Investigation Questionnaire

Please complete all sections of this form. Return all presentence forms to the assigned presentence writer in the provided envelope or by email.

Please note you can also find fillable copies of presentence forms at:

http://www.ohnd.uscourts.gov/home/u-s-pretrial-services-probation-office/services/forms-2/presentence-forms-packet/

Date of interview: _____

Attorney present: ☐ Yes ☐ No

Interpreter: _____

Revised 06/2017

Parents and Siblings

Directions: List your biological parents first. If you were raised by anyone other than your natural parents, please add the other parents' names below the space for Father and Mother. After your parents, list all of your siblings, living and deceased.

Name	Relation-ship	Age	Address / Telephone #	Occupation	Criminal Record
	Mother				☐ N ☐ Y
	Father				☐ N ☐ Y
					☐ N ☐ Y
					☐ N ☐ Y
					☐ N ☐ Y
					☐ N ☐ Y
					☐ N ☐ Y
					☐ N ☐ Y

Who raised you?

What kind of neighborhood did you grow up in? Were there financial problems in your home? Explain.

Was there any drug use or alcohol abuse in your childhood home? Explain.

Was there any violence in your childhood home? Explain.

Which family members are you closest with?

Which family members know about this federal case?

Marital History

List all of your marriages below, starting with your current spouse.

Are you currently in a relationship? ☐ No ☐ Yes

Name	Age	Place and Date(s) of Marriage; Date & Place of Divorce, if applicable	Occupation	Criminal Record
Current Spouse				☐ N ☐ Y
				☐ N ☐ Y
				☐ N ☐ Y
				☐ N ☐ Y

Children

List your children

Name	Age	Name of other Parent	Who has custody?	With whom is the child currently living? / address / phone #	Is child support ordered?
					☐ N ☐ Y
					☐ N ☐ Y
					☐ N ☐ Y
					☐ N ☐ Y
					☐ N ☐ Y

Do you help raise any other children? Explain.

List any family health problems, substance abuse, or any other significant information.

Physical Condition

Do you have any current health problems or concerns? ☐ No ☐ Yes

If you answered yes, please provide information about your health problem, including approximate date the problem started, any diagnoses, treatment, and list any allergies.

Do any of your current health issues limit your activity or your ability to work? ☐ No ☐ Yes

If you answered yes, please explain.

Are you currently taking any prescribed medications? ☐ No ☐ Yes

Name of Medication	Reason for Medication	Dosage

Do you have a Primary Care Physician (regular doctor)? ☐ No ☐ Yes

Name of Primary Care Physician	Address / Hospital Affiliation	Phone Number

Do you have any speciality doctors? (Example: cardiologist, oncologist etc.) ☐ No ☐ Yes

Name of Specialist	Address / Hospital Affiliation	Phone Number	Illness Treated

List your past health history – include dates and information about hospitalizations, surgeries, major illness/ injuries, gunshot wounds, stab wounds, pins/screws in your body, etc.

Mental Health

Have you ever been treated for or diagnosed with any of the following? (Mark if applicable)

- ☐ Depression
- ☐ Anxiety
- ☐ Attention Deficit Hyperactivity Disorder (ADHD)
- ☐ Other Learning Disabilities
- ☐ Obsessive Compulsive Disorder (OCD)
- ☐ Bipolar Disorder
- ☐ Schizophrenia
- ☐ Eating Disorder

☐ Any other disorders: _____

If you have been treated for or diagnosed with any mental health disorder, provide details about when you were treated/diagnosed, where you were treated/diagnosed, and the type of treatment you received, including medications prescribed.

Are you currently taking any prescribed medications for mental health reasons? ☐ No ☐ Yes

Name of Medication	Reason for Medication	Dosage

Are you currently seeing a Mental Health Provider (example: counselor, therapist, psychiatrist)? ☐ No ☐ Yes

Name of Provider	Address/Hospital Affiliation	Phone Number	Reason for Treatment

Have you ever had any issues related to the following (Mark box, if applicable)

- ☐ Hospitalizations in a mental health facility or psychiatric ward
- ☐ Suicide attempts
- ☐ Suicidal thoughts
- ☐ Self-mutilation (example: cutting yourself)
- ☐ Physical abuse
- ☐ Emotional abuse
- ☐ Sexual abuse
- ☐ Mood swings
- ☐ Anger issues
- ☐ Gambling problem

If so, please explain.

