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 | s, telephone) | | Defense Counsel (Na | me, address, telephone) | |
| | | | | | | |
| | | | | | | |
| | | D | EFENDANT'S | DENTIFICATION | | |
| Defendant's Names: (List every | name the | | | | nickname, alias, names used as a result of marriage, etc.) | |
| | | | | | | |
| Date of Birth: | Ag | e: | Place of Birth | h: | | |
| Race: [] White [] [] Asian or Pacific Is | Black lander | [] American Indi [] Unknown | an/Alaskan Native | e [] Hisp | Hispanic Origin: panic [] Not Hispanic [] Unknown | |
| Sex: Cour | ntry of | Citizenship: | | | Immigration Status: | |
| No. of Dependents: | | Education: | | | SSN: | |
| FBI No: | | U.S. Marshal's N | o: | | Other ID No: | |
| | | | | | | |
| Defendant's Legal Address: | (Num | ber and Street) | | | (Apartment) | |
| | | | | | | |
| | (City) | 1 | | (State) | (Zip) | |
| Defendant's Current Address: | | ber and Street) | | | (Apartment) | |
| | (INUIII | ilei allu Suleet) | | | (Apartment) | |
| | (City) |) | | (State) | (Zip) | |

Referral Date: _____

Interview Date:

| 2. OFFENSE DATA (Presentence Report Part A) | | | | | | |
|---|---|-------------|--|---------------------------|--------------------------------------|--|
| | CHARGES AND CONVIC | CTIONS | | R | ELEASE STATUS | |
| Date Inf | formation/Indictment Filed: | | Check the Appropriate Box(s): | | | |
| Date of | Conviction: | | | n federal custody | | |
| Count N | Jo(s): | | [] In non-federal custody since Released on | | | |
| C | onviction by (Check one): | | [] Unsecured personal recognizance [] \$ personal recognizance bond since [] \$ personal recognizance bond since [] \$ personal recognizance bond since | | | |
| | [] Guilty Plea/Plea of Nolo Contend [] Court Trial Verdict | lere | [] \$ cash security since [] \$ corporate security since [] \$ property bond since | | | |
| | [] Jury Trial Verdict | | [] P | retrial Services su | ipervision | |
| | | COUNTS OF | CONV | ICTION | | |
| Count Nos. Offense and Statutes | | | CONV | Offense Classification | Minimum/Maximum Statutory Penalty | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | DETA | INERS | | | |
| [] No E | Agency or Court | Type of | f Detainer Case Number | | | |
| | | | | | | |
| | | | | | | |
| | | CODEFE | NDAN | TS | | |
| [] No C | Codefendants | | | | | |
| Codefer | ndant(s) Name(s): | | | | | |
| | | | | | | |
| | | | | | | |
| [] No R | elated Cases | RELATED CAS | 3E3 (CC | -onenders) | | |
| | Docket No. | | Defendant(s) Names(s) | | | |
| | | | | | | |
| | | | | | | |

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| | | PLEA AG | REEMENT | | | |
|--|------------------------------|-----------------|-------------------------|----------------|--|--|
| Check One: | | | Notes: | | | |
| [] Written [|] Accepted | | | | | |
| [] Oral [|] Deferred | | | | | |
| [] No Agreement |] Binding | | | | | |
| Substantial Assistance Motion | : | | | | | |
| [] No [|] Yes | | | | | |
| | | OFFENSE | CONDUCT | | | |
| | | VICTIM | IMPACT | | | |
| [] No Loss | - | | | | | |
| Victim's Name | Financial Loss | | Victim's Address | Victim's Phone | | |
| | \$ | | | | | |
| | | | | | | |
| | | | | | | |
| Loss to All Victims: | \$ | | | | | |
| Describe any social, psycholog | • | on the victim o | f the offense behavior. | | | |
| ···· ··· · · · · · · · · · · · · · · · | 5, · · · · · · · · · · · · · | | | | | |
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| | ACCEF | PTANCE OF | FRESPONSIBILITY | | | |
| Defendant's statement regardin | ng offense: | | | | | |
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| 3. DEFENDANT'S CRIMINAL HISTORY (Presentence Report Part B) | | | | | | | | | | |
|---|--|------------|--|-----------|--|----------------------|----------|----------|--|-----------|
| [] None | | | | | | | | | | |
| Date of Arrest Prosecution Referral or Detention | Charge/ Conviction | | Court City/County/State n Action No. | | Date Sentenced or Case Disposed | Sentenced or Case | | d | Defendar Represented or Waive Counsel (Y) or (N) | l by d |
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| | | PEN | DING | CHARGES A | AND SUPERV | VISION S | STATUS | | | |
| [] The defendar | nt has no pending | charges | | | | | | | | |
| Charg | ge(s) | | C | Court | Doc | ket/Actior | n No. | Next App | earance Date | |
| | | | | | | | | | | |
| | | | | | | | | | | |
| | nt is not currently obation, supervise | | | | | | | | | |
| | | | | | | | | | | |
| | nt is currently und | er crimina | | | e of Supervision: | | a | | | |
| [] Diversio | - | | | Release | | | | | | |
| [] Parole [] Escape Status [] In Custody | | | | | | | | | | |
| Jurisdiction(s) | Jurisdiction(s): | | | | | | | | | |
| Supervising O | officer's Name and | Telephon | e Num | ber: | | | | | | |
| | | | | | | | | | | — |

