

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)		
Phone: _____ (City) (State) (Zip)		
Defendant's Current Address: _____ (Number and Street) (Apartment)		
Phone: _____ (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

Check One:

- |                                       |                                   |
|---------------------------------------|-----------------------------------|
| <input type="checkbox"/> Written      | <input type="checkbox"/> Accepted |
| <input type="checkbox"/> Oral         | <input type="checkbox"/> Deferred |
| <input type="checkbox"/> No Agreement | <input type="checkbox"/> Binding  |

Substantial Assistance Motion:

- |                             |                              |
|-----------------------------|------------------------------|
| <input type="checkbox"/> No | <input type="checkbox"/> Yes |
|-----------------------------|------------------------------|

Notes:

OFFENSE CONDUCT

VICTIM IMPACT

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:

- Diversion                       Probation                       Supervised Release  
 Parole                               Escape Status                       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

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

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?

- |  |   |
|--|---|
| <input type="checkbox"/> Alcohol                         | <input type="checkbox"/> Heroin/Opiates |
| <input type="checkbox"/> Marijuana                       | <input type="checkbox"/> Barbiturates   |
| <input type="checkbox"/> Cocaine                         | <input type="checkbox"/> Hallucinogens  |
| <input type="checkbox"/> Crack                           | <input type="checkbox"/> Inhalants      |
| <input type="checkbox"/> Amphetamine/<br>Methamphetamine | <input type="checkbox"/> 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:

**TCU DRUG SCREEN II**

<b>During the <u>last 12 months</u> (before being locked up, if applicable) –</b>	<b>Yes</b>	<b>No</b>
1. Did you use <u>larger amounts</u> of drugs or use them <u>for a longer time</u> than you had planned or intended? .....	○	○
2. Did you <u>try to cut down on your drug use</u> but were unable to do it?.....	○	○
3. Did you <u>spend a lot of time</u> getting drugs, using them, or recovering from their use?.....	○	○
4. Did you <u>get so high or sick</u> from drugs that it –		
a. <u>kept you from</u> doing work, going to school, or caring for children?.....	○	○
b. <u>caused an accident</u> or put you or others in danger? .....	○	○
5. Did you <u>spend less time</u> at work, school, or with friends so that you could use drugs? .....	○	○
6. Did your drug use <u>cause</u> –		
a. <u>emotional or psychological</u> problems? .....	○	○
b. problems with <u>family, friends, work, or police</u> ? .....	○	○
c. <u>physical health or medical</u> problems?.....	○	○
7. Did you <u>increase the amount</u> of a drug you were taking so that you could get the same effects as before? .....	○	○



8. Did you ever keep taking a drug to avoid withdrawal or keep from getting sick? .....

9. Did you get sick or have withdrawal when you quit or missed taking a drug? .....

10. Which drugs caused you the MOST serious problems? [SEE LIST BELOW]

- |          |                                 |  |  |
|----------|---------------------------------|--|--|
| a. Worst | <input type="radio"/> None      | <input type="radio"/> Marijuana        | <input type="radio"/> Tranquilizers or sedatives |
|          | <input type="radio"/> Alcohol   | <input type="radio"/> Cocaine or crack | <input type="radio"/> Hallucinogens              |
|          | <input type="radio"/> Inhalants | <input type="radio"/> Other stimulants | <input type="radio"/> Opiates                    |
| b. Next  | <input type="radio"/> None      | <input type="radio"/> Marijuana        | <input type="radio"/> Tranquilizers or sedatives |
|          | <input type="radio"/> Alcohol   | <input type="radio"/> Cocaine or crack | <input type="radio"/> Hallucinogens              |
|          | <input type="radio"/> Inhalants | <input type="radio"/> Other stimulants | <input type="radio"/> Opiates                    |
| c. Next  | <input type="radio"/> None      | <input type="radio"/> Marijuana        | <input type="radio"/> Tranquilizers or sedatives |
|          | <input type="radio"/> Alcohol   | <input type="radio"/> Cocaine or crack | <input type="radio"/> Hallucinogens              |
|          | <input type="radio"/> Inhalants | <input type="radio"/> Other stimulants | <input type="radio"/> Opiates                    |

11. How often did you use each type of drug during the last 12 months?

DRUG USE IN LAST 12 MONTHS

	Never	Only A Few Times	1-3 Times A Month	1-5 Times A Week	About Every Day
a. <u>Alcohol</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
b. <u>Marijuana/Hashish</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
c. <u>Hallucinogens/LSD/Psychedelics/PCP/ Mushrooms/Peyote</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
d. <u>Crack/Freebase</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
e. <u>Heroin and Cocaine</u> (mixed together as speedball).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
f. <u>Cocaine</u> (by itself).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
g. <u>Heroin</u> (by itself).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
h. <u>Street Methadone</u> (non-prescription).....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
i. <u>Other Opiates/Opium/Morphine/Demerol</u> .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
j. <u>Methamphetamine/Speed/Ice</u> (Uppers) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
k. <u>Tranquilizers/Barbiturates/Sedatives</u> (Downers)...	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
l. Other ( <i>specify</i> ) .....	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

12. During the last 12 months, how often did you inject drugs with a needle?

- Never*       *Only a few times*       *1-3 times per month*       *1-5 times per week*       *Daily*

13. How serious do you think your drug problems are?

- Not at all*       *Slightly*       *Moderately*       *Considerably*       *Extremely*

14. How many times before now have you ever been in a drug treatment program?  
[DO NOT INCLUDE AA/NA/CA MEETINGS]

- Never*     *1 time*     *2 times*     *3 times*     *4 or more times*

15. How important is it for you to get drug treatment now?

- Not at all*     *Slightly*     *Moderately*     *Considerably*     *Extremely*

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: