

You have entered a plea or have been found guilty... Now what?

READ IMMEDIATELY

IF YOU ARE OUT OF JAIL:

1. **Immediately** after the plea hearing or finding of guilty, go to the main office of the Adult Probation Department located on the First floor of the Courthouse and inform them you need your photograph taken. (If you have already had your photograph taken by the Adult Probation Department for the present case, you may disregard this step.)
2. Take the attached presentence investigation questionnaire home with you and complete all of the requested information. If a question does not apply to you, mark the answer as "n/a" or "not applicable." **Do not** leave any of the answer blanks, blank.
3. **Return the completed questionnaire** along with verification of education, income, and any military service (i.e. diploma, pay stub, DD-214) to the Adult Probation Department **at your scheduled appointment.**
4. If you are required to report to the Adult Probation Department on a regular basis as a condition of your bond, continue to report as instructed. **Conditions of bond for all defendants will remain in effect until your final disposition date.**

IF YOU ARE IN JAIL:

1. Complete the attached questionnaire. If a question does not apply to you, mark the answer as "n/a" or "not applicable." **Do not** leave any of the answer blank, blank.
2. **Return the completed questionnaire to a sheriff's deputy as soon as possible.**

WHAT WILL HAPPEN NEXT?

The Court has ordered the Adult Probation Department to complete what is called a presentence investigation report. This report will provide the Court with information regarding your legal history, current legal situation, education, employment, family, health, and many other factors relating to your case to assist the Court in determining an appropriate disposition for your case. The Probation Officer assigned to complete your presentence investigation will use the presentence investigation questionnaire as a starting source of information.

After your plea hearing, your case will be referred to the Adult Probation Department and assigned to a specific officer. **You are responsible for maintaining contact with the Adult Probation Department and Officer assigned to your case.** An interview will most likely be required to further clarify information and guide you through the presentence process. Failure to comply with the presentence investigation will be documented for review by the Court.

Greene County Adult Probation Department
45 North Detroit Street
Xenia, Ohio 45385
Phone: (937) 562-5266
Fax: (937) 562-5288

NOTE: This questionnaire is also used to assist in Treatment in Lieu of Conviction (ILC) Reports. For defendant's applying for ILC, complete all pages except for page 2.

OFFENDER PHOTOGRAPH SLIP

Name: _____

Case No(s): _____

Date: _____

Photo Taken By: _____

To: Persons Referred to the Adult Probation Department

The Judge has referred your case to the Adult Probation Department for a presentence investigation and report. The Judge wants to know as much as he can about you and the offense (charge(s) in which you are now involved so he can make a fair and impartial judgment (sentence) in your case. **Your cooperation is both needed and expected.**

Judges of the Common Pleas Court

INSTRUCTIONS

You will find a questionnaire attached. Please fill out this questionnaire **AFTER** you read the instructions carefully.

1. Use a very sharp pencil, blue or black pen only, or a typewriter.
2. **PRINT** neatly and legibly, or type. Take your time.
3. It is very important you answer **ALL** the questions truthfully, accurately, and completely as possible.

(REMEMBER: Evasive or fraudulent statements will be taken into consideration when you appear for sentencing.)

4. You will return the completed questionnaire to the assigned Probation Officer at the appointed time or by mail, if instructed to do so.
5. Information offered by you will be verified by the Probation Officer.
6. You will have an opportunity to explain or change your answers when you are interviewed by the assigned Probation Officer.
7. Your signature must appear on **ALL** signature lines for this questionnaire to be considered completed.
8. Please sign the attached "Authorization to Release Confidential Information" forms.

Probation Officer: _____
Telephone Number: _____

Your assigned Probation Officer has scheduled an appointment for you on _____ at _____ for the purpose of reviewing and interviewing you concerning your request for community control. If for any reason you cannot keep this appointment, you must telephone the Probation Officer and explain your reason for not being able to appear and to reschedule an appointment.

Authorization for Release of Information

I hereby grant permission for release of the following information relating to my care between the parties named here. I am aware once this information is released to another party, it may no longer be protected.

Greene County Adult Probation Department
45 North Detroit Street
Xenia, Ohio 45385
Office: (937) 562-5266
Fax: (937) 562-5288 / 562-5971 / 562-5972

AND _____

This information is to be:

- Mailed Picked Up Face to Face Phone Fax
 Other (specify): Email

The purpose of this request is for:

- Continuity of Care Legal Matter Personal Other (specify): _____

Client Name

Date of Birth

Other Names Used in Treatment

SSN

Date(s) of treatment _____

This information MAY include treatment or rehabilitation for drug and/or alcohol abuse, psychiatric treatment, HIV Antibody Test (test for AIDS virus) or AIDS and related conditions, IF they did occur. I specify this release is to include:

- | | | |
|---|---|---|
| <input type="checkbox"/> Final Diagnosis | <input type="checkbox"/> Medications Prescribed | <input type="checkbox"/> AoD Treatment |
| <input type="checkbox"/> Discharge Summary | <input type="checkbox"/> Radiological Reports | <input type="checkbox"/> Mental Health Assessment |
| <input type="checkbox"/> History | <input type="checkbox"/> Operative Reports | <input type="checkbox"/> Mental Health Treatment |
| <input type="checkbox"/> Physical Examination | <input type="checkbox"/> Pathology Reports | <input type="checkbox"/> Psychological Assessment |
| <input type="checkbox"/> Consultation | <input type="checkbox"/> Physician Orders | <input type="checkbox"/> AoD Assessment |
| <input type="checkbox"/> Emergency Room Treatment | <input type="checkbox"/> Laboratory Reports | |
| <input type="checkbox"/> Other (specify): _____ | | |

This information has been disclosed to you from records protected by federal confidentiality rules. The federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. The federal rules restrict any use of information to criminally investigate or prosecute any alcohol or drug abuse client. I understand this authorization may be revoked at any time in writing, except to the extent that the program or person who is to make the disclosure has already acted in reliance on it. This authorization will remain in effect for 180 days after I sign and date the form below or until _____. I understand I may revoke my authorization at any time and for any reason. I understand I can lengthen or shorten the authorization period by date, event or condition.

Signature / Client

Date

Signature Parent / Guardian (if applicable)

Date

Witness

Date

Extended date from: _____ to: _____

Signature: _____ Date: _____

I, _____, hereby revoke my consent for the release of information. I understand further release of this information shall cease immediately.

Signature

Date

Witness

Date

FINANCIAL DAMAGES

List in detail what damage, financial loss, or injury you caused by participating in this offense.

What are your plans for making restitution (repaying) for the damage, financial loss, or injury caused?

Would you rate your current financial situation as: Good Poor

Signature: _____

Date: _____

REHABILITATION

If the Court (the Judge) would decide to give you an opportunity of community control, what would your plan for rehabilitation be?

What "barriers" might you face, when attempting to complete community control successfully?

FAMILY DATA:

List names of parents, stepparents, brothers and sisters, half-brothers and half-sisters

Name: _____ Relationship: _____ Age: _____

Present Address: _____

Occupation and / or School status: _____

Name: _____ Relationship: _____ Age: _____

Present Address: _____

Occupation and / or School status: _____

Name: _____ Relationship: _____ Age: _____

Present Address: _____

Occupation and / or School status: _____

Name: _____ Relationship: _____ Age: _____

Present Address: _____

Occupation and / or School status: _____

(If additional space is needed, copy and attach to this questionnaire)

Do either of your parents have a criminal record? Yes No

Has any member of your family been arrested? Yes No

If yes, please give details: _____

Briefly describe your relationship with your family members: _____

Describe any problems you may have now, or had in the past with your family: _____

Describe what you believe is your family's attitude towards you and your present situation: _____

Does your family provide emotional and personal support: Strong Support
 None or Weak Support

Are you satisfied with the current level of support from your family: Very Satisfied
 Not Satisfied

HOME AND NEIGHBORHOOD DATA:

Present Address: _____

Describe the type of dwelling (apartment, brick, ranch, duplex) and number of rooms: _____

Do you own or rent this structure? What are your monthly payments: \$ _____

List the name, age, and relationship of all the people you live with

| Name | Age | Relationship |
|-------|-------|--------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |
| _____ | _____ | _____ |

Briefly describe any problem you may have at home or with the structure: _____

How long have you lived at your present address: _____
Weeks Months Years

Is your residential status stable: Stable – Lived at current residence for past six months
 Not Stable – **Not** lived at the same address for past six months

Do you live in a high crime area: Yes
 No

Are drugs readily available in your neighborhood: No – Generally not available
 Yes – Somewhat available
 Yes – Easily available

List all previous addresses where you have lived over the past three years (street number, street name, apartment / suite, city, state, and zip code):

| Address | Apartment | City | State | Zip Code |
|---------|-----------|-------|-------|----------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |

If you are granted community control, do you plan to continue living at your present address:
 Yes No

If no, what are your plans regarding your living situation: _____

EDUCATIONAL DATA:

What is the highest level of education you have completed: High school graduate or higher

Less than high school or GED

What is the highest grade you completed: _____

At what age did you leave, quit, or graduate school: _____

If you quit or were expelled from school, give what you believe to be the reason(s): _____

Were you ever suspended or expelled from school: Yes No

If yes, explain: _____

List all schools you attended (include the name, address, dates or grades attended):

| Name and Location of School | Dates Attended | Area of Study |
|-----------------------------|----------------|---------------|
| | | |
| | | |
| | | |
| | | |
| | | |

