

UNITED STATES DISTRICT COURT
WORKSHEET FOR PRESENTENCE REPORT AND PACTS^{ECM}

PACTS No: _____ **Referral Date:** _____ **Interview Date:** _____

| FACESHEET DATA | |
|--|---|
| Court Name: | Alternate Name (True Name): |
| Docket No: | District: |
| Judge/Magistrate: | Sentencing Date: |
| USPO: | Arrest Date: |
| Assistant U. S. Attorney (Name, Address, Telephone): | Defense Counsel (Name, address, telephone): |
| PERSONAL DATA | |
| Social Security No: | USM No: |
| FBI No: | Register No: |
| Driver License No: | |

| Mailing Address Information | | | |
|-----------------------------|--------|------|----------|
| From Date: | | | |
| Street/PO Box: | | | Room/Apt |
| City | State: | Zip: | County: |

| Residence Address Information | | | |
|-------------------------------|--------|------|----------|
| From Date: | | | |
| Street: | | | Room/Apt |
| City | State: | Zip: | County: |

| Occupants | |
|-----------------------|-------------------------|
| Lives With: | Name on Lease/Mortgage: |
| Name on Utilities: | Monthly Payment: |
| Occupants: | |
| Number of Dependents: | |
| Hazards: | |
| Directions: | |

| Phone | |
|--------------|------------|
| Phone: | Fax /Cell: |
| Beeper: | E-mail: |

| Demographics | | | |
|--|--|---|------|
| Sex: | Race (Circle one): Asian Black Corp. Ind/Esk Other Unk White | | |
| Hispanic(Circle One): Hisp Non-Hisp Unk | | Height: ft. in. | |
| Weight: lbs. | Date of Birth: | | Age: |
| Eye Color: | | Hair Color: | |
| Place of Birth: | | Country of Birth (other than US): | |
| Citizen (Circle One): Illegal Legal US Unknown | | Immigration Status | |
| Describe offender immigration status listing entrance dates, previous deportation dates, change of status, who offender entered with, when offender entered US, etc. | | | |

| Alternate ID Names | |
|---------------------------|--------------|
| DBA: | Maiden Name: |
| AKA/Aliases: | |

| Alternate ID Numbers | | |
|-----------------------------|------|------------|
| FBI: | USM: | Alias SSN: |
| DOB | | ICE No: |
| DPS ID No: | | |

| | |
|------------------|---------|
| DL Nos: | |
| State Inmate No: | SID No: |
| Scars: | |
| Tattoos: | |

OFFENSE DATA (Presentence Report Part A)

| CHARGES AND CONVICTIONS | RELEASE STATUS |
|--|---|
| Date Information/Indictment Filed: _____ | Check the Appropriate Box(es): |
| Date of Conviction: _____ | <input type="checkbox"/> In federal custody since _____ |
| Count No(s): _____ | <input type="checkbox"/> In non-federal custody since _____ |
| Conviction by (Check One): | <input type="checkbox"/> In federal custody since _____ Released on: _____ |
| <input type="checkbox"/> Guilty Plea/Plea of Nolo Contendere | <input type="checkbox"/> Unsecured personal recognizance |
| <input type="checkbox"/> Court Trial Verdict | <input type="checkbox"/> \$ _____ personal recognizance bond since _____ |
| <input type="checkbox"/> Jury Trial Verdict | <input type="checkbox"/> \$ _____ cash security since _____ |
| | <input type="checkbox"/> \$ _____ corporate security since _____ |
| | <input type="checkbox"/> \$ _____ property bond since _____ |
| | <input type="checkbox"/> Pretrial services supervision |

COUNTS OF CONVICTION

| Count Nos. | Offense and Statutes | Offense Classification | Minimum/Maximum Statutory Penalty |
|-------------------|-----------------------------|-------------------------------|--|
| | | | |
| | | | |
| | | | |

No Detainers

DETAINERS

| Agency or Court | Type of Detainer | Case Number |
|------------------------|-------------------------|--------------------|
| | | |
| | | |
| | | |

No Codefendants

CODEFENDANTS

| |
|--|
| Codefendant(s) Name(s): _____ _____ |
|--|

No Related Cases

RELATED CASES (Co-offenders)

| Docket No. | Defendant(s) Name(s) |
|------------|----------------------|
| | |
| | |

PLEA AGREEMENT

| | |
|---|--------|
| <p>Check One:</p> <p><input type="checkbox"/> Written <input type="checkbox"/> Accepted</p> <p><input type="checkbox"/> Oral <input type="checkbox"/> Deferred</p> <p><input type="checkbox"/> No Agreement <input type="checkbox"/> Binding</p> <p>Substantial Assistance Motion: <input type="checkbox"/> No <input type="checkbox"/> Yes</p> | Notes: |
|---|--------|

