

INSTRUCTIONS TO PERSONS REFERRED TO THE U.S. PROBATION OFFICE

Following conviction, whether by plea or guilty verdict, the Court will order a presentence investigation report to aid the judicial officer in determining an appropriate sentence. To assist in the presentence investigation, please complete the attached Worksheet for Presentence Report and all financial forms. As indicated on the instructions, financial information must be accompanied by supporting documentation, as necessary. Please also sign all attached authorization to release confidential information forms.

All required documentation can be submitted to the following email address:

presentence@mp.uscourts.gov

In the subject line of the email, please include your first and last name, followed by presentence forms.

For example: "John Smith - presentence forms"

Documents can be submitted in advance of the guilty plea and/or the presentence interview.

The presentence interview shall occur within 14 days of the plea or guilty verdict.

Please also provide copies of the following documents, as applicable, no later than the time of the presentence interview:

- Driver's license or state issued photo identification
- Medical records/reports and a list of all prescribed medications
- School diplomas and professional certificates/licenses
- Proof of residence (mortgage commitment or lease and rental receipts)
- Military discharge certificate/DD-214
- Marriage certificate and/or divorce decree
- Child support orders
- Bankruptcy petitions/Bankruptcy discharge papers
- Income tax returns, including all schedules, statements, and W-2 forms for the last 3 years
- Employment verification (pay stubs)
- Self-Employment verification (see attached guide)
- Department of Human Services/Board of Social Services/public assistance records

If you are not contacted by a U.S. Probation Officer regarding the scheduling of the presentence interview within **three (3)** days of the guilty plea or jury verdict, please advise your attorney and contact one of the following Supervisory U.S. Probation Officers based on the courthouse location where your case is assigned (or where your hearing occurred):

Minneapolis: Crystal Smith – (612) 664-5424

St. Paul: Michael Schmidt – (651) 848-1240

UNITED STATES DISTRICT COURT
Federal Probation System

WORKSHEET FOR PRESENTENCE REPORT

(See Publication 107 for Instruction)

1. FACESHEET DATA

Defendant's Court Name:

Defendant's True Name:

Docket No.:

District:

Judge/Magistrate:

Sentencing Date:

USPO:

Arrest Date:

Assistant U.S. Attorney (Name, address, telephone)

Defense Counsel (Name, address, telephone)

DEFENDANT'S IDENTIFICATION

Defendant's Names: (List every name the defendant has used, e.g., name given at birth, name given at adoption, nickname, alias, names used as a result of marriage, etc.)

Date of Birth:

Age:

Place of Birth:

Race: ☐ White ☐ Black ☐ American Indian/Alaskan Native

Hispanic Origin:

☐ Asian or Pacific Islander ☐ Unknown

☐ Hispanic ☐ Not Hispanic ☐ Unknown

Sex:

Country of Citizenship:

Immigration Status:

No. of Dependents:

Education:

SSN:

FBI No.:

U.S. Marshal's No.:

Other ID No.:

Defendant's Legal Address:

(Number and Street)

(Apartment)

(City)

(State)

(Zip)

Defendant's Current Address:

(Number and Street)

(Apartment)

(City)

(State)

(Zip)

Referral Date: _____

Interview Date: _____

2. OFFENSE DATA (Presentence Report Part A)

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

COUNTS OF CONVICTION

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

DETAINERS

☐ No Detainers		
Agency or Court	Type of Detainer	Case Number

CODEFENDANTS

☐ No Codefendants
Codefendant(s) Name(s):

RELATED CASES (Co-offenders)

☐ No Related Cases	
Docket No.	Defendant(s) Name(s)

PLEA AGREEMENT			
Check One: ☐ Written ☐ Accepted ☐ Oral ☐ Deferred ☐ No Agreement ☐ Binding Substantial Assistance Motion: ☐ No ☐ Yes		Notes:	
OFFENSE CONDUCT			
VICTIM IMPACT			
☐ No Loss			
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:			

3. DEFENDANT'S CRIMINAL HISTORY (Presentence Report Part B)

☐ None

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) ↓

PENDING CHARGES AND SUPERVISION STATUS

☐ The defendant has no pending charges.

Charge(s)	Court	Docket/Action No.	Next Appearance Date

☐ The defendant is not currently under supervision.
(division, 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: _____

4. OFFENDER CHARACTERISTICS (Presentence Report Part D)

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			

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)

Note health problems, criminal history, substance abuse, or any other significant information.

DEFENDANT'S PHYSICAL CONDITION		
PHYSICAL DESCRIPTION		
Height:	Weight:	Eye Color:
Hair Color:	Tattoos:	Scars:
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.		
Describe any past or present mental, emotional, or gambling problems. Include the diagnosis of any problems (if known) and the dates of any treatment. List the name and address of the treatment provider.		

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?

☐ Alcohol

☐ Heroin/Opiates

☐ Marijuana

☐ Barbiturates

☐ Cocaine

☐ Hallucinogens

☐ Crack

☐ Inhalants

☐ Amphetamine/
Methamphetamine

☐ Other: _____

When was alcohol or any controlled substance last used? _____

Which substance does the defendant prefer? _____

Which substance has caused the defendant the most problems? _____

Urine test results:

Describe in detail the defendant's history of substance abuse and treatment.

(Overdose, daily cost to support habit, frequency and quantity of use, treatment programs and dates)

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 temporarily, 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): _____		
FINANCIAL CONDITION/ABILITY TO PAY		
☐ Refer to Form 48A ☐ Defendant has few assets and liabilities.		
EMPLOYMENT HISTORY (Describe the defendant's employment history for the last ten 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:		

EMPLOYMENT HISTORY (Continued)		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
Summarize any employment history over 10 years old:		

NOTES:

REQUEST FOR NET WORTH STATEMENT FINANCIAL RECORDS

DEFENDANT'S FULL NAME

DOCKET NUMBER

All entries on the Net Worth Statement must be accompanied by supporting documentation. Provide the probation officer with all records listed below that are applicable to your financial statements, along with your completed Net Worth Statement by the close of business _____.

ASSETS

Section A – Bank Accounts

- ♦ Most recent bank account statements (e.g., checking, savings, credit union, money market, brokerage, Certificate of Deposit, IRA, ROTH IRA, KEOGH, 401K, or thrift savings account) for a three-month period.

Section B – Securities

- ♦ Most recent securities account statements (e.g., brokerage, annuities, life insurance) for a three-month period.

Section C – Notes & Accounts Receivable

- ♦ Copy of signed note receivable.

Section D – Life Insurance

- ♦ Copy of all life insurance policies (e.g., whole life, variable life, term).

Section E – Safe Deposit Boxes or Storage Facilities

- ♦ Copy of most recent rental invoice for all safe deposit boxes or storage facility rentals within the past year, including receipts or verification of content value.

Section F – Motor Vehicles

- ♦ Copy of vehicle registration and title for all vehicles owned or leased.

Section G – Real Estate

- ♦ Copy of purchase agreement, deeds, and escrow statement for all real property.

Section H – Mortgage Loans Owed To You

- ♦ Copy of the sales agreement and escrow statement for all real property.

Section I – Other Assets

- ♦ Copy of purchase invoice and appraisal (if already previously obtained), and documentation to verify the fair market value of the asset.