Have you ever participated in any anger management counseling or domestic violence counseling? If so, was it court-ordered?	☐ No ☐ Yes ☐ No ☐ Yes
Have you ever applied for or received disability benefits for any reason?	☐ No ☐ Yes
Does anyone in your immediate family have any mental illness or developmental disabilities? If so, who?	☐ No ☐ Yes
Do you believe you would benefit from mental health counseling now? If so, why?	☐ No ☐ Yes

Substance Abuse History - List all drugs you have used.

Drug	Age at first use	Most recent rate of use (example: everyday, twice per week, once per month, etc.)	Date of last use	Have you had an addiction to this drug?
Alcohol				☐ N ☐ Y
Marijuana				☐ N ☐ Y
Cocaine				☐ N ☐ Y
Heroin				☐ N ☐ Y
Illegally/improperly obtained prescription medications				☐ N ☐ Y
Other drugs (list drug name)				☐ N ☐ Y
				☐ N ☐ Y
				☐ N ☐ Y
				☐ N ☐ Y

Was there ever a time in your life when your drug/alcohol use was greater than your most recent rate of use? If yes, Explain	☐ No ☐ Yes
Have you ever used drugs while incarcerated?	☐ No ☐ Yes

Have you ever used drugs while on supervision (probation/parole)?	☐ No ☐ Yes
Have you ever used drugs intravenously (used needle)?	☐ No ☐ Yes
Are you currently in or have you ever participated in any substance abuse treatment program (examples: detoxification, outpatient, inpatient, 12-step meetings)? Have you ever been hospitalized due to your drug/alcohol use? If yes, Explain	☐ No ☐ Yes
After completing any substance abuse treatment, how long did you stay clean (abstinent/sober)?	
What is the longest period of time you remained clean (abstinent/sober)?	
If you relapsed, what were the reasons?	
Have you ever had any negative consequences related to your drug/alcohol use (examples: accidents, injuries, job problems, relationship problems, school problems, legal problems)? If yes, Explain	☐ No ☐ Yes
Does anyone in your family have a substance abuse problem? If yes, Explain	☐ No ☐ Yes
Do you believe you would benefit from substance abuse treatment?	☐ No ☐ Yes

Education

Do you have a high school diploma or GED? ☐ Yes ☐ No

Name of last high school attended, college, and trade schools	**Course of Study**	**Years attended or year of graduation** Please provide transcripts or diploma	**GPA**	**Reason for leaving:** **[A] graduated** **[B] expelled** **[C] incarcerated** **[D] withdrew / dropped out**

Do you have any problems reading or writing English? ☐ No ☐ Yes

Do you speak or write any other languages? ☐ No ☐ Yes
If yes, Which languages(s)?

What is your primary language?

Did you have any behavior problems in school? ☐ No ☐ Yes
If yes, Explain

Were you ever suspended from school? ☐ No ☐ Yes

Did you ever repeat any grades? ☐ No ☐ Yes

Were you ever in any special education classes or have an Individualized Education Plan (IEP)? ☐ No ☐ Yes
If yes, Explain

Did you have a learning disability? ☐ No ☐ Yes
If yes, Explain

Did you participate in any extra-curricular activities in school (example: sports, musical groups, clubs, etc)? ☐ No ☐ Yes
If Yes, Explain

Do you plan to continue your education? ☐ No ☐ Yes
If yes, Explain

Employment

It is necessary for us to establish your means of support for yourself and your dependents. Please list your jobs, sources of income, and periods of unemployment for the past 10 years. Start with your present position and work back. If you have a resume, please attach.

Company Name and Address	Start Date	End Date	Position / Type of Work	Salary / Hourly Wage	Reason for Leaving

Company Name and Address	Start Date	End Date	Position / Type of Work	Salary / Hourly Wage	Reason for Leaving

List any occupational skills, licenses, certifications, interests, and ambitions.

List any military service. Please include dates of service, branch, and type of discharge. Please provide verification.

Prior Record

Where (in what cities) have you been arrested?

Date / Year	City	Offense	Sentence

Have you ever been arrested before or since this offense? ☐ No ☐ Yes

Are you on probation or parole at the present time? ☐ No ☐ Yes

If yes, Name of Probation / Parole Officer _____ Phone Number_____

Do you have any outstanding cases, holders, or warrants pending against you? ☐ No ☐ Yes
If yes, Explain

Have you ever been to court as a juvenile? ☐ No ☐ Yes
If yes, Explain

Have you ever been to prison or served a jail sentence? ☐ No ☐ Yes
If yes, Explain

Acceptance of Responsibility Statement

In the space below, explain in your own words how you committed the offense(s) with which you are charged and why you committed the offense(s). You may wish to consult with your attorney before completing this section. Please sign and date this statement.