OFFENSE CONDUCT

No Loss

Victim Impact

| 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:

None

DEFENDANT'S CRIMINAL HISTORY (Presentence Report Part B)

| 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) |
|---|-------------------|------------------------------------|---------------------------------|----------|---|
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No Pending Charges

PENDING CHARGES AND SUPERVISION STATUS

| Charge(s) | Court | Docket/Action No. | Next Appearance Date |
|------------------|--------------|--------------------------|-----------------------------|
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The defendant is not currently under supervision (diversion, 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: _____

OFFENDER CHARACTERISTICS (Presentence Report Part C)

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 | | |
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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) |
|--------------|------------------------------------|-----|-----------------|--|
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Note health problems, criminal history, substance abuse, or any other significant information about children.

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.

Do you have a history of any of the following:

Hallucinations Psychosis Depression Bi-Polar Obsessive-Compulsive

Gambling Schizophrenia Anxiety Anti-Social Panic attacks

Suicide thoughts Suicide attempts Anger control Personality disorder

Sexual Abuse Physical abuse Eating Disorder Other

Give details for anything indicated above:

Did you seek treatment for any of the above? YES NO

If yes, list the name and address of the doctor/counselor providing treatment. Describe the treatment duration and approximate date of treatment.

If no, why did you not seek treatment?

Circle all applicable symptoms that have affected you at home and/or work in the past 12 months:

Home: Increased irritability; increased marital stress; change in appetite/weight; change in sleep patterns; increased anger; inability to concentrate, remember things or make decisions.

Work: increased absenteeism or tardiness; increased stress; change in job performance; increased anxiety; change in relationships with coworkers; increased anger; inability to concentrate, remember things or make decisions.

List any prescribed, over-the-counter or herbal medications and dosages you are presently taking to treat these symptoms:

If you are taking psychotropic medication, list the name of the medication and the dosage:

Are you taking the prescribed dosage? YES NO

If no, why:

Have you ever been accused of physically harming someone? YES NO

If yes, explain.

Have you ever been accused of sexual misconduct? YES NO

If yes, explain.

Do you think you need counseling? YES NO

If yes, explain.

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"/> Barbituates |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Hallucinogens |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Inhalants |
| <input type="checkbox"/> Amphetamine/Methamphetamine | <input type="checkbox"/> Other: _____ |

Which substance does the defendant prefer? _____

Which substance has caused the defendant the most problems? _____

Urine test results:

When was the last time you used illegal drugs?

Name of substance(s) used:

Frequency of use and quantity:

How was the drug used?

When have you abused alcohol?

Type of alcoholic beverage preferred:

Frequency of use and quantity:

Has consumption kept you from going to work? Explain.

Have you been arrested for any drug or alcohol related offense?

Date of arrest(s):

Type of offense(s) and disposition:

Details of the offense:

| | |
|---|--|
| Were you under the influence of drugs or alcohol at the time you committed the offense? | |
| Did you commit this offense to support your drug habit? | |
| Have you ever been in a substance abuse program? | |
| Name of program(s): | Dates attended and results of treatment: |
| While in custody and/or while under supervision, would you like to receive substance abuse treatment? | |

| Substance Abuse Questions for Family Members | |
|---|--|
| Has the defendant ever used illegal substances and/or abused alcohol? | |
| Have you personally seen the defendant under the influence of drugs and/or alcohol? | |
| Has the defendant ever used drugs and/or alcohol in the home? | |
| When was the last time the defendant used illegal drugs? | |
| Name of substance(s) used: | |
| Frequency of use and quantity: | |
| How was the drug used? | |
| When has the defendant abused alcohol? | |
| Type of alcoholic beverage preferred: | |
| Frequency of use and quantity: | |
| Has consumption kept the defendant from going to work? Explain. | |
| Was the defendant under the influence of drugs or alcohol at the time he committed the offense? | |
| Did the defendant commit this offense to support a drug habit? | |

Has the defendant ever been in a substance abuse program?

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, 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) _____ | |

EMPLOYMENT HISTORY

(Describe the defendant's employment history for the last 10 years)

| Dates | Name and Address of Employer | Job, Monthly Wage, Reason for Leaving |
|-------|------------------------------|---------------------------------------|
| | | |

| | | |
|------------|-----------|--|
| From: | | |
| To Present | | |
| | Phone No: | |
| From: | | |
| To: | | |
| From: | | |
| To: | | |
| From: | | |
| To: | | |
| From: | | |
| To: | | |
| From: | | |
| To: | | |
| From: | | |
| To: | | |
| From: | | |
| To: | | |

Summarize any employment history over 10 years old.

FINANCIAL CONDITION/ABILITY TO PAY

- Refer to Form 48A**
- Defendant has few assets and liabilities**

NOTES