Section J – Anticipated Assets

- ♦ Copy of documentation to verify future receipt of anticipated asset, (e.g., claim or lawsuit filings, profit sharing plan and current statement, pension plan and current statement, inheritance documents, copy of all trusts, trust income tax returns), and most recent accounting reflecting the value of your interest and income from the trust.

Section K – Business Holdings

- ♦ In addition to providing the information requested in Section K and completing Section N, provide copies of all income tax returns for each business you had an ownership interest in (e.g., shareholder, partner, proprietor) or an affiliation with (e.g., officer, director, board member, agent, associate) within the last five years. Also provide all financial statements for each business, prepared by you or your accountant, within the past five years.

Business Accounts Receivable

- ♦ Copy of current month's billing statements that verify business accounts receivable.

Business Accounts Payable

- ♦ Copy of current month's vendor invoices that verify business accounts payable.

Section L – Income Tax Returns

- ♦ Copy of the five most recent years' income tax returns filed for: Individual (Form 1040), Partnership (Form 1065), Corporation (Form 1120), S Corporation (Form 1120S), and Limited Liability Company (Form 1065). Be sure to include all related schedules and forms. Provide a written explanation for any returns not filed.

Section M – Transfer of Assets

- ♦ Copy of the bill of sale, documentation of funds received from sale (e.g., a personal or business check, cashiers check or money order), copy of vehicle registration and title of sold vehicle, and escrow closing statements for any real estate sold since the date of your arrest.

Section N – Names of Shareholders or Partners

- ♦ Copy of Articles of Incorporation for all corporations you own or have an interest in. Copy of partnership agreement for all partnerships you have an ownership interest in.

Section O – Assets You Will Liquidate

- ♦ Assets available for payment of criminal monetary penalties

REQUEST FOR NET WORTH STATEMENT FINANCIAL RECORDS (cont.)

LIABILITIES

Section A – Charge Accounts

- ♦ Copy of most current billing statement for all charge accounts (e.g., credit cards, revolving charge cards, and department store cards) and lines of credit (e.g., bank line of credit).

Section B – Other Debts

- ♦ Copy of all notes payable, mortgage loans, current statement of delinquent taxes due, and statements documenting child support/alimony obligations and payment history.

Section C – Party to Civil Suit

- ♦ Copy of all civil suit filings and judgments.

Section D – Bankruptcy Filings

- ♦ Copy of all bankruptcy filings including petition, financial statements submitted, final judgment and order of discharge.

OTHER RECORDS REQUESTED

ADDITIONAL INSTRUCTIONS:

A personal interview has been scheduled for you with:

_____, on _____
U.S. Probation Officer Date

at _____ Office Location _____
Time _____

Telephone _____

**AUTHORIZATION TO RELEASE INFORMATION
(PRIVATE PERSON OR ORGANIZATION)
TO PROBATION OFFICER**

TO WHOM IT MAY CONCERN:

I, _____, the undersigned, hereby authorize the
United States Probation Office for the _____ District of **Minnesota**
or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information
in your files pertaining to my:

- ☐ Employment
- ☐ Education Records (including, but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records)
- ☐ Medical Records
- ☐ Psychological and Psychiatric Records

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use.

I hereby release you, as custodian of such records, any school, college, or university, or other educational institution; hospital or other repository of medical records; social service agency; any employer or retail business establishment, including its officers, employees, or related personnel, both individually and collectively, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

Regarding protected health information, I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

Regarding protected health information, I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post-conviction supervision.

(Authorizing Signature - Full Name)

(Full Name - Printed or Typed)

(Date)

WITNESS -

(Probation Officer)

(Date)

**UNITED STATES PROBATION SYSTEM
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
DRUG ABUSE PROGRAMS**

I, _____, the undersigned,
(Name of Client)
hereby authorize _____ to release confidential
(Name of Program)
information in its records, possession, or knowledge, of whatever nature may now exist or come to exist to the United
States Probation Office of the _____ District of **Minnesota**.
(Name of Court) (State)

The confidential information to be released will include: date of entrance to program; attendance records; urine testing results; type, frequency and effectiveness of therapy (including psychotherapy notes); general adjustment to program rules; type and dosage of medication; response to treatment; test results (psychological, vocational, etc.); date of and reason for withdrawal from program; and prognosis.

The information which I now authorize for release is to be used in connection with my participation in the
aforementioned program which has been made a condition of my _____
(pretrial release, post-trial release, probation, or parole).

I understand that the probation office may use the information hereby obtained only in connection with its official duties, including total or partial disclosure of such, to the District Court and/or United States Parole Commission when necessary for the purpose of discharging its supervisory duties over me.

I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post-conviction supervision.

(Signature of Parent or Guardian if Client is a Minor)

(Signature of Client)

(Date Signed)

(Date Signed)

(Name & Title of Witness)

(Date Signed)

**UNITED STATES PROBATION SYSTEM
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
MENTAL HEALTH TREATMENT PROGRAMS**

I, _____, the undersigned,
(Name of Client)

hereby authorize _____ to release confidential
(Name of Program)

information in its possession to the United States Probation Office in the _____ District of Minnesota
(Name of Court)

The confidential information to be released will include: date of entrance to program; attendance records; drug detection test results; type, frequency, and effectiveness of therapy (including psychotherapy notes); general adjustment to program rules; type and dosage of medication; response to treatment; test results (e.g., psychological, psycho-physiological measurements, vocational, sex offense specific evaluations, clinical polygraphs); date of and reason for withdrawal or termination from program; diagnosis; and prognosis.

This information is to be used in connection with my participation in the above-mentioned program, which has been made a condition of my post-conviction supervision (including probation, parole, mandatory release, supervised release, or conditional release), and may be used by the probation officer for the purpose of keeping the probation officer informed concerning compliance with any condition or special condition of my supervision. I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post-conviction supervision.

(Signature of Parent or Guardian if Client is a Minor)

(Signature of Client)

(Date Signed)

(Date Signed)

(Name & Title of Witness)

(Date Signed)

PROB 11H

(Rev. 5/03)

AUTHORIZATION TO RELEASE GOVERNMENT (STATE OR FEDERAL) INFORMATION TO PROBATION OFFICER

I, _____, the undersigned, hereby waive my rights under the Privacy Act, 5 U.S.C. 552a (Supp. IV, 1974), and authorize the disclosure to the United States Probation Office of the _____ District of **Minnesota**, or its authorized representative(s) or employee(s), any and all information pertaining to me, contained in the files or systems of records maintained by any government agency subject to the Privacy Act, which such agency sees fit to convey, either orally or in writing, to the aforementioned Probation Office. I hereby waive any rights I may have under the Privacy Act to prior notice of such disclosure, or of any rights I may have to an accounting of such disclosure to the aforementioned Probation Office.

I understand that this authorization will be used by the aforementioned Probation Office to request disclosure of information pertaining to me from any or all federal or state agencies.

This information is to be obtained for the purpose of conducting a presentence investigation and making a report or for supervision.

Regarding protected health information, I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

Regarding protected health information, I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires this information will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post-conviction supervision.

Authorizing Signature (full name)

Full Name (printed or typed)

Date

Parent/Guardian Signature, if Required

Attorney Signature, if Available

WITNESS -

Probation Officer

Date

**UNITED STATES PROBATION SYSTEM
AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION
SUBSTANCE ABUSE AND MENTAL HEALTH TREATMENT PROGRAMS**

I, _____, the undersigned,
(Name of Client)
hereby authorize _____ to release confidential
(Name of Program)
information in its records, possession, or knowledge of whatever nature may now exist or come to exist to the United
States Probation Office of the _____ District of **Minnesota**.
(Name of Court) (State)

The confidential information to be released will include: date of entrance to program; attendance records; urine testing results; type, frequency and effectiveness of therapy (including psychotherapy notes); general adjustment to program rules; type and dosage of medication; response to treatment; test results (psychological, vocational, etc.); psychotherapy notes; date of and reason for withdrawal from program; and prognosis.

The information which I now authorize for release is to be used in connection with the preparation of a court-ordered report.

I understand that the probation office may use the information hereby obtained only in connection with its official duties, including total or partial disclosure of such, to the District Court.

I understand that this authorization is valid until I have been sentenced and my sentence is final, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before the completion of the presentence investigation will be reported to the court.

(Signature of Parent or Guardian if Client is a Minor)

(Signature of Client)

(Date Signed)

(Date Signed)

(Name & Title of Witness)

(Date Signed)

**CUSTOMER CONSENT AND AUTHORIZATION
FOR ACCESS TO FINANCIAL RECORDS
FOR PRESENTENCE REPORT**

I, _____, having read the explanation
(Name of Customer)
of my rights, which is attached to this form, and having been convicted in the U.S. District Court, in accordance
with Rule 32(d)(2)(A)(ii) (and 18 U.S.C. § 3664(d)(3) when restitution may be imposed), hereby authorize the

Equifax

(Name and Address of Financial Institution or Credit Agency)

to disclose the following financial records:

to _____, an officer of the
(Name of Probation Officer Allowed Access)

U.S. District Court for the _____ District of Minnesota
(Name of District Court)

to obtain information on assets I own or control, fully describing my financial resources to the United States
probation officer for the purpose of preparing a presentence investigation report.

I understand that this authorization may be revoked by me in writing at any time before my records, as described
above, are disclosed and that this authorization is valid for no more than three (3) months from the date of my
signature. I understand further that my authorization cannot be required as a condition of my doing business with the
above-named financial institution.

(Date)

(Signature of Customer)

(Address of Customer)

(City/State/Zip Code)

STATEMENT OF CUSTOMER RIGHTS UNDER THE RIGHT TO FINANCIAL PRIVACY ACT OF 1978

Federal law protects the privacy of your financial records. Before banks, savings and loan associations, credit unions, credit card issuers, or other financial institutions may give financial information about you to a federal agency, certain procedures must be followed.

Consent to Financial Records

You may be asked to consent to make your financial records available to the government. You may withhold your consent, and your consent is not required as a condition of doing business with any financial institution. If you give your consent, it can be revoked in writing at any time before your records are disclosed and, in any event, is effective for a period of not more than three months. Your financial institution must keep a record of the instances in which it discloses your financial information to the government, and this record will be available to you upon request, unless a court order restricting your right to such record has been obtained by the government.

Without Your Consent

Without your consent, a Federal agency that wants to see your financial records may do so ordinarily only by means of a lawful subpoena, summons, formal written request, or search warrant for that purpose.

Generally, the Federal agency must give you advance notice of its efforts to obtain your records by one of the above means, explaining why the information is being sought and telling you how to object in court to the release of your records.

Exceptions

If the government obtains a search warrant for your records, or if the government convinces the court that there are legitimate reasons to delay giving you notice, the Federal agency will be able to obtain your records without providing you notice beforehand.

In situations where you do not receive advance notice that the government is seeking your financial records, you will be notified once the reason for the delay of notice no longer exists.

Transfer of Information

Generally, a Federal agency which obtains your financial records is prohibited from transferring them to another Federal agency unless it certifies in writing that the transfer is proper and sends a notice to you that your records have been sent to another agency.

Penalties

If the Federal agency or financial institution violates the Right to Financial Privacy Act, you may sue for damages or to seek compliance with the law. If you win, you may be repaid your attorney's fees and costs.



Print patient's legal name _____ (office use only: MR# _____)
Previous names _____ Birth date ____/____/____ Social Security # _____ (optional)
Phone numbers (Home) _____ (Work) _____ (Other) _____

1. Please release my records from: (Who has your records?)

Clinic or organization (if not printed above): _____
Address: _____ City: _____
State: _____ Zip code: _____ Phone: _____ Fax: _____

2. Please release my records to: (Who needs your records?)

Person, clinic or organization (if not printed above): U.S. Probation and Pretrial Services Office
Address: 300 S 4th Street, Suite 406 City: Minneapolis
State: MN Zip code: 55415 Phone: (612) 664-5400 Fax: (612) 664-5350

If releasing records to yourself, should the envelope be marked "Personal and Confidential"? ☐ Yes ☐ No

3. These are the records I would like to release: ☒ All pertinent records, or check all that apply below

- | | | |
|--|--|---|
| ☐ Discharge summary | ☐ Pathology reports | ☐ EKG/ECHO reports |
| ☐ Counselor's discharge summary | ☐ Lab reports | ☐ Emergency or urgent care reports |
| ☐ History and physical exam | ☐ X-ray / Radiology reports | ☐ Psychological tests |
| ☐ Consultation reports | ☐ Films / CDs | ☐ For MD only: Pathology slides / tissue blocks |
| ☐ Outpatient clinic notes | ☐ Operative reports | ☐ Other: _____ |

For condition or dates of treatment: _____ (If blank, we will release 1 year's worth of most recent records.)

Date records are needed by: _____. Will records be picked up? ☐ Yes ☒ No

- 4. Purpose:**
- | | | |
|---|--|---|
| ☐ Continued care by another provider | ☐ Insurance claim | ☐ Personal use |
| ☐ Social Security disability | ☐ Attorney review | ☒ Other <u>presentence report</u> |

5. I understand the following:

- Except for psychotherapy notes (which are not included in my medical record), all records will be released to the person, clinic or organization named above. This includes details of treatment for mental health, chemical dependency, sickle cell anemia, genetic conditions and AIDS/HIV.
If I don't want these to be released, I will place a check mark here: _____. I do not want the following records released: _____.
- If I change my mind, I may write to the address in section 1 to stop the release of my records. This will not apply to records that have already been released.
- This form expires one year after I sign it or sooner (specify here: _____).
The time period noted here may exceed one year only in certain situations specified by law.
- There may be a fee for releasing these records.
- Once the records are released to the person, clinic or organization named above, the clinic or hospital releasing my records cannot prevent them from being shared with a third party. At that point, the records may no longer be protected by state and federal privacy laws.
- To be valid, this form must be filled out completely and signed. A copy is valid if it has not been altered.
- If I do not sign this form, I will still be treated, unless treatment is part of a research project.



Date/Time Signature of patient or authorized person Authorized person's authority to sign (proof required)
Reason patient is unable to sign: ☐ Minor ☐ Deceased ☐ Other: _____

AUTHORIZATION TO RELEASE CONFIDENTIAL MILITARY INFORMATION

NAME (Last, First, Middle)	DATE OF BIRTH	DATE SIGNED
----------------------------	---------------	-------------

The above named individual is a defendant before the U.S. District Court for the _____
District of Minnesota

The requested documents are necessary to complete an official report ordered by this court.

I authorize release to the United States probation office all confidential records and information concerning me, including any information contained in a system of records of a government agency or other agencies and facilities subject to the Privacy Act or similar restrictions.

This authorization shall remain in effect until it is revoked in writing.

_____ (Signature of Defendant)	_____ (Date)
<i>WITNESS:</i> _____ (Signature of Probation Officer)	_____ (Date)

AUTHORIZATION FOR RELEASE OF MILITARY MEDICAL PATIENT RECORDS (Drug Rehabilitation)

The National Personnel Records Center, General Services Administration, is hereby authorized to release copies of my military medical treatment records as described below.

NAME OF PERSON AUTHORIZED TO RECEIVE RECORDS

NAME AND ADDRESS OF FACILITY TO RECEIVE RECORDS

PLACE WHERE TREATMENT OCCURRED	APPROXIMATE PERIOD OF TREATMENT
--------------------------------	---------------------------------

SPECIFIC TYPE OF TREATMENT INVOLVED

PURPOSE FOR WHICH RECORDS ARE NEEDED

THIS AUTHORIZATION EXPIRES WITHOUT EXPRESS REVOCATION 12 MONTHS FROM THE FOLLOWING DATE.

DATE	SIGNATURE OF INDIVIDUAL WHOSE RECORDS ARE REQUESTED
------	---

CONFIDENTIAL INFORMATION RELEASE AUTHORIZATION

INFORMATION RELEASED BY	INFORMATION RELEASED TO
and N	and
Organization	Organization
Address	Address
City, State, Zip	City, State, Zip

SUBJECT OF RECORD

and N	Date
Address	Identifying Number
City, State, Zip	

Special Agent in Charge, Probation Department, New York City

Purpose of Release of Information

I understand that my release of this information may be subject to the provisions of the Freedom of Information Act, 5 U.S.C. 552, and that I may be subject to the provisions of the Privacy Act, 5 U.S.C. 552a, and that I may be subject to the provisions of the Confidentiality of Information Act, 5 U.S.C. 552b. I have read and understand the provisions of these laws and I agree to release this information as requested.

☐

Authorization expires on _____ . N

☐

Authorization expires _____ month(s) from signature date. N

☐

Authorization expires _____ month(s) from signature date. N

As evidenced by my signature and the seal of the Probation Department, New York City, I hereby authorize the release of this information to the person or agency as specified above.

Signature of Authorizing Person

Date

Signature of Receiving Person

Date

Relationship of Receiving Person

UNITED STATES DISTRICT COURT

DISTRICT **of Minnesota**

Defendant's Approval To Institute a Presentence Investigation Before Conviction of Plea of Guilty

I, _____, hereby consent
(Name of Defendant)

to a presentence investigation by the probation officers of the United States district courts. This investigation is for the purpose of obtaining information useful to the court in the event I should hereafter plead guilty or nolo contendere or be found guilty.

By this consent, I do not admit any guilt or waive any rights. I understand that any reports prepared will not be shown to the court or any one else unless and until I have been found guilty or entered a plea of guilty or nolo contendere. I understand, however, that I may hereafter agree in writing to disclosure of such reports to the court before I have been found guilty or entered a plea of guilty or nolo contendere.

I have read, or had read to me, the foregoing consent and fully understand it. No promise has been made to me as to what final disposition will be made of my case.

(Date)

(Signature of Defendant)

(Date)

(Defendant's Attorney)

**DECLARATION OF DEFENDANT OR OFFENDER
NET WORTH & CASH FLOW STATEMENTS**

I, _____, residing at _____,
in the city (or county) of _____, in the state of _____,
have completed the attached ☐ Net Worth Statement (Prob. Form 48) or ☐ Net Worth Short Form Statement (Prob.
Form 48EZ) and/or ☐ Cash Flow Statement (Prob. Form 48B) that fully describe my financial resources, including a
complete listing of all assets owned or controlled by me as of this date and any transfers or sales of assets since my arrest.
The Cash Flow Statement (Prob. Form 48B) also includes my financial needs and earning ability and the financial needs
and earning ability of my spouse (or significant other) and my dependent(s) living at home.

Net Worth Statement (Total pages, including additional pages _____)
Net Worth Short Form Statement (Total pages, including additional pages _____)
Cash Flow Statement (Total pages, including additional pages _____)

I declare under penalty of perjury that the foregoing is true and correct.

False statements may result in revocation of supervision, in addition to possible prosecution under the provisions of
18 U.S.C. § 1001, which carries a term of imprisonment of up to 5 years and a fine of up to \$250,000, or both.

(Defendant Signature)

Executed on _____ day of _____, _____.

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Net Worth Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Statement in its entirety. You must answer “None” to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Net Worth Statement Financial Records (Prob. 48A)). Initial and date each page (including any attached pages). Also, sign, date, and attach the Declaration of Defendant or Offender Net Worth & Cash Flow Statements (Prob. 48D).

Last Name - _____

NET WORTH STATEMENT

NOTE: I = Individual J = Joint S = Spouse/Significant Other D = Dependent

ASSETS								
BANK ACCOUNTS (Include all personal and businesses checking and savings accounts, credit unions, money markets, certificates of deposit, IRA and KEOGH accounts, ROTH IRA's, Thrift Savings, 401K, etc.)								
Section A	I/J S/D	Name of Institution	Address	Type of Account	Account Number	Personal or Commercial	Balance	

SECURITIES (Include all stocks in public corporations, stocks in businesses you own or have an interest in, bonds, mutual funds, U.S. Government securities, etc.)						
Section B	I/J S/D	Name and Kind of Security	Location of Security	Number of Units	Fair Market Value	

MONEY OWED TO YOU BY OTHERS (Include all money owed to you by any person or entity.)								
Section C	I/J S/D	Name and Address of Debtor	Amount Owed to You	Reason Owed to You	Date Money Loaned	Relationship to Debtor (if any)	Monthly Payment or Date Full Payment Expected	Is Debt Collectible ?

Initials _____ Date _____

Last Name -								
Section D	LIFE INSURANCE (Include type of policy [whole life, variable, or term], face amount [the stated amount of coverage] and cash surrender value [the value of the investment portion of a whole life or variable policy].)							
	I/J S/D	Name and Address of Company and Name of Beneficiary	Policy Number	Type of Policy	Face Amount	Cash Surrender Value	Amount Borrowed	Amount You Can Borrow
Section E	SAFE DEPOSIT BOXES OR STORAGE SPACE FACILITY (Include all safe deposit boxes or storage space you rent or places you have access to in which others are holding assets or items belonging to you.)							
	I/J S/D	Name and Address of Box or Facility Location		Box Number or Space	Contents		Fair Market Value	
Section F	MOTOR VEHICLES (Include all cars, trucks, mobile homes, motorcycles, all terrain vehicles, boats, airplanes, etc.)							
	I/J S/D	Year, Make & License Number/Vehicle Identification Number	Mileage	Loan/Lease Balance (if any)	Date Loan/Lease Will be Paid Off or Ends	Monthly Payment	Fair Market Value	
Section G	REAL ESTATE (Include property, parcels, lots, timeshares, and developed land with buildings.)							
	I/J S/D	Real Estate Address (include county and state)/ Mortgage Company or Lien Holder	Purchase Date	Purchase Price	Mortgage Balance (if any)	Date Mortgage Will be Paid Off	Monthly Payment	Fair Market Value
Section H	MORTGAGE LOANS OWED TO YOU (Include name, address, and relationship [if any] to the mortgagee [the party that bought the real estate you sold and is making payments to you].)							
	I/J S/D	Mortgagee (name & address)/ Relationship to Mortgagee	Mortgage Balance	Date Mortgage Will be Paid Off	Balloon Payment? If Yes, Date?	Monthly Payment	Is Debt Collectible?	

Initials _____ Date _____

Last Name -								
Section I	OTHER ASSETS (Include any cash on hand, jewelry, art, paintings, coin collections, stamp collections, musical instruments, collectibles, antiques, home furnishings, copyrights, patents, etc.)							
	I/J S/D	Description	Loan Balance (if any)	Date Loan Will be Paid Off	Monthly Payment	Where is Asset Located?	Fair Market Value	
Section J	ANTICIPATED ASSETS (Include any assets you expect to receive or control from lawsuits for compensation or damages, profit sharing, pension plans, inheritance, wills, or as an executor or administrator of any succession or estate.)							
	I/J S/D	Amount Received or Expected to Receive	Date Expected to Receive	Reason You Expect This	Name and Address of Person or Company That Can Verify This (e.g., attorney, financial institution, executor)			
	TRUST ASSETS (Include all trusts in which you are a grantor or donor [the person who establishes the trust], the trustee or fiduciary [who controls the trust assets and income or the beneficiary who has or will receive benefits from the trust].)							
	I/J S/D	Name of Trust/ Taxpayer ID#	Value of Trust	Your Annual Income From Trust	Your Interest in Trust Assets			
Section K	BUSINESS HOLDINGS (Include all businesses in which you have an ownership interest or with which you had an affiliation within the last three years; e.g., self-employed sole proprietor, officer, shareholder, board member, partner, associate, etc.) Complete Section N (attach additional pages, if necessary).							
	I/J S/D	Name and Address of Business/ Taxpayer I.D.#	Type of Business Entity	Industry of Business	Date Business Started	Capital Investment to Start	Your Ownership Interest Percentage	Sale Price or Fair Market Value of Your Interest

Initials _____ Date _____

Last Name -							
Section L	INCOME TAX RETURNS						
	Type of Income Tax Return Filed			Last Filing Year		Years of Last 5 Income Tax Returns You Will Submit to the Probation Officer	
	Individual (Form 1040)						
	Partnership/Limited Liability Company (Form 1065)						
	Corporation (Form 1120)						
	S Corporation (Form 1120S)						
Section M	TRANSFER OF ASSETS (Include any assets you have transferred or sold since the date of your arrest with a cost or fair market value of more than \$1,000.00. Also list any assets that someone else is holding on your behalf.)						
	I/J S/D	Description of Asset/ Reason Transferred/Sold	Date of Transfer/Sale	Original Cost	Amount You Received, if Any	Name of Purchaser or Person Holding the Asset	Sale Price or Fair Market Value at Transfer
Section N	NAMES OF SHAREHOLDERS OR PARTNERS (Include all shareholders, officers, and/or partners, indicating each respective ownership interest.)						
	Name of Business		Names of Shareholders/Partners			Ownership Interest Percentage	

Initials _____ Date _____

Last Name -			
Section O	ASSETS YOU WILL LIQUIDATE (Include all assets you intend to liquidate to satisfy any criminal monetary penalties that may be imposed.)		
	Asset Description	Estimated Value of Asset	Date You Will Liquidate
	Current Location of Asset (if real property, county and state)		
Section P	PROSPECT OF INCREASE IN ASSETS (Give a general statement of the prospective increase of the value of any asset you own.)		

Last Name -							
Section A	LIABILITIES						
	CHARGE ACCOUNTS AND LINES OF CREDIT (Include all bank credit cards, lines of credit, revolving charge accounts, etc.)						
	I/J S/D	Type of Account or Card	Name and Address of Creditor	Credit Limit	Amount Owed	Credit Available	Minimum Monthly Payment
Section B	OTHER DEBTS (Include mortgage loans, notes payable, delinquent taxes, and child support.)						
	I/J S/D	Owed To	Address	Relationship (if any)	Amount Owed	Reason Owed	Monthly Payment
Section C	PARTY TO CIVIL SUIT (Include any civil lawsuits you have ever been a party to.)						
	I/J S/D	Name of Plaintiff in the Case	Court of Jurisdiction and County	Case Number	Date of Suit Filed	Date of Judgment	Judgment Amount/ Unpaid Balance
Section D	BANKRUPTCY FILINGS (Include information requested for any Chapter 7, 11, or 13 bankruptcy filings you have ever been a party to as an individual or as a business entity.)						
	I/J S/D	Type of Bankruptcy (Voluntary or Involuntary)/ Name and Address of Trustee	Bankruptcy Case Number	Bankruptcy Court of Jurisdiction	County and State of Discharge	Date Filed	Date of Discharge

Signature _____ Date _____

REQUEST FOR MONTHLY CASH FLOW STATEMENT FINANCIAL RECORDS

DEFENDANT'S FULL NAME

DOCKET NUMBER

All entries on the Cash Flow Statement must be accompanied by supporting documentation. Provide the probation officer with all records listed below are applicable to your financial statements, along with your completed Cash Flow Statement by the close of business _____.

MONTHLY CASH INFLOWS

Salary/Wages

- ◆ Copy of all W-2 forms submitted with the prior year income tax return.
- ◆ Copy of all pay stubs for the most recent one-month period.

Cash Advances

- ◆ Copy of all pay stubs documenting cash advances.

Cash Bonuses

- ◆ Copy of all pay stubs documenting cash bonuses, and copy of related 1099

Commissions

- ◆ Copy of all 1099 forms submitted with the prior year income tax return.

Business Income

- ◆ Copy of the past six monthly financial statements of all businesses owned

Interest/Dividends

- ◆ Copy of most recent earnings statement from a financial institution (e.g.,

Rental Income

- ◆ Copy of lease rental agreement, copy of monthly rental check received, and

Trust Income

- ◆ Copy of the monthly trust income check, copy of the trust agreement, and a

Alimony/Child Support

- ◆ Copy of divorce decree, copy of payments received, and statements

Social Security

- ◆ Copy of most recent Social Security check and most recent benefits

Other Government Benefits

- ◆ Copy of most recent government subsidy check (e.g., unemployment

Pensions/Annuities

- ◆ Copy of pension/annuity check, copy of most recent pension plan activity

Allowances (housing, auto, travel)

- ◆ Copy of related pay stub, 1099 form for prior year, and possibly a letter

Gratuities/Tips

- ◆ Copy of current month's pay stubs, letter from employer estimating monthly gratuities earned, and W-2 form for the prior year.

Spouse (Significant Other's) Salary/Wages

- ◆ Copy of all W-2 forms submitted with the prior year income tax return.
- ◆ Copy of all pay stubs for the most recent one-month period.

Other Joint Spousal Income

- ◆ Documentation verifying any monthly income jointly earned with the spouse or significant other, (e.g., income from the spouse or significant other or income from a business owned or controlled by the spouse or significant other, that the offender has a joint ownership interest in, or controls).

Income of Others in the Home

- ◆ Verification of the monthly earnings of all others living in the offender's household (e.g., all pay stubs for the prior month, W-2 forms, and 1099 forms for the prior year), paid receipts or canceled checks for necessary monthly household expenditures (e.g., for food, room rental, telephone, transportation, etc.) actually paid by this person on behalf of the offender.

Gifts From Family

- ◆ A signed and dated statement from the family member who gave gifts to the offender during the month, listing the amounts, dates and reasons given, and a copy of the check received, if any.

Gifts From Others

- ◆ A signed and dated statement from the person(s) who gave gifts to the offender during the month, listing the amounts, dates and reasons given, and a copy of the check received, if any. Gifts over a certain amount require tax forms declaring the income.

Loans From Your Business

- ◆ Copy of the past six monthly financial statements of all businesses owned or controlled by the offender that loaned money to the offender, including a detailed schedule of the "Loans To Shareholder/Owner" or "Due From Shareholder/Owner" general ledger accounts.

Mortgage Loans

- ◆ Copy of all mortgage checks received during the prior month, 1099 forms submitted with the prior year tax return, and copy of the sales agreement and escrow statement for all mortgage loans owed to the offender.

Other Loans

- ◆ Copy of loan documentation and copy of all loan checks received during the prior month.

Other (specify)

- ◆ Documentation verifying the source of all other monthly cash inflows (not yet disclosed or reported in these financial statements) and copy of all related monthly checks received.

REQUEST FOR MONTHLY CASH FLOW STATEMENT FINANCIAL RECORDS (cont.)

NECESSARY MONTHLY CASH OUTFLOWS

Rent or Mortgage (including taxes)

- ◆ Copy of apartment rental lease agreement or home mortgage, most recent mortgage statement, and verification of payment.

Groceries (# of people)

- ◆ Purchase receipts for the past month.

Utilities

- ◆ Copy of most current utility bills (e.g., electric, heating oil/gas, water/sewer, telephone, and basic cable).

Public Transportation

- ◆ Receipts of amount paid.

Car Payments

- ◆ Receipts for car lease or purchase payments.

Commuting Expenses

- ◆ Receipt for gasoline/motor oil, tolls, etc.

Insurance

- ◆ Copy of most current insurance bills for all types of insurance (auto, health, homeowners).

Clothing

- ◆ Purchase receipts with corresponding canceled checks.

Loan Payments

- ◆ Copy of loan statements for all loans. Also, provide a copy of any

Credit Card Payments

- ◆ Copy of most current billing statement for all charge accounts (e.g., credit

Medical

- ◆ Documentation of medical expenses (e.g., billing statements, payment

Alimony/Child Support

- ◆ Copy of divorce decree and statements documenting child support/alimony obligations with payment history.

Criminal Monetary Penalty

- ◆ Receipt of monthly payment

Court-Ordered Costs (electronic monitoring, drug/mental health treatment)

- ◆ Verification of payments, along with statement from the service provider

Other (specify)

- ◆ Specific receipts, billing statements.

ADDITIONAL INSTRUCTIONS:

A personal interview has been scheduled for you with:

_____ on _____
U.S. Probation Officer *Date*

at _____
Time

Office Location _____
Telephone _____

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Monthly Cash Flow Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer a statement fully describing your financial resources, including a complete listing of all monthly cash inflows and outflows.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your spouse, significant others, or dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Your Cash Flow Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Monthly Cash Flow Statement in its entirety. You must answer “None” to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Cash Flow Statement Financial Records (Prob. 48C)). Initial and date each page (including any attached pages) and sign and date the last page of the Cash Flow Statement.

Last Name -		
MONTHLY CASH FLOW STATEMENT		
Monthly Cash Inflows		
Defendant	Gross	Net
Your Salary/Wages (List both monthly gross earnings and take-home pay after payroll deductions.)		
Your Cash Advances (List all payroll advances or other advances from work.)		
Your Cash Bonuses (List all payments from work in addition to your salary that are not an advance.)		
Commissions (List all non-employee earnings as an independent contractor.)		
Business Income (List both monthly gross income and net income after deducting expenses.)		
Interest (List all interest earned each month.)		
Dividends (List all dividends earned each month.)		
Rental Income (List all monthly income received from real estate properties owned.)		
Trust Income (List all trust income earned each month.)		
Alimony/Child Support (List all alimony or child support payments received each month.)		
Social Security (List all payments received from Social Security.)		
Other Government Benefits (List all amounts received from the government not yet reported (e.g., Food stamps and unemployment compensation))		
Pensions/Annuities (List all funds received from pensions and annuities each month.)		
Allowances-Housing/Auto/Travel (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
Gratuities/Tips (List all gratuities and tips received each month from any and all sources.)		
Spouse/Significant Other Salary/Wages (List all gross and net monthly salary and wages received by your spouse or significant other.)		
Other Joint Spousal Income (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]).		
Income of Other In-House (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
Gifts from Family (List all amounts received as gifts from family members each month.)		
Gifts from Others (List all gifts received from any sources not yet reported.)		
Loans from Your Business (List all loan amounts received each month from all businesses owned or controlled by you.)		
Mortgage Loans (List all amounts received each month from mortgage loans owed to you.)		
Other Loans (List all other loan amounts received each month not yet reported.)		
Other (specify) (List all other amounts received each month not yet reported.)		
TOTALS		

Last Name -	
Necessary Monthly Cash Outflows	
	Amount
Rent or Mortgage (List monthly rental payment or mortgage payment.)	
Groceries (List the total monthly amount paid for groceries and number of people in your household.) #	
Utilities (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)	
Electric	
Heating Oil/Gas	
Water/Sewer	
Telephone	
Basic Cable (no premium channels)	
Public Transportation (List monthly amount paid for public transportation.)	
Car Payments (List all payments made to purchase or lease vehicles.)	
Commuting Expenses (List monthly amount paid for gasoline, tolls etc.)	
Auto Insurance (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)	
Health Insurance (List the monthly amount paid for homeowner/rental.)	
Homeowner/Rental Insurance (List the monthly amount paid for homeowner/rental insurance.)	
Clothing (List the monthly amount actually paid for clothing.)	
Loan Payments (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)	
Credit Card Payments (List all minimum monthly credit card or charge card payments.)	
Medical (List all expenses not covered by insurance.)	
Alimony/Child Support (List all alimony or child support payments made each month.)	
Criminal Monetary Penalty (List all monthly payments for court-ordered criminal monetary penalties.)	
Court-ordered Costs (List the total monthly payments made for location monitoring and drug and mental health treatment.)	
Other (specify) (List all other necessary monthly amounts paid each month not yet reported.)	
Other Factors That May Affect Monthly Cash Flow (Describe)	
TOTAL	
NET MONTHLY CASH FLOW: \$ (CASH INFLOWS LESS NECESSARY CASH OUTFLOWS)	
MONTHLY CRIMINAL MONETARY PENALTY PAYMENT: \$	
PROSPECT OF INCREASE IN CASH INFLOWS (Give a general statement of the prospective increase of the value of any cash inflows reported.)	