List all other education training you have received: _____

List all activities (i.e. sports or clubs) you took an active part in while a student: _____

While in school, did you have any problems with fellow students or teachers (Describe): _____

Do you have any future plans to continue to improve your educational career: _____

EMPLOYMENT DATA

Were you employed at the time of your arrest: Yes No

Are you currently employed: Yes – Full-time, Disabled, or Retired
 No – Not Employed or Employed Part-time

Current Employer: _____

Address: _____

Business Phone: _____ Exact Job Title: _____

Who is your immediate supervisor: _____

Dates of Employment: From: _____ To: _____

Salary or Earnings: Starting: \$ _____ Per _____

Final: \$ _____ Per _____

Description of Work: _____

Could it hurt your job if they were contacted: Yes No

If yes, give reason(s): _____

List all of your employment / work experiences for the past ten (10) years
(If you need additional space, copy and attach to this questionnaire):

Employer: _____

Address: _____

Business Phone: _____ Exact Job Title: _____

Dates of Employment: From: _____ To: _____

Salary or Earnings: Final: \$ _____ Per _____

Description of Work: _____

Reason for Leaving: _____

Employer: _____

Address: _____

Business Phone: _____ Exact Job Title: _____

Dates of Employment: From: _____ To: _____

Salary or Earnings: Final: \$ _____ Per _____

Description of Work: _____

Reason for Leaving: _____

Have you ever been discharged from a position or asked to resign under the threat of discharge? (If yes, explain.) Yes No

If you are not working, what is your present source of income (i.e. – unemployment benefit, welfare, etc.). Give complete details including amount, and the name and address of the agency providing your income:

What are your plans for the future regarding your employment: _____

INTERESTS AND LEISURE TIME ACTIVITY DATA

Do you belong to any social or fraternal organizations: Yes No

If so, please list: _____

Do you take an active part in any organized leisure type of activity (baseball, softball, etc.):

Yes No

If so, please list: _____

Do you have any hobbies: Yes No

If so, list in order of importance to you: _____

Through your activities, have you received any special award or recognitions (trophies, cash prizes, etc.):

Yes No

If so, please list: _____

Do you feel you use your leisure time wisely: Yes No

If no, please describe: _____

Have your leisure time activities caused you any problems: Yes No

If yes, please describe: _____

Could you make better use of your free time: No – Most of my time is structured

Yes – Lots of free time

Where do you spend most of your leisure time (i.e. – home, away from home): _____

What is your family's (wife, husband, mother, and father) attitude towards your leisure time: _____

MARITAL HISTORY DATA:
(Present and previous marriages, including common law)

Present:

Name of husband or wife (include wife's maiden name): _____

How old was your husband / wife when marriage took place: _____

Place and date of marriage (city and state): _____

Number of children: _____ (List full names, ages, address, and date of birth)

| | Name | Age | Address | Date of Birth | Conceived With |
|----|-------|-------|---------|---------------|----------------|
| 1. | _____ | _____ | _____ | _____ | _____ |
| 2. | _____ | _____ | _____ | _____ | _____ |
| 3. | _____ | _____ | _____ | _____ | _____ |
| 4. | _____ | _____ | _____ | _____ | _____ |

Do your children have any physical, mental, or emotional problems or have they been involved in any type of criminal behavior: Yes No

Are you currently satisfied with your current marital or equivalent status: Yes No

What is your husband or wife's attitude towards your present situation: _____

Are you presently separated or planning divorce? Yes No

If so, give details: _____

Previous (if married before, complete the following):

Name of former husband / wife (include address[es] if known): _____

Last date and location of divorce and state the grounds for divorce: _____

Are you under any Court order or agreement to pay child support or alimony: Yes No

If so, list Court or agreements: _____

PRESENT HEALTH DATA

Physical:

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

Describe any physical problem(s) you have: _____

Have you been under a doctor's care within the last year: Yes No

If yes, list the name, address, and telephone number of your doctor(s): _____

Have you been hospitalized during the last year? Yes No

If yes, list name, address (including street, number, city, as well as the attending physician): _____

Do you believe you should currently be under a doctor's care: Yes No

If yes, list what you believe to be your ailment: _____

List any physical handicap(s): _____

Are you currently taking any medications prescribed by a doctor: Yes No

If yes, what medications: _____

Mental:

Describe any diagnosed mental problem: _____

Have you ever been under a doctor's care for a mental problem: Yes No

If yes, list the name, address, and telephone number of your doctor(s): _____

Have you ever been hospitalized for a mental problem: Yes No

If yes, list name, address (including street, number, city, as well as the attending physician): _____

Have you ever thought about or attempted suicide: Yes No

Plan: _____

Do you feel you need help with your mental health at this time: Yes No

Do you believe you should be under a doctor's care for possible mental problems: Yes No

