|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name: | | | | Case Number(s): |
| Also Known As/Maiden Name: | | | | Interview Date: |
| Telephone: | | Cell Phone: | | Work or Other Phone: |
| Present Address (Number and Street): | | | | |
| City, State, Zip: | | | County: | |
| Legal Residence (if different): | | | | |
| Have you ever had a previous PSI?  Yes  No | If so, what year and where? | | | |
| Attorneys Name: | | | | Attorneys Phone: |

**IDENTIFYING DATA**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Height: | Weight: | | Eyes: | Hair: | Right Handed  Left Handed |
| Date of Birth: | Age: | Place of Birth (city & state or foreign country): | Sex: | Race: | Citizenship: |
| Social Security Number: | | Driver’s License or State ID Number: | Status of Driver’s License:  (If Suspended, Why?) | | |

Description and Location of Scars, Tattoos, Birthmarks, Piercing, etc.:

**FAMILY HISTORY SECTION**

**NAMES OF FAMILY-Parents, Step Parents, Brothers and Sisters, include Step and Half Siblings:**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Name** | **Relationship** | **Age** | **Present Address** | **Occupation** | **Ever Arrested?** |
|  | Biological/ Adoptive Father |  |  |  | Yes  No |
|  | Biological/ Adoptive Mother |  |  |  | Yes  No |
| Maiden Name: |
|  | Step Father |  |  |  | Yes  No |
|  | Step Mother |  |  |  | Yes  No |
|  | Sibling |  |  |  | Yes  No |
|  | Sibling |  |  |  | Yes  No |
|  | Sibling |  |  |  | Yes  No |
|  | Sibling |  |  |  | Yes  No |

Were your parents married? Yes  No If yes, list the date        
Are they currently divorced? Yes No If yes, list the date

Who raised you?

Describe your relationship with your family

Does anyone in your family have a criminal record? Yes No  
If yes, list who and what it was for

Please rate the level of emotional and personal support you receive from family and friends.   
No Support Very Strong Support  
1 2 3 4 5

Please rate how satisfied you are with the level of support you receive from family and friends.  
Not Satisfied Very Satisfied  
1 2 3 4 5

ABUSE HISTORY

If you believe you were abused in any way (sexually, physically, psychologically) please describe. Include your age at the time and details of any treatment or counseling you received:

**MARITAL HISTORY**

|  |  |  |
| --- | --- | --- |
| Name of Spouse (include maiden name) | Date & Place of Marriage | If Divorced Date & Place |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

If you are not presently married, are you currently in a relationship? Yes No

|  |  |
| --- | --- |
| What is their name: | Age: |
| Occupation: | Phone Number: |
| Address: | How long have you been together? |

Are you currently satisfied with your current marital or equivalent situation? If single, are you satisfied that you are single?  
  
Not Satisfied Very Satisfied  
1 2 3 4 5

**LIST ALL OF YOUR CHILDREN**

|  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- |
| First & Last Name of Child | Age or DOB | Other Parents Name | Were you ordered to pay child support | If Yes, what (County/State) | Amount | Who has custody of child at this time and location |
|  |  |  | Yes  No |  |  |  |
|  |  |  | Yes  No |  |  |  |
|  |  |  | Yes No |  |  |  |
|  |  |  | Yes No |  |  |  |
|  |  |  | Yes No |  |  |  |
|  |  |  | Yes No |  |  |  |
|  |  |  | Yes No |  |  |  |

**PRESENT LIVING QUARTERS**

|  |  |  |  |
| --- | --- | --- | --- |
| Type of Dwelling (house, apt, duplex, etc) | Rent or Own: | Monthly Payments: | No. of Bedrooms: |
| No. of people living with you: | How long have you lived there? | | |

**Information of those living with you:**

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Name | Relationship | Age | Occupation/Employer | Ever Arrested |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |
|  |  |  |  | Yes No |

Is anyone else in the home abusing alcohol or drugs? Yes No

If yes, please list :

Do you live in a “high crime” area? Yes No

How easy would you say it is to acquire drugs in your neighborhood? Please choose from the following:  
Very Easy Very Difficult  
1 2 3 4

How many address changes have you had in the past 12 months?