Signature _____

Date _____

REQUEST FOR SELF-EMPLOYMENT RECORDS

DEFENDANT'S FULL NAME

DOCKET NUMBER

In order to verify your self-employment, you are required to furnish all of the records below that are applicable to you and your business to the probation office by the close of business _____.

- | | |
|---|---|
| <ul style="list-style-type: none">◆ Business Bank Statements for all businesses for the past six months (along with canceled checks).◆ All Business Income Tax Returns for the past five years (including Corporation Form 1120, S Corporation Form 1120S, Partnership Form 1065, Limited Liability Company Form 1065, or Sole Proprietor Form 1040 Schedule C), along with all accompanying forms and schedules.◆ All Annual Financial Statements for the past five years.◆ Most Recent Monthly and Quarterly Financial Statement.◆ Quarterly Estimated Tax Payments (Form 1040-ES or Form 8109 for corporations) for the current year.◆ Occupational Business License for the current year.◆ Articles of Incorporation for all corporations you own or have an interest in.◆ Partnership Agreement for all partnerships you have an ownership interest in.◆ Sales Tax Returns (monthly, quarterly) for the past 12 months.◆ Property Tax Returns (inventory, personal property) for the past year. | <ul style="list-style-type: none">◆ Payroll Tax Returns (quarterly, annually) for the current year, if you presently have or have had employees during the current year.◆ List of Business Customers (to whom your business sells goods or provides services).◆ List of Business Vendors (who supply the needed raw materials to produce products or provide services).◆ Billing Statements (to collect money from your customers) and Vendor Invoices (to pay bills to your suppliers) for the past six months.◆ Real Estate Escrow Statements and Real Estate Leases for all businesses you own or have an interest in.◆ Equipment Purchase Agreements or Leases for all businesses you own or have an interest in.◆ Business Insurance Policies for all businesses you own or have an interest in.◆ Business Telephone Bills for the past six months for all business telephones.◆ Samples of Business Advertisements (e.g., in print, radio, television, Internet web page, telephone directory listing and ad, etc.).◆ Business Cards, Stationery (e.g., business letterhead). |
|---|---|

Self Employment Guide

Probation officers may find it useful to consider the following questions when interviewing defendants who have a history of self-employment. Officers should attempt to gather as much information as possible from the defendant, and other sources, to verify this information.

- What is the nature of the business?
- What does the business do? Does this business activity make sense?
- Does the business generate a profit?
 - Compare receipts and expenses, balance sheets, current bank accounts, tax returns, and gross and net earnings
 - Ask the defendant how the business was capitalized
 - Indicate how the employees/owners are paid, and whether that pay fluctuates
- How long has the business existed?
 - Create an outline of the history of the business, with or without the defendant
 - Investigate how the business was founded and who provided the start-up capital, and where they generated the capital
 - Note any changes of location, operation, partners, etc.
- Who else is involved in the business?
 - Get the names of other partners, investors, or agents
 - Ask questions about the percentage of ownership, duties of other owners, investment amounts, hours worked per week, division of labor and duties
- Where is the business?
 - Provide a description of the business's physical location, including ownership of the business property
 - Consider visiting the business, and collect information on the number and types of employees, and the names of customers and suppliers
 - Inquire about existing inventory, and the value of said inventory
- Is the business incorporated or licensed?
 - Verify incorporation and corporate records through the Secretary of State
 - Verify licensure of the business through the relevant licensing authority
 - Research whether the company has been party to any civil suits, judgments, liens, or bankruptcies
- Does the defendant present any risk to third parties while employed with the business?

Adverse Childhood Experience Questionnaire for Adults

California Surgeon General's Clinical Advisory Committee



Our relationships and experiences—even those in childhood—can affect our health and well-being. Difficult childhood experiences are very common. Please tell us whether you have had any of the experiences listed below, as they may be affecting your health today or may affect your health in the future. This information will help you and your provider better understand how to work together to support your health and well-being.

Instructions: Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced prior to your 18th birthday. Then, please add up the number of categories of ACEs you experienced and put the *total number* at the bottom.

1. Did you feel that you didn't have enough to eat, had to wear dirty clothes, or had no one to protect or take care of you?	☐
2. Did you lose a parent through divorce, abandonment, death, or other reason?	☐
3. Did you live with anyone who was depressed, mentally ill, or attempted suicide?	☐
4. Did you live with anyone who had a problem with drinking or using drugs, including prescription drugs?	☐
5. Did your parents or adults in your home ever hit, punch, beat, or threaten to harm each other?	☐
6. Did you live with anyone who went to jail or prison?	☐
7. Did a parent or adult in your home ever swear at you, insult you, or put you down?	☐
8. Did a parent or adult in your home ever hit, beat, kick, or physically hurt you in any way?	☐
9. Did you feel that no one in your family loved you or thought you were special?	☐
10. Did you experience unwanted sexual contact (such as fondling or oral/anal/vaginal intercourse/penetration)?	☐
Your ACE score is the total number of checked responses	

Do you believe that these experiences have affected your health?

☐ Not Much ☐ Some ☐ A Lot

Experiences in childhood are just one part of a person's life story.
There are many ways to heal throughout one's life.

Please let us know if you have questions about privacy or confidentiality.

5/5/20

TCU Drug Screen 5

Scoring & Interpretation Guide

Scoring Instructions. The TCU Drug Screen 5 is scored to produce a single total score which can range from 0 to 11. To compute the total TCU Drug Screen 5 score:

1. Assign 1 point to each “yes” response to items 1 through 9.
2. For items 10 and 11,
 - a. assign 1 point if respondent answers “yes” to either 10a or 10b;
 - b. assign 1 point if respondent answers “yes” to either 11a or 11b.
3. Sum 1-point “yes” responses for items 1 through 11, yielding a total score ranging between 0 and 11.
4. Note that items 12 through 17 are not included as part of the total TCUDS 5 score; they provide additional information that may be useful in guiding treatment decisions.

Interpreting Scores. Interpretation of the TCU Drug Screen V score corresponds with the *Diagnostic and Statistical Manual of Mental Disorders* (DSM-5) criteria, and is based on a single disorder measured on the following continuum from mild to severe:

Mild disorder: Score of 2-3 points (presence of 2-3 symptoms)
Moderate disorder: Score of 4-5 points (presence of 4-5 symptoms)
Severe disorder: Score of 6 or more points (presence of 6 or more symptoms)

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Note: Data currently are being collected to establish the psychometric properties of the TCU Drug Screen V.

