

APPOINTMENT ____ / ____ 20 ____ @ ____ AM/PM with Officer _____

PORTAGE COUNTY ADULT PROBATION DEPARTMENT
Municipal Court Division
209 South Chestnut Street, Suite 302
Ravenna, OH 44266
(330) 297 3650

PRE-SENTENCE INVESTIGATION QUESTIONNAIRE

IMPORTANT: This questionnaire must be completed in detail.

Can you read, write and understand the English language? ____ YES ____ NO (check one)

True Name: _____ Also known as: _____

Address _____ Apt # _____ City _____ State _____ Zip _____

Specific directions to address: _____

Who resides with you at this address? _____

Length of time at this residence? _____

Home Phone: (____) _____

Cell Phone: (____) _____

DESCRIPTION

Date of birth ____ - ____ - ____

Social Security Number ____ - ____ - ____

City AND State of birth: _____

Present age: _____

Sex: _____ Race: _____

Height: _____

Weight: _____ Eyes: _____

Hair: _____

Do you wear glasses / contact lenses? _____

Other identifying marks, scars, tattoos, etc.: _____

OFFENSE INFORMATION

Attorney: _____ Address: _____

Appointed by the Court: ____ YES ____ NO

Attorney's phone: _____

Offense/s: _____

Involved Police Agency: _____

Date of Offense committed: _____

Where committed: _____

Date Arrested: _____

Where arrested: _____

I have been on bond since: _____

I have been in jail since: _____

Days spent in custody for **this** offense: _____

Names of co-defendants involved in offenses – also give addresses and phone numbers:

CRIMINAL HISTORY

How old were you when you were first arrested?: _____. What was it for (describe charge, was it a misdemeanor or felony)? _____

Juvenile Arrests / Convictions:

Date Age Police Department Court Offense Disposition

Adult Arrests / Convictions: Include any Out of State arrests/convictions

Date Police Department Court Offense Disposition

Have you ever had an offense expunged or sealed: ___ YES ___ NO

If so, what? _____ Arresting Agency: _____

Do you currently have any pending charges? If so, please explain: _____

Incarcerations:

Juvenile Facility _____ dates _____

_____ dates _____

State or Federal _____ dates _____

Institutions: _____ dates _____

_____ dates _____

_____ dates _____

While incarcerated as an adult, did you ever get written up or punished for misconduct? ___ YES ___ NO

If yes, please explain _____

Probation/Parole Officers Name Dates County of Supervision Successful/Revoked

EDUCATION

Did you graduate High School? ___ YES ___ NO Last High school attended: _____

Highest grade completed: _____ Reason for leaving: _____

Were you ever suspended or expelled? _____

List all school activities, such as athletics, groups and offices held: _____

Do you have a GED: ___ YES ___ NO ___ NA Would you like to obtain your GED? ___ YES ___ NO

Vocational schools, Colleges or Universities attended/currently attending: _____

EMPLOYMENT (List the 3 most RECENT jobs)

| <u>Dates</u> (started/ended) | <u>Names and Addresses</u> <u>of employer</u> | <u>Type of Work</u> | <u>Wage</u> | <u>Reason Left</u> |
|---------------------------------|--|---------------------|-------------|--------------------|
| | | | | |
| | | | | |

How do you get along with your boss and co-workers? _____
 What do you do on a typical non-work day? _____

FINANCIAL

Describe your financial situation: _____

List all financial obligations, all outstanding debts, including spouse's- including balance due and monthly payments

| | |
|------------------|--|
| Rent/Mortgage | |
| Utilities | |
| Medical | |
| Auto Payment | |
| Child Support | |
| Court Cost/Fines | |
| Credit Cards | |
| Other | |

List ALL governmental assistance / income

| Type of Assistance/Income | Amount Received | Received in who's name |
|-----------------------------|-----------------|------------------------|
| Welfare Aid/Cash Assistance | | |
| Food Stamps | | |
| Metropolitan Housing / HUD | | |
| SSI | | |
| SSD | | |
| Unemployment | | |
| Other | | |
| Child Support | | |

Do you have health insurance? ___ YES ___ NO Type of coverage _____

FAMILY / MARITAL

Your Father's name: _____ Phone: (____) _____
 Address: _____

Step mother's name: _____ Phone: (____) _____
 Address: _____

Your mother's name: _____ Phone: (____) _____
 Address: _____

Step father's name: _____ Phone: (____) _____
 Address: _____

Brother and sisters:

| <u>Name</u> | <u>Age</u> | <u>Address</u> | <u>Phone Number</u> |
|-------------|------------|----------------|---------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Does anyone in your family have a criminal record? Who and what was it for? _____

MARITAL STATUS

___ Single (never married) ___ Married ___ Widowed
 ___ Divorced ___ Legally Separated

Present marriage OR Current Relationship:

Significant Other Name (include maiden name) _____
 Address: _____
 Date of birth: _____ Place of birth: _____
 Date of marriage: _____ Place of marriage: _____
 Occupation: _____
 Place of employment: _____
 1st, 2nd, 3rd etc. marriage: _____

Previous Marriage(s) / Relationships:

Name: _____ 1st, 2nd, 3rd etc. marriage: _____
 Address: _____
 Date of birth: _____ Place of birth: _____
 Date of marriage: _____ Place of marriage: _____
 Date of divorce: _____ Where granted: _____
 Occupation: _____
 Place of employment: _____

Name: _____ 1st, 2nd, 3rd etc. marriage: _____
 Address: _____
 Date of birth: _____ Place of birth: _____
 Date of marriage: _____ Place of marriage: _____
 Date of divorce: _____ Where granted: _____
 Occupation: _____
 Place of employment: _____

Children

| Name | Age | Address | Other Parent's name | Who has custody |
|------|-----|---------|---------------------|-----------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |

ACCOMODATION

Type of housing (mobile home, apartment, house, etc.) _____

Do you rent or own? _____

List previous addresses over the past **YEAR**, start with most recent:

| <u>Address</u> | <u>City</u> | <u>State</u> | <u>Dates (from-to)</u> |
|----------------|-------------|--------------|------------------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Describe the neighborhood you live in: _____

How would you rate the crime in your neighborhood?

___ High ___ Moderate ___ Somewhat but not more than most ___ Little

How available are drugs in your neighborhood?

___ Generally not available ___ Somewhat available ___ Easily available

Please list any foster homes, boarding homes, childrens’s homes or institutions in which you resided

| <u>Name</u> | <u>Address</u> | <u>Dates (from-to)</u> |
|-------------|----------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

ALCOHOL / DRUGS

Describe substance abuse

| <u>Type</u> | <u>Age at First Use</u> | <u>Mode of Use (how used)</u> | <u>Frequency (how often)</u> | <u>Amount Used</u> | <u>Date of Last Use</u> |
|---------------------------------------|-------------------------|-------------------------------|------------------------------|--------------------|-------------------------|
| Alcohol | | | | | |
| Marijuana | | | | | |
| Cocaine | | | | | |
| Crack | | | | | |
| Amphetamines | | | | | |
| Methamphetamines | | | | | |
| Opiates/Heroin | | | | | |
| Hallucinogens | | | | | |
| Inhalants | | | | | |
| Abuse of Perscription Meds | | | | | |
| Synthetic Marijuana (K2, Spice, etc.) | | | | | |
| Bath Salts | | | | | |
| Other | | | | | |

Are you currently or have you ever been involved in a drug and/or alcohol treatment program (residential, out-patient, or other)? List agencies, dates and types of completions

Are you currently participating in a pain management program? Explain.

Have you ever had any problems due to your drug and/or alcohol use (social, family, legal, employment, friends, etc.)?

PEER ASSOCIATIONS (Friends)

List the names and addresses of three closest friends or companions (not family members)

| <u>Name</u> | <u>Address</u> | <u>Phone</u> |
|-------------|----------------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Were any of your close friends involved in this offense with you? ___ YES ___ NO
Have any of your close friends been involved in criminal behavior? ___ YES ___ NO
How many of your acquaintances (not friends) of been involved in criminal behavior? _____
What are some activities you do with friends? _____

Have you ever been in a gang o have any gang affiliation ___ YES ___ NO
What are your hobbies or interests? _____
Do you belong to any clubs or groups? _____

ATTITUDES AND BEHAVIOR

Do you feel you have control over events in your life?
___ Control over events ___ Sometimes lacks control ___ Generally lacks control
In what circumstances is it OK to tell a lie? _____
Do you consider yourself a risk taker? ___ Rarely ___ Sometimes ___ Generally
How do you feel about the following statement? "Do Unto Others Before They Do Unto You".
___ Disagree with statement ___ Depends on the situation ___ Agree with statement

MILITARY

Branch of service: _____ Highest rank held: _____
Date of entry: _____ Date of discharge: _____
Type of discharge: _____

Decoration or awards: _____

Campaigns, previous enlistments, overseas duties, court martials: _____

DRIVING INFORMATION

Driver's license number: _____ Issuing State: _____

Drivers license valid? ___ YES ___ NO If NO, please explain: _____

Vehicles:

Year Make Model Color License Number

MEDICAL / MENTAL HEALTH HISTORY

Rate your physical health: ___ EXCELLENT ___ GOOD ___ FAIR ___ POOR

Describe any physical problems: _____

If you are currently under a doctor's care, give doctor's name, address and phone number:

Medication Name Purpose Prescribing Doctor, address, phone

Describe any **current** mental health concerns (anxiety, depression...) _____

Are you **currently** seeing a mental health professional? Have you ever been diagnosed with a mental health disorder? Please list the doctor, agency, address and phone number. _____

Describe any **past** counseling or admissions to a psychiatric institution/hospital for mental health issues. Have you ever attempted suicide or have suicidal thoughts? Please explain: _____

SELF-REPORT SURVEY – MISDEMEANOR ASSESSMENT TOOL
(ORAS-MAT)

Name: _____ Today's Date: _____

The following questions ask about several things in your life, such as education, employment, family, friends, and your beliefs. Please answer the following questions the best you can. There are no right or wrong answers to these questions. Some questions will be simple yes/no questions, and others will ask you to circle a number which corresponds to how much that statement reflects your beliefs of is "true" for you.

1. Highest Education

- Less than 12th Grade
- High School Graduate
- GED
- College

2. In school were you ever suspended or expelled? Yes No

3. Were you employed at the time of your arrest? Yes No

4. If yes, how many hours per week did you work? _____

5. Are you currently employed?

- Full-time
- Part-time
- No, I am on disability
- No, I am retired
- No, not currently employed

6. In your opinion, do you have a lot of free time? Yes No

7. On average, approximately what percent of your week is considered free time? _____%

8. What percent of your close friends have been in trouble with the law? _____%

For the following statements circle the answer that best describes how you feel

9. Do you think it is ever ok to lie?

Never or only white lies

It is ok to lie

1

2

3

4

5

10. Lately, I have felt a lack of control over events in my life.

Strongly Agree

Strongly Disagree

1

2

3

4

5

11. I sometimes find it exciting to do things for which I might get into trouble

Strongly Agree

Strongly Disagree

1

2

3

4

5

12. Would others describe you as someone who walks away from a fight or the first to get into it?

Walks Away

First one in

1

2

3

4

5

13. How much do you agree with the statement: "do unto others before they do unto you"?

Strongly Agree

Strongly Disagree

1

2

3

4

5