If yes, please list details: _____

Do you feel your physical or mental problem caused your present situation: Yes No

DRUG / ALCOHOL HISTORY

Did you have a problem with the use of drugs: Yes No
 Did you have a problem with the use of alcohol: Yes No
 Have you ever used illegal drugs or any prescription medications not prescribed to you: Yes No
 Has your drug/alcohol usage caused problems with your employment: Yes No
 Has your drug/alcohol caused legal problems: None 1 time 2 or more times

What is/are your drug(s) of choice:

- | | | |
|--------------------------------------|--|--|
| <input type="checkbox"/> Beer | <input type="checkbox"/> Marijuana (joints, pipes or blunts) | <input type="checkbox"/> Valium |
| <input type="checkbox"/> Wine | <input type="checkbox"/> Cocaine (powder) | <input type="checkbox"/> Librium |
| <input type="checkbox"/> Hard Liquor | <input type="checkbox"/> Crack Cocaine | <input type="checkbox"/> Ludes |
| | <input type="checkbox"/> Primos (pot and crack) | <input type="checkbox"/> Sopors |
| | <input type="checkbox"/> Heroin (heron or speedball, heroin or crack) | <input type="checkbox"/> Somas |
| | <input type="checkbox"/> Anything by injection | <input type="checkbox"/> Mushrooms |
| | <input type="checkbox"/> Percocet, Vicodin, Darvocet, Oxycotin, Morphine | <input type="checkbox"/> Speed (or other amphetamines) |
| | <input type="checkbox"/> Spice / K2 | <input type="checkbox"/> Ritalin, Adderal |
| | <input type="checkbox"/> Salvia | <input type="checkbox"/> Acid (LSD) |
| | <input type="checkbox"/> Nutmeg | <input type="checkbox"/> Whippets, Ecstasy, K |
| | <input type="checkbox"/> Huffing Paint / Glue / Solvent | |
| | <input type="checkbox"/> Benzodiazepines (Xanax, Klonopin, Ativan) | |

List all of the drugs you have taken within the last year: _____

At what age did you first begin regularly using drugs: 17 or older Under 17
 At what age did you first begin regularly using alcohol: 17 or older Under 17

What is the longest period of abstinence from drugs: 6 months or longer
 Less than 6 months

What is the longest period of abstinence from alcohol: 6 months or longer
 Less than 6 months

Have you ever felt anyone in your family had a problem with alcohol or drugs: Yes No
 Father Mother Brother(s) Sister(s) Grandparent(s) Significant Other

Have your friends or family expressed concern about your drinking or drug usage: Yes No

Have you ever been to counseling or treatment before for your substance abuse problems:
 Inpatient Aftercare Detox 3-day DIP IOP OP

ATTITUDE / BEHAVIORAL

- Do you have a sense of pride towards criminal behavior:
- No pride in criminal behavior
 - Some pride
 - A lot of pride
- Do you express concern about others:
- Concerned about others
 - Limited concern
 - No real concern for others
- Do you have a lack of control over the events in your life:
- Control events
 - Sometimes lack control
 - Generally lack control
- Do you see any problem with telling lies:
- Yes
 - No
- Do you regularly take risks:
- Rarely takes risks
 - Sometimes takes risks
 - Generally takes risks
- If confronted, do you walk away from a fight:
- Yes
 - Sometimes
 - Rarely
- Do you believe in "Do Unto Others Before They Do Unto You":
- Disagree
 - Sometimes
 - Agree

RELIGIOUS DATA

Do you have a religious preference: Yes No

If yes, please list: _____

Name and address of the church/synagogue you attend: _____

Name of pastor: _____

Briefly describe your activity or participation in church activities: _____

List the names and address of any person(s) involved with your church who you would like to list as a reference: _____

MILITARY DATA

Branch of Service: _____

Duty Station: _____

Service Number: _____ Date of Entry: _____ Date of Discharge: _____

Highest Rank Held: _____ Rank at Separation: _____

Type of Discharge: _____

Decorations and Awards: _____

Campaigns, previous enlistments, overseas duties, court martial, etc: _____

VA Claim Number: _____

If not in the military, and are a male over the age of eighteen, have you registered with Selective Service:

Yes No (if no, please list details): _____

REFERENCES
(Either business or social may be used)

Name: _____ Relationship: _____
Address: _____ Profession: _____
_____ Phone Number: _____

Name: _____ Relationship: _____
Address: _____ Profession: _____
_____ Phone Number: _____

Name: _____ Relationship: _____
Address: _____ Profession: _____
_____ Phone Number: _____

I DO HEREBY STATE ALL OF THE INFORMATION OFFERED IN THIS QUESTIONNAIRE IS TRUE TO THE BEST OF MY KNOWLEDGE.

Signed: _____
Date: _____