Are you satisfied with your current housing situation?  
Not Satisfied Very Satisfied  
1 2 3 4 5

List the locations (State, City, and County) where you lived as a juvenile?

**LIST PREVIOUS ADDRESS (start with the most recent address)**

|  |  |  |  |
| --- | --- | --- | --- |
| Address | County | State | Dates (From-To) |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

**EDUCATION**

|  |  |  |  |
| --- | --- | --- | --- |
| Name & Location of School | Date/Age last attended | Highest Grade Completed | List Degree or Reason for Leaving |
|  |  |  |  |
|  |  |  |  |
|  |  |  |  |

Have you ever been suspended or expelled from school? Yes No

If yes, why:

Did you have any problems in school?

GED/Other Training Received (Business or Trade):

**MILITARY**

|  |  |  |
| --- | --- | --- |
| Branch of Service: | Date of Entry: | Date of Discharge: |
| Type of Discharge: | Highest Rank Held: | Rank at Separation: |

Did you have any disciplinary actions or court(s) martial? Yes No

If yes, list:

**HEALTH**

Please rate your current physical health: Good Fair Poor

List your medical history and physical problems:

List any prescribed medications:

Are you currently under a doctor’s care? Yes No If yes, list below:

|  |  |  |
| --- | --- | --- |
| Name of Doctor | Location | Reason |
|  |  |  |
|  |  |  |
|  |  |  |

Have you ever been examined or treated by a psychiatrist, psychologist, counselor or therapist? Yes No   
If yes, list below:

|  |  |  |
| --- | --- | --- |
| List Name(s) & Address(es) | Treated for what | Date |
|  |  |  |
|  |  |  |
|  |  |  |

Do you have a history of suicide attempts or mental health hospitalizations? Yes No If yes, please explain:

**ALCOHOL - DRUG ABUSE HISTORY**

Have you ever used alcohol? Yes No

What is the age that you first began regularly using alcohol?        
How long has it been since you last drank alcohol?        
Have you ever used illegal drugs? Yes No  
Have drugs caused problems? None In the Past Currently  
If you answered "In the Past" or "Currently" please explain:

How do you feel about getting some help or participating in programs?

Have drugs caused problems with employment? Yes No

If yes, please explain:

|  |  |  |
| --- | --- | --- |
| Substance | Age/Date first used | Age/Date last used |
|
| Amphetamine |  |  |
| Barbiturates |  |  |
| Marijuana |  |  |
| Ecstasy |  |  |
| LSD |  |  |
| Crack Cocaine |  |  |
| Powder Cocaine |  |  |
| Methamphetamine |  |  |
| Heroin |  |  |
| Inhalants |  |  |
| Opiates |  |  |
| Cigarettes |  |  |
| Other: |  |  |

Have you ever had treatment for Drug Abuse? Yes No If yes, list below:

|  |  |  |
| --- | --- | --- |
| Last Date | Program | Location |
|  |  |  |
|  |  |  |
|  |  |  |

**EMPLOYMENT**

Were you employed at the time of arrest or at the time of offense? Yes No

If yes, how many hours per week did you work?

Are you currently employed?  
 Full Time  
 Part Time  
 No; I am on disability  
 No. I am retired  
 No, not currently employed

If "no, not currently employed" how do you support yourself while not working?

**List Jobs held during the past 3 years. Begin with the most recent.**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Started | Ended | Employer & Address | Nature of work | Hourly wage | Reason for leaving |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |
|  |  |  |  |  |  |

On average, approximately what percent of your week is considered free time?       %

**Do you receive any of the following sources of income?**

|  |  |
| --- | --- |
| Income | Amount |
| Employment |  |
| Unemployment |  |
| SSI Benefits |  |
| Pension/Retirement |  |
| Food Stamps |  |
| Child Support |  |
| Medical Card |  |
| Other |  |

How would you rate your current financial situation?  
Cannot pay bills Can pay bills and have extra money  
1 2 3 4

Have you ever declared BANKRUPTCY? Yes No

If Yes, Where, When, & How Much?

