

UNITED STATES DISTRICT COURT
NORTHERN DISTRICT OF CALIFORNIA
U.S. PROBATION OFFICE
PRESENTENCE INTERVIEW FORM

THIS SECTION TO BE COMPLETED BY U.S. PROBATION OFFICE

Date of Interview: _____ Atty Present?: YES NO Interpreter: YES NO
Location: North County Santa Rita Santa Clara County Probation Office Phone interview Other _____
PTS Officer: _____ Home inspection completed: YES NO PACTS No. _____

Court Name:		CR No.:
Judge/Magistrate:	Arrest Date:	Sentencing Date:
FBI No.:	Marshal No.:	Other ID No.:
AUSA: Phone:	Defense Counsel: Phone: <input type="checkbox"/> Retained <input type="checkbox"/> Appointed	

The information you provide may affect your sentence and eligibility for certain Bureau of Prison programs.

IDENTIFICATION DATA

Your Name: (List every name you have 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:	Sex: <input type="checkbox"/> M <input type="checkbox"/> F	Place of Birth (city and state or country):
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Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Unknown	Hispanic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown
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Marital Status: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Country of Citizenship: <input type="checkbox"/> U.S. <input type="checkbox"/> Other:	Immigration Status:
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No. of Dependents:	Highest Level of Education:	SSN:
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Your Legal Address: _____
(Number and Street) (Apartment)

(City) (State) (Zip)

Your Current Address: _____
(Number and Street) (Apartment)

(City) (State) (Zip)

Your E-mail Address: _____

Home Phone Number: _____

Emergency Contact Name: _____

Cell Phone Number: _____

Emergency Contact Number: _____

Work Phone Number: _____

Any Additional Phone Numbers: _____

ACCEPTANCE OF RESPONSIBILITY

- Check if you decline to comment on advice of counsel
- Check if you prefer to rely on your statement at the Change of Plea hearing
- Check if you decline to comment at this time, but will submit a written statement by _____

Do you accept responsibility for committing the offense? If so, summarize your offense. If you need additional space, utilize Page 17.

How do you feel about having committed this offense?

What impact has your behavior had on others?

What influenced you to commit this offense?

If applicable, what is your plan to make restitution?

CRIMINAL HISTORY

None (No prior arrests or convictions)

I decline to comment on advice of counsel

Report any juvenile or adult convictions, arrests, pending cases, current state or federal supervision. Include the agency of arrest, the Court you appeared in, and the disposition of the case. Note if you were represented by counsel or waived counsel representation. If on supervision, list name and phone number of supervision officer.

Describe your experience under supervision. Describe the nature of any violations during supervision. What types of programs were made available to you either while in custody or on supervision? What additional programs would have been helpful to you while on supervision?

Have you ever been a member or associate of a gang or identified by a law enforcement agency as such? If so, what gang, and what is your current status with that gang?

List any firearms/dangerous weapons that are located within the residence.

Identify all pets located within the residence.

With whom and where were you living at time of the offense? _____

Family History: Describe who raised you and where you were raised. Were your basic material needs met?

What activities were you involved in as a youth (sports, social groups, etc.)?

Describe any history of domestic abuse in your upbringing. Did any other members of your household experience such abuse?

Describe any history of sexual abuse you suffered. Did any other members of your household experience such abuse?

Describe any significant traumatic events in your childhood (a loss of a family member, etc.). How did you cope with those events?

What community or charitable organizations are you currently involved in?

How do you spend your leisure time?

What significant friendships did you have growing up? Do you maintain any of those friendships today? Provide contact information for those acquaintances.

Is your family aware of the instant offense and are they supportive of you? In what ways are they supportive of you? How often do you communicate with your family?

Indicate whether family members have significant health problems, criminal history, substance abuse, or other problems.

MARITAL STATUS

Check if you are presently single and have never been married.

Spouse or Domestic Partner and current location and phone number	Date and Place of Marriage	Date and Place of Divorce	Number of Children	Still in contact?

List your name and the name(s) of your spouse(s) exactly as they appear on your marriage certificate(s).

Describe the reasons why your previous relationships ended.

Describe your relationship with your current partner. How did you meet? Any incidences of domestic abuse? How has this offense affected your relationship?

Describe employment of current partner.

Note any criminal history, substance abuse, or mental illness of current partner.

What plans have your family made in the event that you are incarcerated?

CHILDREN

Check if you have never had any children.

Child's Name	Parent	Age	Custody (full/joint)	Current Residence

Indicate whether family members have health problems, criminal history, and/or substance abuse issues.

Describe your current relationship with your children. If applicable, describe child support, child care concerns, physical/legal custody, and visitation issues.

Describe any contact with Child Protective Services.

PHYSICAL DESCRIPTION

Height:	Weight:	Eye Color:	Hair Color:
Birthmarks/Distinguishing Marks:	Scars:	Tattoos (Are any of the tattoos gang affiliated?):	

PHYSICAL HEALTH

Check if you are healthy and have no history of health problems.

Identify all serious or chronic illnesses and/or medical conditions, hospitalizations or surgeries.

List all current prescriptions or medications. List any allergies to food or medication.

Provide physician(s) name, address, and telephone number.

MENTAL AND EMOTIONAL HEALTH

Check if you have no history of mental or emotional problems, and no history of treatment for such problems.

Describe any past or present mental or emotional health issues, including any suicidal thoughts and attempts. Also describe the diagnosis of any problems (if known).

Describe past and present gambling addiction/problem, if applicable.

Provide the dates (year) of your participation in counseling or treatment and list the name and address of the treatment providers.

Describe any current issues in your life where you believe counseling may be of some benefit. Would you be willing to participate in counseling if made available to you?

SUBSTANCE ABUSE

Check if you do not have a history of alcohol or drug use and no history of treatment for substance abuse.

Check if you decline to comment on advice of counsel.

Describe your use of controlled substances, dates of use, frequency and amounts:

- | | |
|--|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Heroin/Opiates {i.e., Morphine (Mojo, Morf), Oxycodone (Ox, OC's, Percodan (Perks), Fentanyl (China White, Jackpot)} |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Barbiturates {i.e., Barbs, Goof Balls, Reds and Blues, Yellow Jackets, Downers} |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Hallucinogens {i.e., Acid, LSD, Shrooms, Blotter, Trip, Fly} |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Inhalants {i.e., Whippets, Glue, Huffing, Poppers, Air Blast, Moon Gas} |
| <input type="checkbox"/> Amphetamine/Methamphetamine | <input type="checkbox"/> Prescription Drugs |

What is your drug of choice? What drug has caused you the most problems? How much money does your drug use cost you?

Indicate whether you previously attended outpatient or residential substance abuse treatment. Where and when? Did you successfully complete the program? Have you attended AA/NA or other 12 step programs?

Did your use of drugs/alcohol contribute to your commission of the offense? In what way?

Describe your participation in substance abuse treatment and/or drug testing while on bail:

Are you interested in receiving substance abuse treatment?

How has your use of drugs/alcohol impacted your relationships with family members, friends, and coworkers?

EDUCATION, VOCATIONAL AND OTHER SKILLS

Highest grade completed: _____

SCHOLASTIC HISTORY

Name and location of School	Dates Attended	Degree, Diploma, or Certificate Received

Can you read and write your native language? What other languages can you speak, read, and/or write?

Did you have to repeat any grades? If so, which grades?

If you left school before graduating, why?

Did you attend any special needs classes (i.e., resource instruction, special education, tutoring, etc.)?

What did you like and dislike about school?

Describe any martial arts, firearms or weapons training.

Describe any other specialized training or skill(s).

Identify your professional license(s). Where and when were they issued? When do they expire?

None

MILITARY SERVICE

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

Describe your military service, to include foreign or combat service. Where were you stationed? Describe any special training or skills acquired in the service. Describe any Court-Martial or non-judicial punishments.

EMPLOYMENT

List any Union affiliation: _____

At the time of the instant offense, were you employed? _____ For how many months? _____

Is your current employer aware of this case? ___ Yes ___ No May we contact your current employer? ___ Yes ___ No

What is your usual occupation? _____

EMPLOYMENT HISTORY

Describe your employment history for the last ten years, including periods of unemployment

Dates	Employer (name and address)	Job Title - Wages - Reason for Leaving (Part-time or Full-time)
From:	Phone No.	
To:		
From:		
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From:		
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Additional Employment Notes:

How did you support yourself during periods of unemployment?

Summarize any other employment beyond 10 years.

FUTURE PLANS AND GOALS

What are your future plans regarding family, employment, treatment, education, peers, etc.?

What steps have you taken to achieve these goals?

What are the obstacles that you face?

Where do you see yourself in 5 years? 10 years?

If you are released on supervision, what can the probation office do to help you succeed?

THIS PAGE TO BE COMPLETED BY THE U.S. PROBATION OFFICE

HOME INSPECTION COMPLETED BY OFFICER

Date completed: _____ Individuals present at residence: _____

Details of home inspection:

COLLATERAL INTERVIEWS

Family member _____ Date interviewed _____

Family member _____ Date interviewed _____

Spouse/partner _____ Date interviewed _____

Employer _____ Date interviewed _____

Additional Information