

CHESTER COUNTY
ADULT PROBATION & PAROLE DEPARTMENT
PRE-SENTENCE INVESTIGATION UNIT
610-344-6290

PRE-SENTENCE REPORT
QUESTIONNAIRE

NAME: _____

DATE OF BIRTH: _____

CASE NUMBER: _____

DEFENSE ATTORNEY: _____

DATE: _____

PSI INVESTIGATOR: _____

FAMILY HISTORY

1. FATHER'S NAME: _____ AGE: _____
ADDRESS: _____

OCCUPATION: _____
DECEASED YES ___ NO ___ IF YES, DATE _____
NATURE OF DEATH _____

2. MOTHER'S NAME: _____ AGE: _____
ADDRESS: _____

OCCUPATION: _____
DECEASED YES ___ NO ___ IF YES, DATE _____
NATURE OF DEATH _____

3. WERE YOUR PARENTS LEGALLY MARRIED TO EACH OTHER: YES ___ NO ___

4. HAVE YOUR PARENTS EVER BEEN DIVORCED: YES ___ NO ___
SEPARATED: YES ___ NO ___
IF YES: DATE OF DIVORCE/SEPARATION: _____
WHAT WAS THE CAUSE: _____
WHO DID YOU LIVE WITH: _____
WHO DID YOUR SIBLINGS LIVE WITH: _____
DID EITHER OF YOUR PARENTS REMARRY: YES ___ NO ___
IF YES: DATE OF REMARRIAGE: _____
NAME OF STEP-PARENT(S): _____

5. WERE YOU EVER ABUSED OR NEGLECTED AS A CHILD? YES ___ NO ___
IF YES, EXPLAIN _____

6. SIBLINGS: LIST OLDEST TO YOUNGEST:
NAME: _____ AGE _____ OCCUPATION _____
ADDRESS: _____

NAME: _____ AGE _____ OCCUPATION _____

ADDRESS: _____

NAME: _____ AGE _____ OCCUPATION _____

ADDRESS: _____

NAME: _____ AGE _____ OCCUPATION _____

ADDRESS: _____

NAME: _____ AGE _____ OCCUPATION _____

ADDRESS: _____

7. DO YOU HAVE A FAMILY HISTORY OF MENTAL ILLNESS OR SUBSTANCE ABUSE?

YES ___ NO ___ IF YES, EXPLAIN _____

MARITAL HISTORY

1. MARITAL STATUS: SINGLE _____ MARRIED _____ SEPARATED _____

COMMON LAW _____ DIVORCED _____ WIDOWED _____ ENGAGED _____

2. IF MARRIED/SEPARATED/DIVORCED/WIDOWED:

SPOUSE'S NAME (MAIDEN) _____

AGE _____ ADDRESS _____

OCCUPATION _____ INCOME _____

DATE/PLACE OF MARRIAGE _____

DATE OF SEPARATION/DIVORCE _____

REASON _____

DATE OF DEATH/ CAUSE _____

3. IF ENGAGED OR INVOLVED IN A RELATIONSHIP,

NAME OF PARTNER _____ AGE _____

HOW LONG HAVE YOU KNOWN THIS PERSON? _____

WHAT IS THE NATURE OF THIS RELATIONSHIP (ENGAGED, CASUAL, ETC.) _____

4. DO YOU HAVE ANY CHILDREN? YES _____ NO _____

LIST NAME, AGE, ADDRESS AND MOTHER/FATHER OF EACH CHILD

NAME _____ AGE ___ ADDRESS _____

MOTHER/FATHER _____

NAME _____ AGE ___ ADDRESS _____

MOTHER/FATHER _____

NAME _____ AGE ___ ADDRESS _____

MOTHER/FATHER _____

NAME _____ AGE ___ ADDRESS _____

MOTHER/FATHER _____

NAME _____ AGE ___ ADDRESS _____

MOTHER/FATHER _____

NAME _____ AGE ___ ADDRESS _____

MOTHER/FATHER _____

NAME _____ AGE ___ ADDRESS _____

MOTHER/FATHER _____

5. ARE YOU PAYING CHILD SUPPORT? YES ___ NO ___

IF YES: AMOUNT _____ HOW OFTEN _____

IS THIS COURT ORDERED? YES ___ NO ___

6. WHEN WAS THE LAST TIME YOU SAW YOUR CHILDREN? _____

7. DO ANY OF YOUR CHILDREN HAVE ANY MEDICAL, PHYSICAL OR PSYCHOLOGICAL PROBLEMS? YES _____ NO ___ IF YES, EXPLAIN _____

8. HAVE ANY OF YOUR CHILDREN BEEN INVOLVED IN THE LEGAL SYSTEM?

YES ___ NO ___ IF YES, EXPLAIN _____

9. ARE THERE ANY EXISTING PROBLEMS WITH YOUR CHILDREN OR RELATIONSHIPS AT THIS TIME? YES _____ NO _____ IF YES, EXPLAIN _____

HAS THIS OFFENSE CAUSED ANY ISSUES IN YOUR RELATIONSHIPS? YES _____ NO _____ IF YES, EXPLAIN _____

10. HAVE THERE EVER BEEN ANY INCIDENTS OF DOMESTIC VIOLENCE IN YOUR MARRIAGE AND/OR RELATIONSHIPS? YES _____ NO _____ IF YES, EXPLAIN _____

10. ARE YOU A UNITED STATES CITIZEN? YES _____ NO _____ IF NO, WHAT IS YOUR LEGAL STATUS IN THE COUNTRY (PLEASE INCLUDE A#) _____

HOME AND NEIGHBORHOOD

1. HOUSE _____ RENT _____ MORTGAGE _____ AMOUNT _____
APARTMENT _____ AMOUNT OF RENT _____

2. CURRENT ADDRESS _____

PHONE # _____ HOW LONG _____

WHO ELSE LIVES THERE _____

3. LIST ALL ADDRESSES FOR THE PAST 5 YEARS

EDUCATION

1. HIGHEST GRADE AND YEAR COMPLETED _____

2. NAME OF SCHOOL _____

3. WHAT WAS YOUR MAIN AREA OF STUDY OR DEGREE? _____

4. LIST ANY SPORTS, CLUBS, HONORS, ACHIEVEMENTS RECEIVED IN HIGH SCHOOL AND/OR COLLEGE, SPECIFY WHAT YEAR:

5. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, HAVE YOU RECEIVED YOUR GED?
 YES ___ NO___ IF YES, YEAR _____ WHERE _____
6. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, WHY? (SPECIFY: DISCIPLINARY, LEARNING DISABILITIES, ETC.) _____

7. DO YOU HAVE ANY LEARNING DISABILITIES? YES ___ NO___ IF YES, EXPLAIN:

8. DO YOU HAVE PLANS TO FURTHER YOUR EDUCATION? YES _____ NO _____
 IF YES, EXPLAIN _____
9. DO YOU BELONG TO ANY CLUBS, GROUPS, ORGANIZATIONS, GANG?
 YES _____ NO _____ IF YES, STATE NAME, LENGTH INVOLVED AND ANY POSITION HELD _____

EMPLOYMENT

1. ARE YOU PRESENTLY EMPLOYED? YES _____ NO _____
 IF YES: NAME OF EMPLOYER _____
 ADDRESS _____
 PHONE # _____ SUPERVISOR'S NAME _____
 WAGE/SALARY _____ WORK HOURS _____
 LENGTH EMPLOYED _____
 IS YOUR EMPLOYER AWARE OF THIS ARREST? YES _____ NO _____
 IF NO, WHAT HAVE YOU NOT TOLD THEM? _____

2. GIVE YOUR EMPLOYMENT HISTORY FOR THE PAST 5 YEARS:

DATE FROM _____ TO _____ EMPLOYER _____

REASON LEFT _____

DATE FROM _____ TO _____ EMPLOYER _____

REASON LEFT _____

DATE FROM _____ TO _____ EMPLOYER _____

REASON LEFT _____

DATE FROM _____ TO _____ EMPLOYER _____

REASON LEFT _____

DATE FROM _____ TO _____ EMPLOYER _____

REASON LEFT _____

3. IF NOT EMPLOYED, WHAT IS YOUR SOURCE OF INCOME:

PUBLIC ASSISTANCE _____ UNEMPLOYMENT _____

SOCIAL SECURITY _____ OTHER (SPECIFY) _____

AMOUNT _____

LENGTH OF TIME RECEIVING THIS INCOME _____

FINANCIAL CONDITION:

ASSETS:

1. DO YOU OWN A HOME(S)? YES _____ NO _____ IF YES, LIST ADDRESS AND VALUE:

_____ VALUE _____

_____ VALUE _____

2. DO YOU OWN A CAR(S)? YES _____ NO _____ IF YES, LIST YEAR, MODEL &

VALUE: _____ VALUE _____

_____ VALUE _____

3. DO YOU HAVE ANY BANK ACCOUNTS, INVESTMENTS, RETIREMENT ACCOUNTS?

YES _____ NO _____ IF YES, PLEASE LIST BANK, TYPE & AMOUNT:

| | |
|-------|--------------|
| _____ | AMOUNT _____ |
| _____ | AMOUNT _____ |
| _____ | AMOUNT _____ |
| _____ | AMOUNT _____ |

4. ARE YOU RECEIVING CHILD SUPPORT? YES _____, AMOUNT _____ NO _____

LIABILITIES:

1. DO YOU PAY CHILD SUPPORT? YES _____ NO _____ IF YES, LIST CHILDREN & AMOUNTS: _____

2. PLEASE LIST THE AMOUNTS FOR THE FOLLOWING:

| | |
|--------------------|---------------|
| RENT _____ | TO WHOM _____ |
| MORTGAGE _____ | TO WHOM _____ |
| LOANS _____ | TO WHOM _____ |
| CREDIT CARDS _____ | COMPANY _____ |
| _____ | _____ |
| _____ | _____ |
| _____ | _____ |

3. PLEASE LIST ANY OTHER EXPENSES _____

HEALTH

1. HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____

2. WHAT IS YOUR DATE OF BIRTH? _____

3. LIST ANY SCARS, MARKS, TATTOOS (DESCRIBE) AND LOCATION OF: _____

4. LIST ANY MAJOR OR UNUSUAL CHILDHOOD ILLNESSES/DISEASES/SURGERIES: _____

HAVE ANY OF THESE CREATED A PRESENT HANDICAP? SPECIFY _____

5. ARE YOU CURRENTLY SUFFERING FROM AN ILLNESS OR DISEASE? YES ___ NO ___

IF YES: LIST ILLNESS/DISEASE _____

HISTORY OF PROBLEM _____

ANY SPECIAL MEDICAL ATTENTION NECESSARY _____

PLEASE LIST ANY MEDICATIONS YOU ARE TAKING, DOSAGE AND REASON:

MEDICATION _____ DOSAGE _____

REASON _____

MEDICATION _____ DOSAGE _____

REASON _____

MEDICATION _____ DOSAGE _____

REASON _____

MEDICATION _____ DOSAGE _____

REASON _____

MEDICATION _____ DOSAGE _____

REASON _____

6. PLEASE LIST THE NAME AND ADDRESS OF TREATING/PRESCRIBING DOCTOR(S):

7. DATE OF LAST APPOINTMENT _____

PSYCHO-SOCIAL HEALTH/ALCOHOL:

1. HAVE YOU EVER CONSUMED ALCOHOL? YES _____ NO _____
2. AT WHAT AGE DID YOU FIRST DRINK ALCOHOL? _____
3. TYPE OF ALCOHOL CONSUMED _____ AMOUNT _____
FREQUENCY _____
4. DATE OF LAST USE OF ALCOHOL _____
5. HAVE YOU EVER EXPERIENCED BLACK-OUTS, DELIRIUM OR TREMORS?
YES _____ NO _____
6. DO YOU HAVE A HISTORY OF ALCOHOL ABUSE IN YOUR FAMILY? YES _____ NO _____
IF YES, EXPLAIN _____

7. DO YOU FEEL YOUR ALCOHOL USE IS A PROBLEM? YES _____ NO _____ IF YES,
EXPLAIN _____

8. DO YOU FEEL YOU NEED TREATMENT? YES _____ NO _____
11. HAVE YOU EVER BEEN EVALUATED AND/OR PLACED IN TREATMENT FOR ALCOHOL
ABUSE? YES _____ NO _____ IF YES, LIST FACILITY, DATES, & TYPE OF
DISCHARGE:
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____

