

**THE LICKING COUNTY MUNICIPAL COURT
DEPARTMENT OF ADULT PROBATION**

40 WEST MAIN STREET
NEWARK, OHIO 43055



Judge Michael F. Higgins

Judge David N. Stansbury

Kevin K. Saad
Director

**PRE-SENTENCE INVESTIGATION
QUESTIONNAIRE**

You have been referred to the Probation Department for the purposes of conducting a pre-sentence investigation. It is very important for the Court to have relevant, accurate and appropriate information about you.

Please answer all of the questions. If you are not sure about a question, ask the probation officer for clarification during the interview appointment. It is very important that you be totally honest in your answers. Failure to do so will adversely affect the outcome of your case and may result in an additional criminal charge.

Appointment: Monday Tuesday Wednesday Thursday Friday

Date: _____

Time: _____

Please fill out this questionnaire completely and bring it with you for your appointment

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DEPARTMENT OF ADULT PROBATION**

40 West Main Street

Newark, Ohio 43055

740-670-7825 (telephone) 740-349-1538 (facsimile)

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RELEASE OF INFORMATION

I, _____, SSN: _____ DOB: _____

hereby grant permission to, and expressly authorize, the Licking County Municipal Court Adult Probation Department, and any of its agents, to secure from any source it deems necessary, information and/or documents in order to complete a Presentence Investigation.

These sources include, but are not limited to, physicians, hospitals, substance abuse and mental health treatment providers, military and postal authorities, financial institutions, employers, schools, and government agencies such as any appropriate juvenile court, the Social Security Administration, Job & Family Services, Veterans Administration, and the Child Support Enforcement Agency.

This form also authorizes the inspection of any expunged or sealed juvenile records (per R.C. Section 2151.358(E)), and any expunged or sealed adult records (R.C. Sections 2953.32 and 2953.52).

I understand that I must submit to any and all requests from the Adult Probation Department for urinalysis and/or breath tests for the purpose of detecting drug and/or alcohol use.

I also understand that this release expires and is no longer valid 90 days from the date of my signature. Further, I hereby expressly release from any and all liability those above-described persons, agencies, and/or government authorities who may release information to the Licking County Municipal Court Adult Probation Department in this matter.

Defendant's signature

Date

Probation Officer

Date

GENERAL INFORMATION

Name: _____
(First) (Middle) (Last) (Maiden)

Nicknames/Aliases: _____

Address: _____
(Street) (City) (State) (Zip) (County)

Home Phone: _____ Cell Phone: _____ Work Phone: _____

SSN: _____ OL No: _____ DOB: _____ Age: _____ Sex: _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____ Race: _____

Place of Birth: _____

Any Identifying Marks (scars/marks/tattoos): _____

RESIDENTIAL HISTORY

How long have you resided at the current address? _____

List any previous address and dates of residence: _____

Who else resides at the current address?

<u>Name</u>	<u>Relationship</u>	<u>Age</u>
_____	_____	_____
_____	_____	_____

MARITAL HISTORY

Present Status: Single Engaged Married Divorced Widowed Significant Other How Long? _____

If unmarried and are currently in a relationship, please list the name, age, and address of significant other:

Name: _____ Age: _____

Address _____ City _____ State _____ Phone _____

Marriages:	<u>Spouse's Name</u>	<u>Address</u>	<u>Date of Marriage</u>
_____	_____	_____	_____
_____	_____	_____	_____

Children: Name Age Birth Parent

Have any of the people listed above, been convicted of a crime? Yes No

If yes, please explain who and the details of the crime: _____

Has the Department of Human Services been involved with your family? Yes No

If yes, please explain: _____

FAMILY HISTORY

Biological Father

Biological Mother (Maiden)

Address City

Address City

Telephone

Telephone

Employer/Job Title

Employer/Job Title

Stepfather

Stepmother

Who were you raised by growing up as a child? (parents/relatives/foster parents, etc.) _____

Do you have contact with your parents? Yes No

Do you have a supportive relationship with your parents? Yes No

Do your parents/relatives know about this offense? Yes No What was their reaction? _____

Siblings
(Full/Step/Half)

Names

Addresses

Ages

Do you have contact with your siblings? Yes No

Do you have a supportive relationship with your siblings? Yes No

Do your siblings know about this offense? Yes No What was their reaction? _____

Have any persons in your family been arrested? If so, explain _____

LEISURE

With whom do you spend most of your time with? _____

What types of things do you do with your friends? _____

Have any of your friends been in trouble with the law and/or have been involved in criminal behavior: Yes No

If yes, please explain: _____

Do you have any hobbies: Yes No If yes, please explain: _____

RELIGIOUS BACKGROUND

Religious preference: _____ Do you attend Church regularly? Yes No If yes:

Church Name _____

Church Address _____
Street City State Zip

Rev., Min., Pastor, Priest, etc. _____

Church programs and/or support groups attended: _____

EDUCATION

School Name: _____

School Address: _____
Street City State Zip

Did you graduate high school? Yes No If yes, what year? _____

If not, last grade level completed: _____ Year quit: _____ Number of credits: _____

Reason for quitting: _____

GPA: _____ Attendance Record: _____

Do you have a GED? Yes No

Were you ever identified as having any of the following while in school?

