



U.S. Probation Office, ND/CA

Presentence/Pre-Plea Referral Form

Date of Plea: _____ Referral Date: _____ Case #: _____

Defendant, Court, Attorney and Arrest Information Sections to be completed by defense counsel

Defendant Information

Last Name:			First :			Middle:		
Alias(es):								
Most Current Residence Address (street name, city & zip)					Home Phone:		Work Phone:	
Age:		Date of Birth:			Place of Birth:			
Social Security Number:					Driver's License Number:			
Sex:	Hgt:	Wgt:	Eyes:	Hair:	Race:	Military: Yes No		
Interpreter required:		Yes	No	Language:				

Court Information

Sentencing Date:			Time:			Judge/Magistrate:		
Offense:								
Penalty:				Fine:		Date of Offense:		
Guilty Plea:		Guilty Verdict:		Intends to Plead:		Rule 20:		
To count(s)				of		Written Plea Agreement: Yes No		

Attorney Information

U.S. Attorney: SJ SF OK			Phone:		Fax:	
Defense Attorney:			Phone:		Fax:	
Address City State Zip			Retained:		Appointed:	

Arrest Information

Arresting Agency:		Agent:		Phone:	
Def. in Custody: Yes No		Where:		Bail/Bond: \$	
Release Conditions:					
Co-defendants:			Releated Case(s):		

Received by: _____ Date received: _____

(U.S. Probation Office Representative)

Assignment & Processing Checklist attached Packet Incomplete - Date expected: _____