PSYCHO-SOCIAL HEALTH/DRUG

1. HAVE YOU EXPERIMENTED WITH DRUGS? YES _____ NO _____
2. AT WHAT AGE DID YOU FIRST USE DRUGS? _____
3. LIST TYPE, AMOUNTS, FREQUENCY & AGE USE BEGAN :
DRUG _____ AMOUNT _____ FREQUENCY _____ AGE _____
DRUG _____ AMOUNT _____ FREQUENCY _____ AGE _____
DRUG _____ AMOUNT _____ FREQUENCY _____ AGE _____
DRUG _____ AMOUNT _____ FREQUENCY _____ AGE _____
DRUG _____ AMOUNT _____ FREQUENCY _____ AGE _____
4. DATE OF LAST USE & SUBSTANCE _____
5. HAVE YOU EVER OVERDOSED? YES _____ NO _____ IF YES, EXPLAIN _____

6. DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE IN YOUR FAMILY? YES _____ NO _____
IF YES, EXPLAIN _____

7. DO YOU FEEL YOUR DRUG USE IS A PROBLEM? YES _____ NO _____ IF YES,
EXPLAIN _____

8. DO YOU FEEL YOU NEED TREATMENT? YES _____ NO _____
12. HAVE YOU EVER BEEN EVALUATED AND/OR PLACED IN TREATMENT FOR SUBSTANCE
ABUSE? YES _____ NO _____ IF YES, LIST FACILITY, DATES, & TYPE OF
DISCHARGE:
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____

FACILITY _____ DATES _____ DISCHARGE _____
 FACILITY _____ DATES _____ DISCHARGE _____
 FACILITY _____ DATES _____ DISCHARGE _____
 FACILITY _____ DATES _____ DISCHARGE _____

PSYCHO-SOCIAL HEALTH/MENTAL

1. DO YOU HAVE A HISTORY OF OR ARE YOU CURRENTLY SUFFERING FROM MENTAL, EMOTIONAL OR PSYCHOLOGICAL PROBLEMS?

YES _____ NO _____ IF YES, LIST DATE, DIAGNOSIS & TREATING DOCTOR:

DIAGNOSIS _____ DATE _____ DR. _____
 DIAGNOSIS _____ DATE _____ DR. _____
 DIAGNOSIS _____ DATE _____ DR. _____
 DIAGNOSIS _____ DATE _____ DR. _____
 DIAGNOSIS _____ DATE _____ DR. _____

2. PLEASE LIST ANY TREATMENT YOU HAVE RECEIVED:

FACILITY _____ DATES _____ DISCHARGE _____
 FACILITY _____ DATES _____ DISCHARGE _____
 FACILITY _____ DATES _____ DISCHARGE _____
 FACILITY _____ DATES _____ DISCHARGE _____
 FACILITY _____ DATES _____ DISCHARGE _____
 FACILITY _____ DATES _____ DISCHARGE _____

3. PLEASE LIST ANY MEDICATIONS YOU HAVE TAKEN OR ARE CURRENTLY TAKING:

MEDICATION _____ DOSAGE _____
 DOCTOR _____
 MEDICATION _____ DOSAGE _____
 DOCTOR _____
 MEDICATION _____ DOSAGE _____
 DOCTOR _____
 MEDICATION _____ DOSAGE _____
 DOCTOR _____

4. HOW DO YOU VIEW YOUR MENTAL HEALTH? _____

5. DO YOU FEEL YOU CURRENTLY NEED TREATMENT OR MEDICATION? YES ___ NO ___

IF YES, EXPLAIN _____

6. DO YOU HAVE A FAMILY HISTORY OF MENTAL, EMOTIONAL OR PSYCHOLOGICAL
PROBLEMS? YES _____ NO _____ IF YES, EXPLAIN _____

RELIGION

1. WHAT IS YOUR RELIGIOUS AFFILIATION IF ANY? _____

2. DO YOU ATTEND SERVICES? YES _____ NO _____ IF YES, WHERE AND HOW OFTEN
DO YOU ATTEND _____

MILITARY SERVICE

1. HAVE YOU EVER SERVED IN THE MILITARY? YES _____ NO _____

IF YES, LIST THE FOLLOWING:

BRANCH _____ DATES _____ DISCHARGE _____

HIGHEST GRADE OR RANK _____

2. DO YOU HAVE A COPY OF YOUR DD-214? YES _____ NO _____ IF YES, PLEASE
BRING COPY TO INTERVIEW.

3. DID YOU RECEIVE ANY SPECIAL TRAINING DURING YOUR SERVICE? YES ___ NO ___
IF YES, EXPLAIN _____

CRIMINAL HISTORY

1. WERE YOU EVER ARRESTED AS A JUVENILE? YES _____ NO _____

IF YES:

AGE _____ CHARGES _____

PROBATION- YES ___ NO ___ HOW LONG _____

WHERE _____

PLACEMENT/DETENTION- YES _____ NO _____

HOW LONG? _____ WHERE _____

AGE _____ CHARGES _____

PROBATION- YES _____ NO _____ HOW LONG _____

WHERE _____

PLACEMENT/DETENTION- YES _____ NO _____

HOW LONG? _____ WHERE _____

AGE _____ CHARGES _____

PROBATION- YES _____ NO _____ HOW LONG _____

WHERE _____

PLACEMENT/DETENTION- YES _____ NO _____

HOW LONG? _____ WHERE _____

AGE _____ CHARGES _____

PROBATION- YES _____ NO _____ HOW LONG _____

WHERE _____

PLACEMENT/DETENTION- YES _____ NO _____

HOW LONG? _____ WHERE _____

AGE _____ CHARGES _____

PROBATION- YES _____ NO _____ HOW LONG _____

WHERE _____

PLACEMENT/DETENTION- YES _____ NO _____

HOW LONG? _____ WHERE _____

ADULT

1. HAVE YOU EVER BEEN ARRESTED AS AN ADULT? YES _____ NO _____

IF YES:

DATE _____ CHARGES _____

CONVICTED-YES _____ NO _____ JURISDICTION _____

SENTENCE _____

DATE _____ CHARGES _____

CONVICTED-YES _____ NO _____ JURISDICTION _____

SENTENCE _____

DATE _____ CHARGES _____

CONVICTED-YES ___ NO ___ JURISDICTION _____

SENTENCE _____

DATE _____ CHARGES _____

CONVICTED-YES ___ NO ___ JURISDICTION _____

SENTENCE _____

DATE _____ CHARGES _____

CONVICTED-YES ___ NO ___ JURISDICTION _____

SENTENCE _____

DATE _____ CHARGES _____

CONVICTED-YES ___ NO ___ JURISDICTION _____

SENTENCE _____

DATE _____ CHARGES _____

CONVICTED-YES ___ NO ___ JURISDICTION _____

SENTENCE _____

DATE _____ CHARGES _____

CONVICTED-YES ___ NO ___ JURISDICTION _____

SENTENCE _____

DATE _____ CHARGES _____

CONVICTED-YES ___ NO ___ JURISDICTION _____

SENTENCE _____

2. HAVE YOU EVER HAD YOUR PROBATION AND/OR PAROLE REVOKED? YES ___ NO ___
IF YES, PROVIDE DATE, REASON & SENTENCE _____

3. PLEASE PROVIDE THE FOLLOWING FOR ANY PERIODS OF INCARCERATION:
- INSTITUTION _____ LENGTH _____ YEAR _____
- PROGRAMS _____
- INSTITUTION _____ LENGTH _____ YEAR _____
- PROGRAMS _____
- INSTITUTION _____ LENGTH _____ YEAR _____
- PROGRAMS _____
- INSTITUTION _____ LENGTH _____ YEAR _____
- PROGRAMS _____
- INSTITUTION _____ LENGTH _____ YEAR _____
- PROGRAMS _____

4. ARE YOU CURRENTLY PENDING ANY OTHER CHARGES? YES ____ NO ____ IF YES
 EXPLAIN _____

5. ARE YOU CURRENTLY ON PROBATION OR PAROLE? YES ____ NO ____ IF YES,
 SPECIFY WHERE, WHAT CHARGES & IF A VOP IS PENDING _____

 SIGNATURE OF DEFENDANT

 DATE

 NAME OF PERSON COMPLETING FORM IF OTHER THAN DEFENDANT