

UNITED STATES DISTRICT COURT
Federal Probation System

WORKSHEET FOR PRESENTENCE REPORT
(See Publication 107 for Instruction)

1. FACESHEET DATA		
Defendant's Court Name:		
Defendant's True Name:		
Docket No.:	District:	
Judge/Magistrate:	Sentencing Date:	
USPO:	Arrest Date:	
Assistant U.S. Attorney (Name, address, telephone)	Defense Counsel (Name, address, telephone)	
DEFENDANT'S IDENTIFICATION		
Defendant's Names: (List every name the defendant has used, e.g., name given at birth, name given at adoption, nickname, alias, names used as a result of marriage, etc.)		
Date of Birth:	Age:	Place of Birth:
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Unknown		
Hispanic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown		
Sex:	Country of Citizenship:	Immigration Status:
No. of Dependents:	Education:	SSN:
FBI No.:	U.S. Marshal's No.:	Other ID No.:
Defendant's Legal Address: _____ (Number and Street) (Apartment)		
_____ (City) (State) (Zip)		
Defendant's Current Address: _____ (Number and Street) (Apartment)		
_____ (City) (State) (Zip)		

Referral Date: _____

Interview Date: _____

2. OFFENSE DATA (Presentence Report Part A)

CHARGES AND CONVICTIONS	RELEASE STATUS
<p>Date Information/Indictment Filed: _____</p> <p>Date of Conviction: _____</p> <p>Count No.(s): _____</p> <p>Conviction by (Check one):</p> <p><input type="checkbox"/> Guilty Plea/Plea of Nolo Contendere</p> <p><input type="checkbox"/> Court Trial Verdict</p> <p><input type="checkbox"/> Jury Trial Verdict</p>	<p>Check the Appropriate Box(s):</p> <p><input type="checkbox"/> In federal custody since _____</p> <p><input type="checkbox"/> In non-federal custody since _____</p> <p>Released on _____</p> <p><input type="checkbox"/> Unsecured personal recognizance</p> <p><input type="checkbox"/> \$ _____ personal recognizance bond since _____</p> <p><input type="checkbox"/> \$ _____ cash security since _____</p> <p><input type="checkbox"/> \$ _____ corporate security since _____</p> <p><input type="checkbox"/> \$ _____ property bond since _____</p> <p><input type="checkbox"/> Pretrial services supervision</p>

COUNTS OF CONVICTION

Count Nos.	Offense and Statutes	Offense Classification	Minimum/Maximum Statutory Penalty

DETAINERS

No Detainers

Agency or Court	Type of Detainer	Case Number

CODEFENDANTS

No Codefendants

Codefendant(s) Name(s): _____

RELATED CASES (Co-offenders)

No Related Cases

Docket No.	Defendant(s) Name(s)

PLEA AGREEMENT

<p>Check One:</p> <p><input type="checkbox"/> Written <input type="checkbox"/> Accepted</p> <p><input type="checkbox"/> Oral <input type="checkbox"/> Deferred</p> <p><input type="checkbox"/> No Agreement <input type="checkbox"/> Binding</p> <p>Substantial Assistance Motion:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Notes:</p>
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OFFENSE CONDUCT

VICTIM IMPACT

<input type="checkbox"/> No Loss			
Victim's Name	Financial Loss	Victim's Address	Victim's 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 (Presentence Report Part B)

None

Date of Arrest, Prosecution, Referral, or Detention	Charge/Conviction	Court City/County/State Action No.	Date Sentenced or Case Disposed	Sentence	Defendant Represented by or Waived Counsel (Y) or (N)	

PENDING CHARGES AND SUPERVISION STATUS

The defendant has no pending charges.

Charge(s)	Court	Docket/Action No.	Next Appearance Date

The defendant is not currently under supervision.
(division, probation, supervised release, or parole supervision)

The defendant is currently under criminal justice sentence. Type of Supervision:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Diversion | <input type="checkbox"/> Probation | <input type="checkbox"/> Supervised Release |
| <input type="checkbox"/> Parole | <input type="checkbox"/> Escape Status | <input type="checkbox"/> In Custody |

Jurisdiction(s): _____

Supervising Officer's Name and Telephone Number: _____

4. OFFENDER CHARACTERISTICS (Presentence Report Part D)

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 natural parents, add the surrogate parent's names immediately below the space allocated to Father and Mother. After the parents, list all siblings, living or dead.)

Name	Relationship and Age		Present Address and Telephone Number	Occupation
	Father			
Current Name: Maiden Name:	Mother			

Notes regarding family history; identify any significant problems:

MARITAL STATUS

The defendant is presently single and has no marital history.

Spouse or Domestic Partner	Date and Place of Marriage	Status	Date of Separation	Date of Divorce	Court Where Divorce was Granted	Number of Children

Employment status of current spouse:

CHILDREN

The defendant has never had any children.

Child's Name	Name of Other Parent of this Child	Age	Custody/Support	Child's Address and Telephone Number (If different from defendant)

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

DEFENDANT'S PHYSICAL CONDITION		
PHYSICAL DESCRIPTION		
Height:	Weight:	Eye Color:
Hair Color:	Tattoos:	Scars:
PHYSICAL HEALTH		
<input type="checkbox"/> The defendant is healthy and has no history of health problems.		
List the date(s) and nature(s) of any serious or chronic illnesses and medical conditions.		
List all current prescriptions.		
Provide the name, address, and telephone number of the defendant's physician.		
MENTAL AND EMOTIONAL HEALTH		
<input type="checkbox"/> The defendant has no history of mental or emotional problems, and no history of treatment for such problems.		
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 name and address of the treatment provider.		

SUBSTANCE ABUSE

The defendant has no history of alcohol or drug use and no history of treatment for substance abuse.

Which of the following substances has the defendant used?

Alcohol

Heroin/Opiates

Marijuana

Barbiturates

Cocaine

Hallucinogens

Crack

Inhalants

Amphetamine/
Methamphetamine

Other: _____

When was alcohol or any controlled substance last used? _____

Which substance does the defendant prefer? _____

Which substance has caused the defendant the most problems? _____

Urine test results:

Describe in detail the defendant's history of substance abuse and treatment.

(Overdose, daily cost to support habit, frequency and quantity of use, treatment programs and dates)

EDUCATION AND VOCATIONAL SKILLS

Highest grade completed: _____

SCHOLASTIC HISTORY

Name and Location of School (List most recent school first)	Dates Attended	Degree, Diploma, or Certificate Received

Does the defendant have any specialized training or skill(s)?

Yes

No

If yes, what training or skill(s)?

Does the defendant have any professional license(s)?

Yes

No

If yes, what license(s)?

None

MILITARY

Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:
Highest Rank:	Rank at Separation:	Decorations and Awards:		VA Claim Number:

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

EMPLOYMENT

Defendant's usual occupation: _____

Defendant's employment status:

At the time of the offense, the defendant was (select the appropriate number from the categories below) _____

At present, the defendant is (select the appropriate number from the categories below) _____

- | | |
|---|--|
| 1. Employed full-time | 2. Employed part-time |
| 3. Unemployed temporarily, looking for work | 4. Unemployed seasonal worker |
| 5. Unemployed due to disability | 6. Unemployed, history of extensive unemployment |
| 7. Incarcerated or confined | 8. Student |
| 9. Homemaker | 10. Retired |
| 11. Other (Specify): _____ | |

FINANCIAL CONDITION/ABILITY TO PAY

Refer to Form 48A

Defendant has few assets and liabilities.

EMPLOYMENT HISTORY
(Describe the defendant's employment history for the last ten years)

Dates	Name and Address of Employer	Job, Monthly Wage, Reason for Leaving
From:		
To Present		
	Phone No.:	
From:		
To:		
From:		
To:		
From:		
To:		

EMPLOYMENT HISTORY (Continued)		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		

Summarize any employment history over 10 years old:

NOTES: