PS2
(Rev. 06/20)

United States District Court
Worksheet for Pretrial Services Report

PACTS Client ID No.:	Docket/Defendant No.:	Arrest Date:	Interviewing Officer:	Interview Date:

CLIENT PERSONAL DATA - General

Prefix:	Title: (Dr., PhD., etc.)	Court Name: First Middle Last Generation	
SSN/EIN:		State Identification No.:	FBI No.:
Register/Marshal's No.:		ICE (INS) No.:	Driver's License No.: (Include state)

CLIENT PERSONAL DATA - Alternate Names and Ids (If more than three, attach list)

First	Middle	Last	Generation		
				☐ Also Known As ☐ Alternate Name	☐ Maiden Name ☐ True Name
				☐ Also Known As ☐ Alternate Name	☐ Maiden Name ☐ True Name
				☐ Also Known As ☐ Alternate Name	☐ Maiden Name ☐ True Name

Alternate IDs: (List any other alien numbers, state ID numbers, SSNs, DOBs)

Distinguishing Characteristics: (Scars, tattoos, etc.)

CLIENT PERSONAL DATA - Demographics

Sex: (Check one)
- ☐ Female
- ☐ Male
- ☐ Unknown

Race: (Check one)
- ☐ American Indian or Alaska Native
- ☐ Asian
- ☐ Black or African American
- ☐ Native Hawaiian or Other Pacific Islander
- ☐ Other Race
- ☐ Unknown
- ☐ White

Hispanic: (Check one)
- ☐ Hispanic
- ☐ Non-Hispanic
- ☐ Unknown

Eye Color:
- ☐ Blue ☐ Brown
- ☐ Green ☐ Hazel
- ☐ Other

Height:

Weight:

Age:

Date of Birth:

Hair Color:
- ☐ Black ☐ Blonde
- ☐ Brown ☐ Grey
- ☐ None ☐ Other
- ☐ Red ☐ White

Place of Birth:

Country of Birth:

Citizenship: (Check one)
- ☐ U.S. Citizen ☐ U.S. National
- ☐ Naturalized U.S. Citizen
- ☐ Citizen of Another Country
- ☐ Unknown

Country of Citizenship:

Immigration Status: (Check one)
- ☐ Humanitarian Migrant (Refugee)
- ☐ Illegal Alien
- ☐ Permanent Resident (green card)
- ☐ Temporary Visa (travel, student, emp.)
- ☐ Unknown

Do you possess a passport/visa? ☐ Yes ☐ No

Location:

Date Naturalized: _____

Have you traveled outside the United States?

Date Immigrated to the United States: _____ **Date Entered the United States:** _____

CLIENT PERSONAL DATA - Remarks

Include in PACTS? ☐ Yes ☐ No

CLIENT PERSONAL DATA - Addresses

Current Address:			**Phone** (Residence):	**Phone** (Mobile):
City:	**State:**	**Zip Code:**	**County:**	**Phone** (Pager/Fax):
Address Type: ☐ Residence ☐ Legal Address ☐ Mailing Address	**Date Moved to This Address** (From Date):			**E-Mail:**
	Time in Community of Residence: (Client Personal Data/Profile)			
Name on Lease/Mortgage:		**Name on Utilities:**		**Monthly Payment:**

Have you ever lived outside the state/country? ☐ Yes ☐ No
Explain:

Do you own any firearms? ☐ Yes ☐ No
Are there any firearms where you live? ☐ Yes ☐ No
Any dogs or dangerous animals where you live? ☐ Yes ☐ No
Is the residence subject to subsidized housing? ☐ Yes ☐ No

Other/Prior Residences	Start Date	End Date	With Whom?

CLIENT PERSONAL DATA - Collateral Contacts

(Family, Friends, Other Frequent Contacts, etc.)

(Check box if living with defendant)

Name/Age	Relationship/Frequency of Contact	Citizenship Status	Address and Phone Number	Miscellaneous Notes/ Occupation
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				

MARITAL HISTORY (Including cohabitation)

(Check box if living with defendant)

Current Marital Status: ☐ Cohabiting ☐ Divorced ☐ Married ☐ Separated ☐ Single ☐ Widowed ☐ Unknown
(Current Personal Data/Profile)

Name	Marital Status	Citizenship	Address/ Telephone No.	Dates of Marriage	No. of Children
☐ Current:	[redacted]				

CHILDREN

(Check box if living with defendant)

Name/Age of Children	Children Live With Whom?	Citizenship	Address/ Telephone No.	Frequency of Contact	Support?
☐					
☐					
☐					
☐					

EDUCATION

Education Level: (Client Personal Data/Profile)

☐ No High School Diploma/GED ☐ Some College ☐ Doctorate
☐ Graduate Equivalency ☐ Associate Degree ☐ Unknown
☐ Vocational/Apprentice Graduate ☐ Bachelor's Degree
☐ High School Diploma ☐ Master's Degree

Date Education Obtained/Last Year Attended: _____
Name/Location of Current School: _____
Grade Completed: _____
Certificates/Degrees: _____

MILITARY HISTORY

Branch of Service:

Dates of Service:

Type of Discharge:

Were you court-martialed?
☐ Yes ☐ No

Was any disciplinary action taken?

English Language Skills: (Client Personal Data/Profile)

☐ Fluent in English as Primary Language
☐ Fluent in English as Secondary Language
☐ Limited Fluency in English
☐ No Fluency in English
☐ Mute - Fluent in International Sign Language
☐ Mute - Limited or No Fluency in International Sign Language
☐ Unknown

Primary Language (if not English): _____

CURRENT EMPLOYMENT/UNEMPLOYMENT
(Client Personal Data - Employment/Unemployment)

Start Date of Unemployment: _____

Reasons for Unemployment: (Code as excused in PACTS)

- ☐ Caregiver
- ☐ Long-Term Treatment
- ☐ Court Order
- ☐ Retired
- ☐ Disabled
- ☐ Student
- ☐ Homemaker
- ☐ Other:
- ☐ Looking for Work (Code as not excused in PACTS)

Company Name: ☐ Self-Employed?

Address (Street):

Start Date:

Phone No.:

City: **State:** **Zip Code:** **County:**

Hours Per Week:

Gross Income for This Employment:

$ _____

- ☐ Hourly
- ☐ Weekly
- ☐ Biweekly
- ☐ Semi-Monthly
- ☐ Monthly
- ☐ Yearly

Occupation:

Job Title:

How Long Employed?

Work Hours:

Can you return to your job?

☐ Yes ☐ No ☐ Unknown

Does your employer know about your arrest? ☐ Yes ☐ No

Can your employer be contacted? ☐ Yes ☐ No

Supervisor's Name:

Supervisor's Title:

Supervisor's Phone No.:

Supervisor's Cell/Pager No.:

Vocational/Training Skills: (Check all that apply) (Client Personal Data/Profile)

- ☐ Architecture and Engineering
- ☐ Arts, Design, Entertainment and Media
- ☐ Child/Adult Care
- ☐ Community and Social Services
- ☐ Computers and Mathematics
- ☐ Construction and Extraction
- ☐ Cosmetology/Barber
- ☐ Data Processing - Education, Training, Library Science
- ☐ Farming, Fishing, Forestry
- ☐ Finance
- ☐ Food/Lodging Services
- ☐ Healthcare
- ☐ Janitorial/Cleaning Service
- ☐ Laborer
- ☐ Landscape/Ground Maintenance
- ☐ Legal
- ☐ Life, Physical, and Social Science
- ☐ Management
- ☐ Military Service
- ☐ Office/Clerical/Administrative Support
- ☐ Production/Assembly
- ☐ Sales
- ☐ Tradesman (Electrician/Plumber/Mechanic)
- ☐ Transportation and Material Moving
- ☐ Other

PREVIOUS EMPLOYMENT/UNEMPLOYMENT

Start and End Dates	Name of Employer/ Unemployed	Address of Employer	Nature of Work, Hours Per Week, Salary, Reason for Leaving

FINANCIAL INFORMATION

EMPLOYMENT INCOME:

Yearly/Monthly/Weekly $ _____

PAYMENT METHOD: (Check One)

☐ Cash ☐ Check ☐ Commission ☐ Other

SPOUSE/SIGNIFICANT OTHER'S OCCUPATION _____

Yearly/Monthly/Weekly $ _____

Yearly/Monthly/Weekly $ _____

Other Source of Income: (Client Personal Data/Employment)

Alimony	$	Payback on Loans	$
Child Support	$	Retirement Pension	$
Disability Insurance/ Employee Benefit	$	Severance Pay	$
		Trust	$
Dividend	$	Unemployment Comp.	$
Family Support	$	Unknown	$
Food Stamps	$	Other	$
Investments	$	Social Security	$
Lawsuit Payout	$	Social Security (disability)	$

ASSETS		LIABILITIES	BALANCE	MONTHLY PAYMENT
Cash	$	Rent or Mortgage Payment		
Savings Account	$	Other Mortgage		
Checking Account	$	Past Due/Pending Foreclosure? ☐ Yes ☐ No		
Stocks/Bonds/Retirement Accounts? ☐ Yes ☐ No				
Describe:	$	Utilities		
		Groceries		
		Child Care		
Other Accounts	$	Child Support (Ordered or Voluntary?)		
	$			
	$	Alimony		
Valuable Property (collections, jewelry, etc.)	$	Personal Loans		
Business Assets	$	Business Liabilities		

Motor Vehicles - Ownership				Motor Vehicles - Loans/Leases		
Year	**Make**	**Model**	**Amount**	**Creditor**		

