

IMPORTANT: Fill out this report completely and return to the Court Services Office by _____.

IDENTIFYING INFORMATION

Name (First, Middle, Last): _____

Maiden, Married, or other names used: _____

Physical address: _____ City/State/Zip: _____

Mailing address: _____ City/State/Zip: _____

Phone number(s): _____ E-mail address: _____

Date of birth: _____ Age: _____ Place of Birth (city and state): _____

Social Security Number: _____ Race: _____ Hispanic ancestors: Y / N _____

Do you have any difficulties with reading and writing? Y / N _____

List names, ages, and relationship of the other people living in the household.

<u>NAME</u>	<u>AGE</u>	<u>RELATIONSHIP</u>

Driver's license number: _____ State issued: _____

Has your license ever been suspended/revoked? Y/ N _____ If yes, why? _____

Have you ever served in the military? Y/ N _____ If yes, what branch? _____

Enlistment date: _____ Discharge date: _____ Type of discharge: _____

Are you eligible for veterans' benefits? Y/ N _____ Did you serve in a combat zone? Y / N _____

FAMILY/MARITAL

Full name of natural father: _____ Phone: _____

Address: _____

Date of birth: _____ State of health: _____ Date of death: _____

Full name of natural mother: _____ Phone: _____

Address: _____

Date of birth: _____ State of health: _____ Date of death: _____

Full name of step-father: _____ Phone: _____

Address: _____

Full name of step-mother: _____ Phone: _____

Address: _____

Describe your relationship with your parents. (Example: how often do you call or visit? Are they supportive? Do you have frequent disagreements?): _____

Which parent are you closest to? _____ Which parent primarily raised you? _____

Please list all brothers and sisters. Beside each name place the appropriate number designation:

- 1 - full sister 2 - step-sister 3 - half-sister 4 - foster-sister
- 5 - full brother 6 - step-brother 7 - half-brother 8 - foster-brother

<u>Number</u>	<u>Full Name</u>	<u>Age</u>	<u>Address</u>	<u>Occupation</u>
---------------	------------------	------------	----------------	-------------------

What is your marital status? Single / Married / Divorced / Separated / Widowed

Current spouse's/partner's name: _____

Are you satisfied with your current relationship? Y / N If not, please explain: _____

List below any previous marriages or common-law relationships:

Spouse's name: _____ Number of children: _____

Date of marriage: _____ Date of divorce: _____

Spouse's name: _____ Number of children: _____

Date of marriage: _____ Date of divorce: _____

Has anyone in your family including your spouse or any close relative ever been in trouble with the law? Y / N

If yes, please explain: _____

Do you pay child support? Y / N If yes, please list the information below:

<u>Child's Name</u>	<u>Monthly Amount</u>	<u>Paid To Whom</u>
---------------------	-----------------------	---------------------

Have you ever been contacted by SRS/DCF or gone to Court due to non-support/alimony? Y / N _____

Are you behind in any payments? Y / N If yes, please list the amount of back child support owed: _____

DEFENDANT'S (YOUR) VERSION OF THE OFFENSE

Please write your version of the offense for which you were convicted. Your statements will be placed in the report exactly as you have written them. No words or spelling will be changed. This is your opportunity to tell the Court your side of the story. Use the back of the sheet if additional space is needed.

How do you feel about the offense you have been convicted of? _____

Were there any co-defendants involved in the offense with you? Y / N If yes, please list the name(s)

Who, if anyone, is the victim of your offense? _____

Do you have a responsibility to help the victim? If so, how? _____

PRIOR RECORD

Please report all **juvenile** arrests, diversions and convictions/adjudications:

Date Court Location Charge Adjudicated (Y/N) Sentence

Were you ever placed out of the home? _____ If yes, where and why? _____

Have you ever served any time in a juvenile facility? Y / N Where & how long? _____

Please report all **adult** arrests, diversions and convictions:

Date Court Location Charge Convicted (Y/N) Sentence

Age at first arrest? _____

Are you required to register as an offender in any state? Y / N If so, where: _____

Have you served any time in a prison? Y / N How long? _____ For what offense? _____

Have you served any time in a county jail? Y / N How long? _____ For what offense? _____

Are you **currently** on probation or parole? Y / N Where? _____ For what offense? _____

Probation/Parole Officer's name: _____

Have you been on probation or parole **in the past**? Y / N When? _____ Where?: _____

For what offense?: _____

Probation/Parole Officer's name: _____ How long were you on probation or parole? _____

Have you ever had your probation or parole revoked? Y / N If yes, why? _____

EDUCATION

Did you graduate from high school? Y / N If yes, when and where: _____
If not, what is the highest grade completed? _____ Why did you leave school? _____
Have you received your G.E.D.? Y / N If yes, when and where: _____

List all Senior High Schools you attended:

Grade ___ to ___ School: _____ Full address: _____
Grade ___ to ___ School: _____ Full address: _____
Grade ___ to ___ School: _____ Full address: _____

Did you have attendance problems in school? _____ Were you ever suspended or expelled from school? Y / N

Describe any special classes or programs you attended: _____

Describe your involvement in school sports and/or other school activities: _____

Did you go to college or trade school? Y / N

Dates attended College/School Major Graduate (Y/N)

What plans, if any, do you have to further your education? _____

EMPLOYMENT

Are you employed? Y / N If not, how long have you been unemployed? _____

Current employer: _____ Address: _____

Phone: _____ Immediate Supervisor's name: _____

Date employed: _____ Current pay: _____ Work Schedule: _____

Does your employer know about this offense? Y / N

What is the longest period of time you've been employed at the same location? _____

Have you ever been fired from a job? Y / N If yes, why: _____

List your employment record for the past five (5) years. Please fill in as much information as possible:

Date Employer Address Type of work Reason left

FINANCIAL

Please list all income used to cover expenses in your household:

Your Income: _____ Spouse's Income: _____

Other Income: _____ Child Support received: _____

Do you receive any unemployment, worker's compensation, disability income, food stamps, etc? Y / N

If yes, please list: _____

Do you have any significant debt (auto loan/home loan/medical bills, etc.)? Y / N

If yes, please list: _____

Have your wages ever been garnished or have you ever been referred to a collection agency? Y / N

If yes, when and why? _____

Do you feel like your financial situation is manageable)? Y / N If no, please explain: _____

ACCOMODATIONS

How would you describe the place in which you live? (Would you like to, or do you plan to move? Do you have friends or relatives over?) _____

How would you describe the neighborhood in which you live? (Do the police visit your neighborhood often? Are people dealing drugs, damaging or stealing property in your neighborhood?) _____

How many times have you moved in the last 12 months: _____ List the dates lived at each address below:

DATE

ADDRESS

LEISURE/RECREATION

Have you belonged to any organizations, groups, or clubs in the past year? Y / N (Do you attend meetings, help with activities, or volunteer with their activities?) _____

How do you spend your free time? (Hobbies?) _____

Describe a typical day: _____