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TCU DRUG SCREEN 5

During the last 12 months (before being locked up, if applicable) –

	Yes	No
1. Did you use larger amounts of drugs or use them for a longer time than you planned or intended?	☐	☐
2. Did you try to control or cut down on your drug use but were unable to do it?	☐	☐
3. Did you spend a lot of time getting drugs, using them, or recovering from their use?	☐	☐
4. Did you have a strong desire or urge to use drugs?	☐	☐
5. Did you get so high or sick from using drugs that it kept you from working, going to school, or caring for children?	☐	☐
6. Did you continue using drugs even when it led to social or interpersonal problems? ...	☐	☐
7. Did you spend less time at work, school, or with friends because of your drug use?	☐	☐
8. Did you use drugs that put you or others in physical danger?	☐	☐
9. Did you continue using drugs even when it was causing you physical or psychological problems?	☐	☐
10a. Did you need to increase the amount of a drug you were taking so that you could get the same effects as before?	☐	☐
10b. Did using the same amount of a drug lead to it having less of an effect as it did before?	☐	☐
11a. Did you get sick or have withdrawal symptoms when you quit or missed taking a drug?	☐	☐
11b. Did you ever keep taking a drug to relieve or avoid getting sick or having withdrawal symptoms?	☐	☐
12. Which drug caused the most serious problem during the last 12 months? [CHOOSE ONE]		
☐ None ☐ Alcohol ☐ Cannaboids – Marijuana (<i>weed</i>) ☐ Cannaboids – Hashish (<i>hash</i>) ☐ Synthetic Marijuana (<i>K2/Spice</i>) ☐ Natural Opioids – Heroin (<i>smack</i>) ☐ Synthetic Opioids – Fentanyl/Iso ☐ Stimulants – Powder Cocaine (<i>coke</i>) ☐ Stimulants – Crack Cocaine (<i>rock</i>) ☐ Stimulants – Amphetamines (<i>speed</i>)	☐ Stimulants – Methamphetamine (<i>meth</i>) ☐ Synthetic Cathinones (<i>Bath Salts</i>) ☐ Club Drugs – MDMA/GHB/Rohypnol (<i>Ecstasy</i>) ☐ Dissociative Drugs – Ketamine/PCP (<i>Special K</i>) ☐ Hallucinogens – LSD/Mushrooms (<i>acid</i>) ☐ Inhalants – Solvents (<i>paint thinner</i>) ☐ Prescription Medications – Depressants ☐ Prescription Medications – Stimulants ☐ Prescription Medications – Opioid Pain Relievers ☐ Other (specify) _____	

13. How often did you use each type of drug during the last 12 months?	Never	Only a few times	1-3 times per month	1-5 times per week	Daily
a. Alcohol	☐	☐	☐	☐	☐
b. Cannaboids – Marijuana (<i>weed</i>)	☐	☐	☐	☐	☐
c. Cannaboids – Hashish (<i>hash</i>)	☐	☐	☐	☐	☐
d. Synthetic Marijuana (<i>K2/Spice</i>)	☐	☐	☐	☐	☐
e. Natural Opioids – Heroin (<i>smack</i>)	☐	☐	☐	☐	☐
f. Synthetic Opioids – Fentanyl/Iso	☐	☐	☐	☐	☐
g. Stimulants – Powder cocaine (<i>coke</i>)	☐	☐	☐	☐	☐
h. Stimulants – Crack Cocaine (<i>rock</i>)	☐	☐	☐	☐	☐
i. Stimulants – Amphetamines (<i>speed</i>)	☐	☐	☐	☐	☐
j. Stimulants – Methamphetamine (<i>meth</i>)	☐	☐	☐	☐	☐
k. Synthetic Cathinones (<i>Bath Salts</i>)	☐	☐	☐	☐	☐
l. Club Drugs – MDMA/GHB/Rohypnol (<i>Ecstasy</i>)	☐	☐	☐	☐	☐
m. Dissociative Drugs – Ketamine/PCP (<i>Special K</i>)	☐	☐	☐	☐	☐
n. Hallucinogens – LSD/Mushrooms (<i>acid</i>)	☐	☐	☐	☐	☐
o. Inhalants – Solvents (<i>paint thinner</i>)	☐	☐	☐	☐	☐
p. Prescription Medications – Depressants	☐	☐	☐	☐	☐
q. Prescription Medications – Stimulants	☐	☐	☐	☐	☐
r. Prescription Medications – Opioid Pain Relievers	☐	☐	☐	☐	☐
s. Other (specify) _____	☐	☐	☐	☐	☐

14. How many times before now have you ever been in a drug treatment program?
[DO NOT INCLUDE AA/NA/CA MEETINGS]

☐ *Never* ☐ *1 time* ☐ *2 times* ☐ *3 times* ☐ *4 or more times*

15. How serious do you think your drug problems are?

☐ *Not at all* ☐ *Slightly* ☐ *Moderately* ☐ *Considerably* ☐ *Extremely*

16. During the last 12 months, how often did you inject drugs with a needle?

☐ *Never* ☐ *Only a few times* ☐ *1-3 times/month* ☐ *1-5 times per week* ☐ *Daily*

17. How important is it for you to get drug treatment now?

☐ *Not at all* ☐ *Slightly* ☐ *Moderately* ☐ *Considerably* ☐ *Extremely*

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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Please mark how much you AGREE or DISAGREE with each statement.

<i>Strongly</i>					<i>Strongly</i>
<i>Disagree</i>	<i>Disagree</i>	<i>Uncertain</i>	<i>Agree</i>	<i>Agree</i>	<i>Agree</i>
<i>(1)</i>	<i>(2)</i>	<i>(3)</i>	<i>(4)</i>	<i>(4)</i>	<i>(5)</i>

- | | | | | | |
|--|-----------------------|-----------------------|-----------------------|-----------------------|-----------------------|
| 13. You must get back at people who mess with you..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| 14. You expect to be treated better than the people around you..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| 15. Breaking the law is no big deal if you do not physically harm someone..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| 16. It is hard for you to resist acting on your emotions..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| 17. You find yourself blaming the victims of some of your crimes..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| 18. You are willing to take advantage of others to get what you want..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| 19. Your thoughts and ideas are better than the people around you..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| 20. You are always willing to admit it when you make a mistake..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| 21. When you are upset, you make matters worse because you act without thinking..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| 22. It is okay to commit a crime to live the life you deserve..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| 23. When you feel overwhelmed, you have a difficult time making good decisions..... | ☐ | ☐ | ☐ | ☐ | ☐ |
| 24. The only way to protect yourself is to be ready to fight..... | ☐ | ☐ | ☐ | ☐ | ☐ |

Client ID#	Today's Date	Facility ID#	Zip Code	Administration
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Please mark how much you **AGREE**
or **DISAGREE** with each statement.

	<i>Strongly</i> <i>Disagree</i> <i>(1)</i>	<i>Disagree</i> <i>(2)</i>	<i>Uncertain</i> <i>(3)</i>	<i>Agree</i> <i>(4)</i>	<i>Strongly</i> <i>Agree</i> <i>(5)</i>
25. When you are angry, you do things that have negative or bad consequences.....	☐	☐	☐	☐	☐
26. You can remember "playing sick" to get out of something.....	☐	☐	☐	☐	☐
27. You justify the crimes you commit by telling yourself that if you had not done it, someone else would have.....	☐	☐	☐	☐	☐
28. You are not to blame for everything you have done.....	☐	☐	☐	☐	☐
29. No matter who you are talking to, you are always a good listener.....	☐	☐	☐	☐	☐
30. You deserve to live a better life than the people around you.....	☐	☐	☐	☐	☐
31. You feel the need to get back at someone who disrespects you.....	☐	☐	☐	☐	☐
32. The victims of some of your crimes were asking for it.....	☐	☐	☐	☐	☐
33. You find yourself blaming society and external circumstances for your problems with the justice system.....	☐	☐	☐	☐	☐
34. You become upset when people do not do what you tell them to do.....	☐	☐	☐	☐	☐
35. You sometimes get mad when you do not get your way.....	☐	☐	☐	☐	☐
36. When you are angry, you do not think of the consequences of your actions.....	☐	☐	☐	☐	☐