**GANG, SECURITY THREAT, GROUP AFFILIATION, PEER ASSOCIATIONS**

Are you now or have you ever been a gang member? Yes No If Yes, name of gang:

Describe any gang tattoos you have:        
What was your rank in the gang:

What percentages of your close friends have been in trouble with the law?       %

How often do you have contact with them?

Do you have any hobbies or interests?

Do you go to a church or other religious organization? Yes No

What are some of the activities you like to do with your family and friends?

As a general rule do you worry about other people's problems?  
 Concern about others Limited Concern  No real concern for others

Do you sometimes feel that you have lost control over events in your life?  
 Feels in control Sometimes lacks control Generally lacks control

Do you think it is ever ok to tell a lie?  
Never, only small white lies Yes, it is ok  
1 2 3 4 5

A lot of people like to take chances & risks. Do you consider yourself to be a risk taker?  
 Rarely take risks Sometimes take risks Generally take risks

Would you describe yourself as someone who walks away from a fight or the first to get into it?  
Walks Away First one in  
1 2 3 4 5

How much do you agree with the statement "Do unto others before they do unto you?"  
Strongly Agree Strongly Disagree  
1 2 3 4 5

Explain about the first time you were ever arrested:

How old were you?

How many times have you been convicted of a felony?

Have you ever been sentenced to jail? Yes No  
Have you ever been sentenced to prison? Yes No  
Have you ever been sentenced to another type of secure correctional facility like a CBCF? Yes No   
If yes to any of the above, did you ever get written up or punished for misconduct? Yes No

Have you ever been on probation? Yes No  
If yes, how many times and in what counties?

Were you under supervision at the time of your arrest for the current offense? Yes No

Are you under any form of supervision now? Yes No  
If Yes, list type & supervising officer's name and phone number:

Are there any other charges pending in this or any other court or state? Yes No

If Yes, list what charges and where:

Have you ever had probation or parole supervision revoked for a technical violation? Yes No

**CRIMINAL HISTORY SECTION**

**JUVENILE PRIOR RECORD (list all arrests and/or all convictions)**

|  |  |  |
| --- | --- | --- |
| Date | Offense | City/County/State |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**ADULT PRIOR RECORD (list all arrests and/or all convictions)**

|  |  |  |
| --- | --- | --- |
| Date | Offense | City/County/State |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |
|  |  |  |

**PRESENT CASE(s) OR SENTENCE(s)**

How many days did you serve in jail before bond/plea?

Was anyone else involved in the current offense? Yes No   
If yes, list who:

How do you know them?

Describe in your own words your crime or offense. Include any reason you had for committing the crime or offense.        
How do you feel about what happened with the instant offense?

Is there anything else you would like to disclose that was not asked in this questionnaire?      

HOCKING COUNTY COMMON PLEAS COURT

1 EAST MAIN STREET

LOGAN, OHIO 43138

PHONE: 740-385-4027

# RELEASE OF INFORMATION

I,       , SSN:      , DOB:      ,

Please Print

hereby grant permission to, and expressly authorize, the Hocking County Common Pleas Court, and any of its agents, to secure, from any source it deems necessary, information and/or documents in order to complete a Presentence Investigation.

These sources include, but are not limited to, physicians, hospitals, substance abuse and mental health treatment providers, military and postal authorities, financial institutions, employers, schools, and government agencies such as any appropriate juvenile court, the Social Security Administration, Job & Family Services, Veterans Administration, and the Child Support Enforcement Agency.

This form also authorizes the inspection of any expunged or sealed juvenile records (per R.C. Section 2151.358(E)), and any expunged or sealed adult records (R.C. Sections 2953.32 and 2953.52).

I understand that I must submit to any and all requests from the Hocking County Common Pleas Court a urinalysis and/or breath tests for the purpose of detecting drug and/or alcohol use.

I also understand that this release expires and is no longer valid 90 days from the date of my signature. Further, I hereby expressly release from any and all liability those above-described persons, agencies, and/or government authorities who may release information to the Hocking County Common Pleas Court in this matter.

Defendant’s signature Date