IEP Yes No Developmentally Handicapped Yes No Severe Behaviorally Handicapped Yes No

Attention Deficit Hyperactivity Disorder (ADHD) Yes No Learning Disability? Yes No

Do you have any problem reading or writing the English language? Yes No

Any disciplinary action, including suspension and/or expelled? Yes No If yes, please explain: _____

College or Vocational Training? Yes No If yes, please list college and/or vocational training program: _____

MILITARY HISTORY

Branch of Service: _____ Dates Served: _____

Service No: _____ Discharge: _____
(Type and Date)

Decorations or Citations: _____

Disciplinary Actions and/or Court Martials (include dates): _____

Rank attained: _____ Occupational specialty: _____

EMPLOYMENT/FINANCIAL HISTORY

Employer Name and Address

Dates

Job Title

Reason for Leaving

Source of any income to household

Amount

Who receives money?

Have you ever been fired from a job? Yes No If yes, please explain: _____

If you are currently employed, does your employer know that you have a case pending in this Court? Yes No

Were you working at the time of your arrest? Yes No

If you are unemployed, please explain how you support yourself and why you are unemployed _____

Are you currently receiving any type of financial assistance (i.e. food stamps, WIC, disability, medical insurance, etc?)

Yes No If yes, please explain: _____

Are you court-ordered to pay child support? Yes No

Please list all your debts, including child support payments:

<u>Bills/Debts</u>	<u>Payment Amount</u>	<u>Balance</u>	<u>Past Due?</u>
<u>Rent/Mortgage</u>	_____	_____	_____
<u>Utilities</u>	_____	_____	_____
<u>Food</u>	_____	_____	_____
<u>Child Care</u>	_____	_____	_____
<u>Credit Cards</u>	_____	_____	_____
<u>Cell Phone</u>	_____	_____	_____

PHYSICAL HEALTH HISTORY

Please describe your current physical health condition: Excellent Good Fair Poor

Are you under treatment or supervision for any chronic medical condition or disability: (diabetes, high blood pressure, etc.) Yes No If yes, please explain: _____

Have you ever been hospitalized? Yes No If yes, why? _____

Describe any physical problems: _____

Are you on any type of medication? Yes No If yes, what _____

Is it prescribed by a physician? Yes No Physician's Name: _____

Address City State Zip Phone

Are you under doctor's care? Yes No Physician's Name: _____

Address City State Zip Phone

If yes, please explain: _____

MENTAL HEALTH HISTORY

Have you ever had a psychiatric evaluation or diagnosis? Yes No

If yes, please explain: _____

Describe any emotional problems: _____

Has you ever experienced extreme or frequent depression? _____

If so, when and how long did it last? _____

Have you ever considered or attempted suicide? _____

At this time, are you experiencing anxiety? Yes No Depression? Yes No

Are you currently attending mental health counseling? Yes No

If yes, where? _____
Place Address Counselor's Name

Have you ever received mental health counseling? Yes No If yes, when? _____

If yes, where? _____
Place Address Counselor's Name

ALCOHOL/DRUG HISTORY

Was the use or possession of drugs and/or alcohol involved in this offense? Yes No

If yes, please list the alcohol and/or drugs: _____

Do you use alcohol? Yes No When was last use? _____

How much alcohol do you consume per week? _____

How much money do you spend on alcohol per week? _____

Have you ever used or experimented with any non-prescribed/illegal drugs? _____

If so, which ones? _____

Are you currently using illegal drugs? Yes No If yes, when was last use of this drug? _____

How often do you use this drug? _____

If not currently using, when was last use of any illegal drug? _____

Have you ever been in a detox program? Yes No

If yes, please describe: _____

Do you have any alcohol or drug problems? Yes No If yes, what is the alcohol/drug of choice? _____

Have you ever attended an alcohol or drug counseling agency? Yes No

If yes, where? _____
Place Address Phone

Why? _____

Was the program completed? Yes No If no, please explain: _____

Dates of Attendance: _____

Counselor's Name: _____

CRIMINAL HISTORY

Do you have any other pending charges? Yes No If yes, please describe: _____

Have you ever been incarcerated as a juvenile? Yes No If yes, please explain _____

Have you ever been incarcerated as an adult? Yes No If yes, please explain _____

Did you have any reports or write-ups while in jail, prison or a halfway house? Yes No

If yes, please explain: _____

Have you ever been in trouble for fighting, been assaultive or used forms of violence? Yes No

If yes, please explain: _____

Have you ever used a weapon against another person? Yes No

If yes, please explain: _____

Do you or any of the persons you are living with have any weapons? Yes No

If yes, please explain: _____

Juvenile: If you have ever been in Juvenile Court, (Including sealed expunged records) give the following information:

<u>Date</u>	<u>Arresting Agency</u>	<u>Offense</u>	<u>Court Finding</u>
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Name of juvenile probation/aftercare parole officer(s): _____

Adult: If defendant has ever been arrested or cited as an adult (including sealed/expunged records), give the following Information:

<u>Date</u>	<u>Arresting Agency</u>	<u>Offense</u>	<u>Court Finding</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been on adult probation or parole? Yes No If yes, please list the court and name of probation/parole officer: _____

Have you ever been involved in a gang? Yes No If yes, please describe: _____