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.)

| Relationship and Age | | Present Address and Telephone Number | Occupation |
|-------------------------|---------------|---|-----------------------|
| Father | | | |
| Mother | | | |
| | | | |
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| | | | |
| | Age Father | Age Father | Age Number Father |

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 | |
| | | | | | | | | |
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| Employment status of current spouse: | | | | | | | | |
| | CHILDREN | | | | | | | |
| [] The defendant | has never had any chi | ildren. | | ·, | | | | |
| Chi | ild's Name | Name of Other Parent of this Child | Age | Custody/ Support | Child's Address and Telephone Number (If different from defendant) | | | |
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| Note health proble | 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 | | | | |
| [] The defendant is healthy and has no history | | | | | |
| List the date(s) and nature(s) of any serious or | | | | | |
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| List all current prescriptions. | | | | | |
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| Provide the name, address, and telephone nun | ber of the defendant's physician. | | | | |
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| MENTAL AND EMOTIONAL HEALTH | | | | | |
| [] 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 treatment. List the name and address of the treatment. | l or gambling problems. Include the diagnosis o eatment provider. | f any problems (if known) and the dates of any | | | |
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| | | | SUBSTANCE ABUSE |
|-------------------------|---|---------|---|
| [] The defendant | has no history of alcohol or drug u | ise ar | nd no history of treatment for substance abuse. |
| Which of the follo | wing substances has the defendan | t use | d? |
| [] | Alcohol | [] | Heroin/Opiates |
| [] | Marijuana | [] | Barbiturates |
| [] | Cocaine | [] | Hallucinogens |
| [] | Crack | [] | Inhalants |
| [] | Amphetamine/ Methamphetamine | [] | Other: |
| When was alcohol | or any controlled substance last u | ised? | |
| Which substance of | loes the defendant prefer? | | |
| Which substance h | has caused the defendant the most | prob | lems? |
| Urine test results: | | | |
| | | | |
| | | | |
| | | | |
| | the defendant's history of substand o support habit, frequency and quantity of | | |
| (Overause, daily cost a | 0 support naon, nequency and quantity or | use, 11 | eatment programs and dates) |
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| | | EDUCATION AND VOCATIONAL SKILLS | | | | | | |
|--|-------------------|---|-------------------------|------------|---------------|---|--|--|
| Highest grade co | ompleted: | | | | | | | |
| | | S | CHOLASTIC HIST | ГORY | | | | |
| | | and location of School most recent school first) | | Da | ttes Attended | Degree, Diploma, or Certificate Received | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| Does the defend | ant have any spec | ecialized training or skill(s) | s)? | | | | | |
| | [] Yes | [] No | If yes, what training c | r skill(s) |)? | | | |
| | | | | | | | | |
| | | | | | | | | |
| Does the defend | ant have any prof | fessional license(s)? | | | | | | |
| | [] Yes | [] No | If yes, what license(s) | ? | | | | |
| | | | | | | | | |
| 1 | | | | | | | | |
| | | | | | | | | |
| [] None | | | MILITARY | | | | | |
| Branch of Servic | ce: | Service Number: | Entered | .: | Discharged: | Type of Discharge: | | |
| Highest Rank: | | Rank at Separation: | Decora | ions and | d 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. | | | | | | | | |
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| | EMPLOYMENT | | | | | | |
|-------------|--|---|---------------------------------------|--|--|--|--|
| Defendant's | usual occupation: | | | | | | |
| Defendant's | employment status: | | | | | | |
| [] At the t | me of the offense, the defendant was (select the appro | priate number from the categorie | es below) | | | | |
| [] At pres | ent, the defendant is (select the appropriate number fro | m the categories below) | | | | | |
| 1. Emple | byed full-time 2. | Employed part-time | | | | | |
| 3. Unem | ployed temporarily, looking for work 4. | Unemployed seasonal worker | | | | | |
| 5. Unem | ployed due to temporary disability 6. | Unemployed, history of extens | sive unemployment | | | | |
| 7. Unem | ployed due to permanent disability 8. | Incarcerated or confined | | | | | |
| 9. Stude | nt 10. | Homemaker | | | | | |
| 11. Retire | d 12. | Other (Specify): | | | | | |
| | | | | | | | |
| | FINANCIAL CONDITION/ABILITY TO PAY | | | | | | |
| [] Refer to | Form 48A | | | | | | |
| [] Defenda | nt has few assets and liability | | | | | | |
| | | MENT HISTORY ployment history for the last ten | vears) | | | | |
| Dates | Name and Address of Em | | Job, Monthly Wage, Reason for Leaving | | | | |
| From: | | | | | | | |
| To: Present | Phone No. | | | | | | |
| From: | | | | | | | |
| To: | | | | | | | |
| From: | | | | | | | |
| То: | | | | | | | |
| From: | | | | | | | |
| То: | | | | | | | |

| | EMPLOYMENT HISTORY (Continued) | |
|---------------|---------------------------------------|--|
| From: | | |
| To: | | |
| From: | | |
| To: | | |
| From: | | |
| То: | | |
| From: | | |
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| From: | | |
| То: | | |
| From: | | |
| То: | | |
| Summarize any | employment history over 10 years old: | |
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NOTES: