or parole officer and their phone number: _____

*Have you ever had a probation term revoked? _____ How many times? _____
Why? _____

*Have you ever been incarcerated with the NE Department of Corrections? _____ ID# _____
Any incarcerations in other states? _____ Where? _____ ID# _____

*While incarcerated, did you ever escape, attempt to escape, or walk away? _____
Describe _____

*While incarcerated did you ever receive an institutional misconduct report? _____
How many? _____ Describe _____

List any behavior problems during incarceration: _____
Have you ever been in a: Foster Home _____ Group Home _____ Half-way House _____
When and where? _____

EDUCATIONAL BACKGROUND:

High School Attended: _____ City/State _____

*Current Grade: _____ Beginning date: _____

Date Graduated _____ *Date Quit _____

Reason for Quitting _____

*List any suspensions or expulsions: _____

College/Trade School _____ Level _____ Dates _____

Future Educational Plans _____

EMPLOYMENT ANALYSIS: (Past 5 Years) (If more space is needed, list on a separate sheet.)

<u>*Employer/Address</u>	<u>Type of Work</u>	<u>Employment from/to dates</u>
	<u>Pay Rate</u>	<u>Reason Left</u>

*What is the longest period of time you have held a job? _____

What is your longest period of unemployment? _____ Why? _____

*Are you currently unemployed? _____ Are you receiving disability payments? _____ Amount? _____

Are you currently receiving unemployment benefits? _____ Amount? _____

Have you ever been fired/terminated? _____ Why? _____

*Briefly describe your relationship with your supervisor and your coworkers. _____

FAMILY HISTORY:

FATHER _____ Age _____ Occupation _____

Address _____

Chemical Use _____ *Arrests/Incarceration _____

*Father/Offender Relationship _____

MOTHER _____ Age _____ Occupation _____

Address _____

Chemical Use _____ *Arrests/Incarceration _____

*Mother/Offender Relationship _____

Parents' Marital Status _____ Previous Marriages _____

If divorced, how old were you when it happened? _____ Who did you live with? _____

If your parent(s) have remarried, how old were you? _____

FAMILY HISTORY: Continued

SIBLINGS: (If more space is needed, list on a separate sheet.)

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Occupation</u>
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*Describe any positive and/or negative relationships with relatives. _____

*List any relatives (other than parents) who have criminal records. _____

MARITAL HISTORY: (Current Status)

Spouse/Partner _____ Age _____ Occupation _____

Address _____

Married (date & place). _____

Divorced /Separated (date & place) _____

Spouse /Partner Chemical Use _____

Spouse /Partner Arrests/Incarcerations _____

Partner has Valid Operator's License ? _____ No _____ Yes, number _____

*Describe your current relationship: _____

Have there ever been any instances of domestic violence with your present partner? _____

Have there ever been any instances of domestic violence with past partners? _____

Please explain _____

Children/Dependents:

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Occupation</u>
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Child Support Ordered? _____ Amount _____ Current? _____ Where ordered? _____

MARITAL HISTORY (Current Status)

Prior Marriages:

Name

Date Married

Date Divorced/Deceased

LEISURE/RECREATION:

*List any organizations or clubs in which you currently participate _____

List any hobbies or special interests _____

*What do you do for fun in your spare time? _____

COMPANIONS:

Name your three (3) closest friends, their age, and how you know them:

1) _____

Criminal History: _____ Yes _____ No

2) _____

Criminal History: _____ Yes _____ No

3) _____

Criminal History: _____ Yes _____ No

*Describe the activities of your closest friends _____

Have you ever been a gang member or associated with gang members? _____ What gang? _____

CHEMICAL USE:

Alcohol:

Age you first drank alcohol? _____

How often do you drink? _____

How much do you drink each drinking episode? _____

*Last use of alcohol? _____

*Do you feel you have ever had a problem with your alcohol use? _____

Marijuana / Chemical Substances:

At what age did you first use/experiment with marijuana? _____

How often, when, where? _____

Describe your experience. _____

*Last use of marijuana? _____

*Do you feel you have ever had a problem with your marijuana use? _____

CHEMICAL USE: continued

Marijuana / Chemical Substances:

*How old were you when you first used/experimented with other drugs? _____

How often, when, where? _____

Describe your experience. _____

*Last use of other drugs? _____

*Do you feel you have ever had a problem with your drug use? _____

Have you ever completed a drug/alcohol evaluation? _____

If so, when and where? _____

Have you ever completed outpatient/inpatient treatment or education classes? _____

If so when and where? _____

Have you ever attended AA/NA? _____ When? _____

FEELING TOWARD SUPERVISION:

*Briefly describe how a term of probation would affect your life. _____

*If you have been on probation before, how did it affect your life? _____

OTHER CLIENT INFORMATION:

HEALTH INFORMATION:

Physical Status / Hospitalization

Please describe the general condition of your physical health? _____

Have you ever been hospitalized? _____ Why? _____ Where? _____

List any prescribed medications and reason they were prescribed _____

Mental / Emotional Status / Hospitalization

Please describe the general condition of your mental health? _____

Have you ever been hospitalized? _____ Why? _____ Where? _____

Have you ever received a mental health diagnosis? _____ If so, what? _____

Doctor _____ Agency _____ Dates _____

Have you ever been the victim of physical or sexual abuse? _____ When? _____

Have you ever been the victim of a violent crime (shot, stabbed, etc.)? _____

Have you ever attempted to take your own life (suicide attempt)? _____

HEALTH INFORMATION: continued

Mental / Emotional Status / Hospitalization

*Please indicate if you have participated in any of the following treatments:

	<u>Date</u>	<u>Agency</u>	<u>Location</u>
Domestic Violence Treatment:	_____	_____	_____
Anger Management:	_____	_____	_____
Parenting Classes:	_____	_____	_____
Cognitive Therapy:	_____	_____	_____
Mediation/Victim Empathy:	_____	_____	_____

FINANCIAL STATUS:

Your Income _____ Other Income _____ Total _____
Spouse's/Partner's Income _____ Total _____
Monthly amount of Rent _____ House payment _____ Balance Owed _____
Assets _____

Debts/To Whom _____	Amount Due _____	Monthly Payment _____
Debts/To Whom _____	Amount Due _____	Monthly Payment _____
Debts/To Whom _____	Amount Due _____	Monthly Payment _____
Debts/To Whom _____	Amount Due _____	Monthly Payment _____

Do you feel you are having financial problems at this time? _____ Why? _____

MILITARY SERVICE:

Branch _____ Dates (Enlistment to Discharge) _____
Describe any combat experience _____
Are you eligible for VA Hospital Benefits? _____
If male and over 18 but not over 25, are you registered with the Selective Service? Yes ___ No ___