

**UNITED STATES DISTRICT COURT  
DISTRICT OF MINNESOTA  
UNITED STATES PROBATION & PRETRIAL  
SERVICES OFFICE**

**WORKSHEET FOR PRESENTENCE REPORT**

**FACESHEET DATA**

Name: \_\_\_\_\_  
Aliases or Nick Names: \_\_\_\_\_  
Docket #: \_\_\_\_\_ Judge: \_\_\_\_\_  
Arrest Date: \_\_\_\_\_  
Assistant U.S. Attorney: (Name, Address) \_\_\_\_\_ Defense Counsel: (Name, Address, Telephone) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
Retained ☐ Assigned ☐

**DEFENDANT'S IDENTIFICATION**

Place of Birth: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_  
Social Security #: \_\_\_\_\_  
Race: White ☐ Black ☐ American Indian/Alaskan Native ☐ Asian or Pacific Islander ☐ Unknown ☐  
Hispanic Origin: Hispanic ☐ Not Hispanic ☐ Unknown ☐  
Sex: Male ☐ Female ☐ Country of Citizenship: \_\_\_\_\_  
Immigration Status: \_\_\_\_\_ Alien Registration #: \_\_\_\_\_

**RESIDENTIAL INFORMATION**

Current Address: \_\_\_\_\_  
(Number and Street) Apt. # \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)  
Mailing Address: \_\_\_\_\_  
(Number and Street) Apt. # \_\_\_\_\_  
\_\_\_\_\_  
(City) (State) (Zip)  
Email Address(es): \_\_\_\_\_  
Home Phone Number: \_\_\_\_\_ Cellular Phone Number: \_\_\_\_\_

### RELEASE STATUS

In Custody: \_\_\_\_\_ Where: \_\_\_\_\_ Since What Date: \_\_\_\_\_

Bond: \_\_\_\_\_ Type: \_\_\_\_\_

Pretrial Supervision: Yes ☐ No ☐ Pretrial Services Officer's Name and #: \_\_\_\_\_

### ACCEPTANCE OF RESPONSIBILITY

Version of the offense. This statement may be handwritten or typed. You should include, but are not limited to, the following information about the crime of conviction:

Why did you become involved? What influenced your involvement in this offense? (i.e., peers, personal circumstances...)

What impact has your behavior had on others?

What did you receive from this offense?

What was your relationship with your co-conspirators/co-defendants, if any?

What could you have done differently to avoid finding yourself in this situation? What can you do differently in the future to avoid finding yourself in a similar situation?

### CRIMINAL HISTORY (Juvenile and Adult)

☐ None.

Date of Arrest, Prosecution, Referral, or Detention	Charge/ Conviction	Court City/County/State Docket No.	Date Sentenced or Case Disposed	Sentence	Represented by or Waived Counsel (Y) or (N)

### PENDING CHARGES AND SUPERVISION STATUS

☐ No pending charges.

Charge(s)	Court	Accusation/Indictment #	Next Appearance Date

☐ Not currently under supervision (diversion, probation, supervised release, or parole supervision).

☐ Currently under criminal justice sentence. What type of supervision?

- ☐ Probation      ☐ State ☐ Federal  
☐ Supervised Release  
☐ Parole  
☐ Conditional Discharge  
☐ Pretrial Intervention  
☐ In custody  
☐ Other

Supervising Officer's Name and Telephone Number:

\_\_\_\_\_

\_\_\_\_\_

### OFFENDER CHARACTERISTICS

Life/Residential History: Please list every town where you have lived, how long, and with whom. Please be specific, include parents, step-parents, or any other important information.

Are you affiliated with any gangs? \_\_\_\_\_

### PARENTS AND SIBLINGS

(List your biological parents. If raised by persons other than your natural parents, add the surrogate parents' names immediately below the space allocated to Father and Mother. After the parents, list all siblings, both living and deceased.)

Name	Relationship and Age		Present Address and Telephone Number	Occupation
	Father			
Current Name: Maiden Name:	Mother			

Indicate whether any family members have any health problems, criminal history, substance abuse issues, or mental or mental health issues.

Include if any of the following have impacted you: divorce of parents; physical abuse or sexual abuse; serious injury or illness; domestic violence or gambling:

Family Verification Contact Person: Name: \_\_\_\_\_ Phone: \_\_\_\_\_

### MARITAL STATUS

☐ Presently single with no marital history.

Spouse/ Domestic Partner (Current)	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:

Does partner have criminal history? History of substance abuse/mental illness?

### CHILDREN

☐ No 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:

If applicable, describe child support, physical/legal custody and visitation issues.

What are your future plans regarding family, child care, etc.?

Is your family aware of your conviction? Yes ☐ No ☐

### PHYSICAL CONDITION/HEALTH

How would you rate your present physical health: Excellent ☐ Good ☐ Fair ☐ Poor ☐

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Scars: \_\_\_\_\_ Tattoos: \_\_\_\_\_

Are any tattoos gang-related? \_\_\_\_\_

List the date(s) and nature(s) of any serious or chronic illnesses and/or medical conditions, hospitalization or surgeries.

List all current prescriptions or medications. List any allergies to food or medication.

Provide the name, address, and telephone number of your physician(s).

### MENTAL AND EMOTIONAL HEALTH

How would you rate your present mental health: Excellent ☐ Good ☐ Fair ☐ Poor ☐

Describe any past or present mental or emotional problems. Include the diagnosis of any problems (if known).

Any attempts to commit suicide:

Psychiatric treatment and/or hospitalizations:

Describe past and present gambling addiction/problem, if applicable.

Indicate if you wish to receive counseling or mental health treatment for any specific problems:

**Potential Reentry Needs:**

- ☐ State I.D.
- ☐ Social Security Card
- ☐ Birth Certificate
- ☐ Register to Vote
- ☐ Register for Selective Service
- ☐ In Need of Emergency Shelter
- ☐ Health Insurance
- ☐ Literacy Program
- ☐ Driver's License
- ☐ Passport
- ☐ Other post-release issues

### SUBSTANCE ABUSE

☐ No history of alcohol or drug abuse and/or no history of treatment for substance abuse.

Which of the following substances have you experimented with and/or abused?

- |   |   |
|---|---|
| <input type="checkbox"/> Alcohol                      | <input type="checkbox"/> Heroin/Opiates                             |
| <input type="checkbox"/> Marijuana                    | <input type="checkbox"/> Barbiturates                               |
| <input type="checkbox"/> Cocaine                      | <input type="checkbox"/> Hallucinogens                              |
| <input type="checkbox"/> Crack                        | <input type="checkbox"/> Inhalants                                  |
| <input type="checkbox"/> Amphetamine/ Methamphetamine | <input type="checkbox"/> Prescription Drugs (not prescribed to you) |
| <input type="checkbox"/> Ecstasy                      | <input type="checkbox"/> Other                                      |

When was alcohol or any controlled substance last used? \_\_\_\_\_

Which substance do you prefer? \_\_\_\_\_

Which substance has caused you the most problems? \_\_\_\_\_

Any positive urine test results: Yes ☐ No ☐

Describe your history of substance abuse and treatment. Where and When? Did you complete the program? Were you clinically discharged?

Were you under the influence of illicit substances or alcohol when the offense occurred?

Did your use of drugs/alcohol contribute to your commission of the offense? In what way?

How has your use of alcohol/drugs impacted your relationship with significant others/family?



Are you interested in receiving substance abuse treatment?

Describe your use of alcohol:

When was the first time you drank alcohol?

How often do you drink?

Drink of choice?

Did your alcohol use ever impact your life in a negative manner (employment, marital, family, legal, etc.)?

Have you ever received treatment? If yes, when, and where was the treatment facility?

<b>EDUCATION AND VOCATIONAL SKILLS</b>				
Highest grade completed: _____		Did you participate in special education classes? _____		
<b>SCHOLASTIC HISTORY</b>				
Name and Location of School (List most recent school first)	Dates Attended	Degree, Diploma, or Certificate Received		
<p>Do you have any specialized training or skill(s) or hobbies?</p> <p style="text-align: center;"><input type="checkbox"/> Yes                      <input type="checkbox"/> No                      If yes, what training or skill(s)?</p> <p>_____</p> <p>_____</p> <p>Do you have any professional license(s)?</p> <p style="text-align: center;"><input type="checkbox"/> Yes                      <input type="checkbox"/> No                      If yes, what license(s)?</p> <p>_____</p> <p>_____</p> <p>What are your future educational goals?</p> <p> </p> <p> </p> <p> </p>				
<div style="display: flex; justify-content: space-between;"><span><input type="checkbox"/> None</span><span><b>MILITARY SERVICE</b></span></div>				
Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:
Highest Rank:	Rank at Separation:	Decorations and Awards:		VA Claim Number:
<p>Summarize your 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.</p> <p> </p> <p> </p> <p> </p>				

### EMPLOYMENT HISTORY

Usual Occupation: \_\_\_\_\_

Employment Status:

At present, you are:

- |   |  |
|---|--|
| <input type="checkbox"/> Employed full-time                       | <input type="checkbox"/> Employed part-time                            |
| <input type="checkbox"/> Unemployed temporarily, looking for work | <input type="checkbox"/> Unemployed seasonal worker                    |
| <input type="checkbox"/> Unemployed due to disability             | <input type="checkbox"/> Unemployed, history of extensive unemployment |
| <input type="checkbox"/> Incarcerated or confined                 | <input type="checkbox"/> Student                                       |
| <input type="checkbox"/> Homemaker                                | <input type="checkbox"/> Retired                                       |

☐ Other

(Specify): \_\_\_\_\_

### FINANCIAL CONDITION/ABILITY TO PAY

- ☐ Refer to Personal Financial and Monthly Cash Flow Statements (Forms 48 & 48B)
- ☐ Few Assets and Liabilities

### EMPLOYMENT HISTORY

(Describe your employment history for the last fifteen years)

Dates	Name and Address of Employer	Job, Monthly Wage, Reason for Leaving
From:	Phone No.:	
To Present		
From:		
To:		
From:		
To:		

EMPLOYMENT HISTORY (Continued)		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		

Summarize any employment history over 15 years old:

Is your current employer aware of your instant offense? Yes ☐ No ☐

How did you support yourself during periods of unemployment?

Describe your receipt of state/federal benefits, to include food stamps, health benefits, unemployment, social security, disability benefits, health benefits for children, etc. Also include the year(s) you received these benefits.

Describe your future employment goals/plans.

**Notes:** Is there anything else you would like the Court to know about you and your life?

**Would you be interested in any of the following?**

- ☐ Adult Basic Education Classes
- ☐ GED Prep Classes
- ☐ ESL Classes
- ☐ Computer Classes
- ☐ Vocational Programs
- ☐ College Classes
- ☐ Job Readiness Skills
- ☐ Small Business / Entrepreneurship

Prepared by \_\_\_\_\_ Date \_\_\_\_\_

Defendant Signature \_\_\_\_\_