

ATTENTION

The attached form must be completed when you appear for your Presentence Interview or the interview will not be conducted.

25TH DISTRICT COURT
Probation Department
1475 Cleophus, Lincoln Park, MI 48146-2301
382-8603 Ext. 1394

PRE-SENTENCE REPORT/ALCOHOL ASSESSMENT FORM

Please bring verification of your residence, employment and education at the time of your interview.

Interview Date: _____ Case No(s): _____
Charge: _____ Date of Arrest: _____
Sentence Date: _____

PERSONAL DATA

Name: _____ Sex ()M ()F
Address: _____ Age: _____
City: _____ DOB: _____
State: _____ Zip: _____ Years At: _____
City Born In: _____ State Born In: _____
Drivers Lic. No.: _____ Social Sec. No. _____
()Rent ()Buy _____/Month Phone: _____
Lives With: _____

FAMILY HISTORY:

Parents: ()Single ()Married ()Separated ()Widowed () Divorced

If Married, how long?: _____ If Divorced, how long?: _____
Father's Name: _____ Age: _____
Address: _____ City: _____
Occupation: _____
Mother's Name: _____ Age: _____

Address: _____ City: _____

Occupation: _____

Step-Parent name: _____

Brother: _____ Age: _____ Address: _____

Brother: _____ Age: _____ Address: _____

Brother: _____ Age: _____ Address: _____

Sister: _____ Age: _____ Address: _____

Sister: _____ Age: _____ Address: _____

Sister: _____ Age: _____ Address: _____

Age you left home: _____

Describe your general relationship with family members: _____

EDUCATIONAL BACKGROUND

High School: _____ City: _____

Grade Completed: _____ GPA: _____

Reasons left school: _____

Disposition: () Attending () Dropped out () G.E.D. () Diploma

Year graduated: _____ () Ejected Why: _____

Additional Education:

College/Trade: _____ City: _____ Years: _____

Distinctions: _____ G.P.A. _____

Disposition: () Attending () Dropped out Degree: _____

MILITARY SERVICE/HISTORY

Military Service Branch: _____

Date Enlisted: _____

Date of Discharge: _____

Type of Discharge: _____

MARITAL STATUS & FAMILY PROFILE

Marital Status: () Single () Married () Separated () Widowed () Divorced

If Married: Date Married: _____

How many times have you been married: _____

Spouse's name: _____ Age: _____

Spouse's occupation: _____

Maiden name: _____

Son	Daughter	Name	Age
()	()	_____	_____
()	()	_____	_____
()	()	_____	_____
()	()	_____	_____
()	()	_____	_____
()	()	_____	_____

Who do your children live with? _____

How and by whom are your children supported? _____

Do your children have any physical or emotional problems? If yes, describe: _____

How would you describe your family's current financial condition? _____

Comments: _____

EMPLOYMENT HISTORY

Employer: _____ Title: _____

Address: _____ Start Date: _____

City: _____ Net Salary Per Week: _____

Hours Per Week: _____ What hours do you work? _____

If you have worked less than five years at the above employment, please list prior employers and dates worked.

If unemployed, what type of income do you have?

What type of insurance do you have?

FINANCIAL CONDITION:

Buying home? _____ Renting? _____

Assets: _____

Debts: _____

Savings: _____

Describe your financial condition: () Above average () Average () Poor

HEALTH; SUBSTANCE ABUSE:

Describe general health: _____

Any major operations/accidents as adult or child? _____

Are you taking any medications? _____ What kind, for what problems?

Have you every participated in any type of counseling program and if so what kind?

Do you smoke? _____

What do you enjoy doing in your spare time? Any hobbies, special interests?

How old were you when you started drinking on a social basis? _____

When was the last time you had a drink? _____

What is you choice of alcoholic beverage? _____

Does your father drink? _____

Does your mother drink? _____

What is the average cost of a six pack of beer? _____

What is the average cost of a pint of whiskey? _____

Have you ever experienced a blackout? _____

Have you ever had a drink in the morning? _____

Have you ever had a fight when drinking? _____

Has anyone in your family expressed concern about your drinking? _____

Does your spouse drink? _____

How does your spouse feel about your drinking habits? _____

What is the longest period that you have gone without drinking any alcoholic beverages?

Have you ever attended an AA meeting? _____

Have you ever experimented with drugs? () Yes () No

If yes, what age? _____

What type of drugs? _____

LEGAL PROFILE

Are you on probation at this time? _____

Who is your probation officer or agent? _____

Have you ever been on probation or parole? _____

If yes, what year? _____

Have you ever been convicted of anything before? _____

Do you have a valid driver's license? _____

Have you ever had a ticket for drinking and driving? _____

Was anyone besides yourself arrested in this case and if so what are their names?

Do you have any court dates with any other courts? _____

Do you consider yourself a leader or follower? _____

Do you belong to any gang or have you had membership with any gang? _____

Do you have a lot of friends, few friends or are you a loner? _____

What do you hope to accomplish for yourself during the next year? _____

In your own words, explain what happened that caused you to be arrested and/or ticketed in this case?

What kind of sentence do you feel the judge should impose in your case?

I swear that all the above information is true to the best of my knowledge.

Signature