

Presentence Investigation Interview Guide

Your Presentence Investigator is:

The information in the attached packet is being compiled for what is called a presentence investigation on you. The information gathered is submitted to the Court, the United States Attorney's Office, your attorney, and yourself. The Court will use this information in deciding what an appropriate sentence is for you in reference to this case. Please take the necessary time to appropriately complete these questions, and please answer all questions honestly. When you meet with your presentence writer to complete the Presentence Investigation, your answers will be reviewed at that time. Please feel free to use the back of these pages or separate sheets to answer the questions if the space provided is not sufficient. **If you have any questions, please contact your attorney.**

Thank you

PSI-R INTERVIEW SHEET

First Name:	Middle:	Last:
DOB:	AGE:	SSN:
Height:	Eyes:	Race:
Weight:	Hair:	Hispanic: Yes / No
Sex: Male / Female	Birth Place:	Country:
<p>Scars or Tattoos</p> <p>Right Arm:</p> <p>Left Arm:</p> <p>Right Wrist/Hand:</p> <p>Left Wrist/Hand:</p> <p>Right Leg:</p> <p>Left Leg:</p> <p>Back:</p> <p>Stomach:</p> <p>Neck:</p> <p>Face/Head:</p>		

Geographic Information

Address:	Phone Numbers	Move in Date:
	Home:	Property owned/rented by:
	Cell:	
	Work:	
	Email	Driver's License #:

Family and Friends:

Name	Age/ DOB	Relationship	Address	Phone	How often to you see/talk to them?
		Father			
		Mother			
		Brother/Sister			
		Brother/Sister			
		Brother/Sister			

Other Family members:

Who in your family are you closest to?

If you need help or need to talk to someone, who do you go to?

Does your family support you/ help you? If so, how?

Who outside of your family do you spend time with?

Who lives in your residence with you?

Leave page blank for interviewer notes

Marital information:

Name of Spouse	DOB	Place and Date of Marriage	Number of Children	Status of Marriage

How would you describe your marriage?

How has your arrest affected your marriage?

Is your spouse supportive? If so how?

Children:

Name	Date of Birth	Address	Who has custody of the child?	What county was child support ordered in?

Other Children:

Education:

Name	Location	Degree Obtained

Were you in any clubs or sport while in school?

Why did you stop going to school?

Do you have any plans to go back or to further your education?

What do you do in spare time?

What if any, is your religious affiliation?

Military Service:

Branch of Service:	Service Number:	Highest Rank:
Rank at Separation:	Date Of Entry:	Date of Discharge: Type of Discharge:
VA Claim Number:	Decorations/Awards	Ever Court Martialed?

Employment:

Current Employer	Address	Phone Number
Start Date	Occupation	Type of Business
Hours	Monthly Gross	Status: Full Part Seasonal

Does your current employer know about your arrest?

Can we contact your employer?

What kind of review do you think your supervisor would give you?

Have you ever been fired from a job?

Previous Employment:

Dates	Name of Company	Address and Phone Number	Type of Work	Reason for Leaving

Did your criminal behavior interfere with your work?

Would your past employers rehire you?

If unemployed, how have you been supporting yourself?

Was crime something you used to meet your needs?

Are you now or have you ever received public assistance?

How often do you go to a casino, play the lottery, bet on sports or engage in gambling activities?

Physical Health Issues:

Health conditions:	Medications:
Doctor:	Special needs:

When is the last time you saw a doctor?

When is the last time you saw a dentist?

Mental Health Issues:

Psychiatric conditions:	Medications:
Doctor:	Prior hospitalizations:

Substance Abuse Treatment

Date	Name Location	Inpatient or Outpatient	Did you completed the treatment?

Other Substance Abuse Treatments:

Substance Abuse:

Drug	Age of First Use	Use History	Last Use	Rank
Alcohol				
Marijuana				
Meth				
Cocaine				
Heroin				
Prescriptions				
Ecstasy				
Huffing				
Psychedelics				
Synthetics				
Other				

In your last year in the community, how did your substance abuse cause problems at work, school, or at home?

During the last year in the community did you used drugs or alcohol when it physically hazardous to yourself or others?

In your last year in the community, were any of your legal problems related to your substance abuse?

During the last year in the community how did your substance abuse cause problems between you and loved ones?

Juvenile Criminal History:

Date of Arrest	Offense Charged	Court	Disposition

What states have you been arrested in?

Have you ever been on probation? If so, where and what was the name of your officer.

Was your probation ever put in a violation status?

How old were you the first time you were arrested?

Were you ever written up while in custody? If so, where and for what?

How did you get involved in the current charge?

How do you feel about your current charges?

What problems do you think will come up with supervision?

Is there anything else you think the Judge should know about you?