Real Estate:		Auto Insurance		
Date Purchased:		Total Credit Card Debt		
Address:		School Loans		
Current Market Value	$	Outstanding Medical Bills		
Equity	$	Outstanding Taxes/Fines/Restitution		
Down Payment	$	Other Debts/Monthly Expenses		
Have you ever filed for bankruptcy? ☐ Yes ☐ No		Type of Bankruptcy Filed: _____		
Location of Court:		Year Filed: Amount Discharged:		

ADDITIONAL NOTES

HEALTH

Physical Health

Brief Description:

Physical Health Care (Program/Purpose)

- ☐ Allina
- ☐ Abbott
- ☐ HCMC
- ☐ HealthPartners
- ☐ Mercy
- ☐ North Memorial
- ☐ Park Nicollet
- ☐ Regions

Other Locations/Notes

Do you presently have health insurance? ☐ **Yes** ☐ **No** **Name of health provider/carrier:** _____

Physical Health Status: (Client Personal Data/Profile)

- ☐ Minor Medical Problems Only
- ☐ Significant Medical Disorder (Under control but follow-up care required)
- ☐ One or More Chronic or Recurrent Medical Problems
- ☐ Uncontrolled Significant Disorder
- ☐ Diagnostic Evaluation or Specific Treatment in Progress
- ☐ None
- ☐ Unknown

Names of Medications and Reason(s) for Use:

Mental Health

Current Mental Health Status: (Check all that apply) (Client Personal Data/Profile)

- ☐ No evidence of a current or past mental health condition.
- ☐ History of a mental health condition. No active symptoms.
- ☐ Mental health condition requiring ongoing treatment.
- ☐ Has been in therapy within the last 12 months for a mental health condition.
- ☐ Currently taking medication for a mental health condition (psychotropic drug).
- ☐ Has seen a physician within the last 12 months for a mental health condition.
- ☐ Has been hospitalized within the last 24 months for a mental health condition

Mental Health Treatment (Program/Purpose)

- ☐ _____When? _____
- ☐ _____When? _____
- ☐ _____When? _____

Additional Notes:

Have you ever seen a doctor for any emotional or psychiatric problems? ☐ Yes ☐ No ☐ Unknown If yes, when, where, and last visit?

Have you ever been hospitalized for emotional problems? ☐ Yes ☐ No ☐ Unknown If yes, when and where?

Have you ever thought of or attempted suicide? ☐ Yes ☐ No ☐ Unknown If yes, when, and what method was used or thought of?

Have you ever been prescribed medication for emotional or psychiatric problems? ☐ Yes ☐ No ☐ Unknown
If yes, name of medication(s) and how long you used it:

Do you have current thoughts of suicide, hearing voices, or seeing things? ☐ Yes ☐ No ☐ Unknown If yes, explain.

Do you have a history of gambling? ☐ Yes ☐ No ☐ Unknown
If yes, describe the type of gambling activities, frequency, and amount:

Do you have a history of domestic violence? ☐ Yes ☐ No ☐ Unknown Explain:

SUBSTANCE ABUSE HISTORY (Client Personal Data/Profile)

Drug Use	Indicate Drugs of 1st, 2nd, and 3rd Choice	Current	History of	Age Use Began	Last Used	Frequency Used
Alcohol		☐	☐			
Amphetamines		☐	☐			
Benzodiazepines		☐	☐			
Cannabinoids		☐	☐			
Club/Designer Drugs		☐	☐			
Cocaine		☐	☐			
Hallucinogens (PCP, LSD)		☐	☐			
Heroin		☐	☐			
Methamphetamines		☐	☐			
Prescription Opiates		☐	☐			
Other		☐	☐			

Substance Abuse Treatment

Substance Abuse Treatment History (Check all that apply)	Current	History of	Notes
Inpatient Treatment	☐	☐	
Outpatient Treatment	☐	☐	
Self-Help (AA/NA)	☐	☐	
Confined Treatment Program (BOP)	☐	☐	

Dates	Name of Program	Location	Purpose	Inpatient/ Outpatient	Type of Discharge (Satisfactory/Unsatisfactory)

If a drug test were taken today, would it reveal any illegal substance or medications? ☐ Yes ☐ No ☐ Unknown
If so, what illegal drugs/medications?

Would you like to receive treatment? ☐ Yes ☐ No

ADDITIONAL NOTES

SELF-REPORTED CRIMINAL HISTORY (including juvenile adjudications)

Date Arrested/Age	Agency/Location	Offense Charged and Bail	Disposition or Next Court Date

Probation/Parole History? ☐ Yes ☐ No	Where?	Any violations?

Probation/Parole Officer's Name, Address, and Telephone No.:

Are you a member of, or have you ever been in a gang? ☐ Yes ☐ No

Gang Name	Initiation Date	When did you get out?

Will this information bring harm to you or your family? ☐ Yes ☐ No

ADDITIONAL NOTES