

BOONE COUNTY PROBATION DEPARTMENT
PRESENTENCE INVESTIGATION INFORMATION PACKET
COMMUNITY CORRECTIONS PRESCREEN
ALCOHOL & DRUG INTAKE ASSESSMENT PACKET

Please fill out the following outline completely and honestly.

PERSONAL DATA:

Full Name _____ Age _____ Date of Birth _____

Address _____ Place of Birth _____

City _____ State _____ Zip _____

Phone Number _____ Cell Phone _____

Email Address _____

Social Security Number: _____

Race: _____ Hispanic: _____ Non-Hispanic: _____

Gender _____ Height _____ Weight _____ Hair Color _____ Eye Color _____

Tattoos, Scars, Identifying Marks _____

US Citizen: Yes _____ No _____ Alien Status: _____

Driver's License NO: _____ State of Issue _____ Expires _____

Status: Valid _____ Suspended _____ Revoked _____

Vehicle Description _____ Make _____ Model _____

Year: _____ License Plate # _____

Contact Persons

1. Name _____ Relation _____

Address _____

Phone _____

2. Name _____ Relation _____

Address _____

Phone _____

IMMEDIATE OFFENSE

Criminal Charge _____.

_____.

Date of Offense _____ Date of Arrest _____.

Arresting Agency _____.

Days in Jail _____ Attorney _____.

Sentencing Date _____ Blood Alcohol Content _____.

VERSION OF THE OFFENSE

Location of the Offense _____.

Co-Defendants _____.

(Check one) Plea Agreement _____ Court Trial _____ Jury Trial _____.

Explain your version of the offense: _____.

_____.

_____.

_____.

_____.

_____.

_____.

_____.

_____.

_____.

PRIOR RECORD

Age at first conviction: _____ Ever in IBS/IGS? _____

Previous Felony in Indiana? _____ Out of State? _____.

Out of State Arrests: _____.

Ever charged with Battery or other violent offense? _____.

Ever charged with Escape or Juvenile Runaway? _____.

Ever had a jail or prison write-up for discipline? _____.

Ever had a felony reduced to misdemeanor at sentencing? _____.

Were you on probation at the time of your arrest for the present offense? _____ Parole? _____.

Previously on Probation? _____ Parole? _____ Any Violations? _____.

Is your driver's license currently suspended? _____ Previous Suspensions? _____.

Ever been a member of a juvenile or adult gang? _____ Name of Gang: _____.

Any relatives or close friends currently serving time in IDOC? _____.

Have any of your close friends been involved in criminal behavior? _____

For any questions that were answered with a "yes", be sure to provide any available details below:

Juvenile

1) Charge_____.

Date_____ County_____ State_____.

Disposition (sentenced to)_____.

Any violations?_____.

2) Charge_____.

Date_____ County_____ State_____.

Disposition (sentenced to)_____.

Any violations?_____.

3) Charge_____.

Date_____ County_____ State_____.

Disposition (sentenced to)_____.

Any violations?_____.

ADULT

1) Charge_____.

Date_____ County_____ State_____.

Disposition (sentenced to)_____.

Any violations?_____.

2) Charge_____.

Date_____ County_____ State_____.

Disposition (sentenced to)_____.

Any violations?_____.

3) Charge_____.

Date_____ County_____ State_____.

Disposition (sentenced to)_____.

Any violations?_____.

Do you currently have any other charges pending? YES _____ NO _____.

If yes, where? _____ please explain:_____.

Are you currently on probation? YES _____ NO _____.

If yes, where?_____.

Who is your probation officer?_____.

TRAFFIC RECORD:

Date_____ Violation_____.

_____.

_____.

How many accidents have you had in the last two years?_____.

Was alcohol involved in any accident? YES _____ NO_____.

FAMILY HISTORY:

Father's Name: _____ Phone number: _____.

Address: _____ Age: _____.

City: _____ State: _____ Zip: _____.

Employer: _____ Occupation: _____.

Mother's Name: _____ Phone number _____.

Address: _____ Age: _____.

City: _____ State: _____ Zip: _____.

Employer: _____ Occupation: _____.

Are your parents still married? _____ If not, when did they divorce?_____.

Number of persons in home while you were a child_____.

Was Welfare/Protective Services intervention ever necessary?_____.

Other childhood problems?_____.

Age when you left home:_____ Reason for leaving home:_____.

Have either of your parents ever been arrested? _____ If yes, which one? _____

Do either of your parents have a substance abuse problem? _____ If yes, which one? _____

Step-Father's Name _____ Phone number _____.

Address _____ Age _____.

City _____ State _____ Zip _____.

Employer _____ Occupation _____.

Step-Mother's Name _____ Phone number _____.

Address _____ Age _____.

City _____ State _____ Zip _____.

Employer _____ Occupation _____.

Names of Brothers/Sisters: _____ Age _____ Address _____

Br/Sis _____.

Br/Sis _____.

Br/Sis _____.

Br/Sis _____.

Br/Sis _____.

Describe your family relationship: _____.

_____.

_____.

Have any of your siblings been arrested? _____ if yes, which one (s)? _____

Do any of your siblings have a substance abuse problem? _____ if yes, which one(s)? _____

MARITAL HISTORY

____ Single ____ Married ____ Separated ____ Divorced ____ Living together ____ Widow(er)

Name of Husband/Wife/Partner _____ Age _____.

Address _____ Date of Marriage _____.

Computers: _____ How many? _____ Internet? _____

Pets in Home: _____ How Many? _____

Spouse's Employer _____.

Spouse's Employer's Phone No. _____.

List names and dates of prior marriages _____.

_____.

_____.

Has any of the following contributed to marital problems: alcohol or drug abuse, sexual abuse, physical abuse, emotional abuse or child abuse. Give details: _____.

_____.

_____.

Names of Children	Age	Address	Supported By
_____.			
_____.			
_____.			
_____.			
_____.			
_____.			

Do you pay child support? _____ Is it current? _____.

Do you or your spouse receive child support? _____ Is it current? _____.

HOME AND COMMUNITY (List all your residences in the last 5 years beginning with current home:

Address	Date Resided	Type of Residence
_____.		
_____.		
_____.		
_____.		
_____.		
_____.		

Name(s) and relationship(s) of person(s) currently residing with:_____.

_____.

_____.

_____.

Community Organizations you belong to:_____.

_____.

EDUCATIONAL HISTORY (List all schools attended beginning with most recent):

School	Address	Highest Grade
_____.		
_____.		
_____.		
_____.		

Last grade completed : _____ Date of Graduation:_____.

Ever Suspended from school? _____ Expelled?_____.

Reason?_____.

Did you participate in any special education classes?_____.

If dropped out of school, give reason and date_____.

GED Completion Date_____ Where?_____.

Do you have any educational goals?_____.

EMPLOYMENT HISTORY (for past ten years beginning with present employer):

Present Employer _____ Telephone _____.

Address _____.

Supervisor _____ Duties _____.

Date Employed _____ Salary _____.

Full-time or part-time _____.

Work Hours _____ to _____ Do you have health insurance? Yes No

Previous Employer _____ Telephone _____.

Address _____.

Supervisor _____ Duties _____.

Dates Employed _____ Reason for Leaving _____.

Previous Employer _____ Telephone _____.

Address _____.

Supervisor _____ Duties _____.

Dates Employed _____ Reason for Leaving _____.

List any significant period of unemployment and reason: _____.

_____.

_____.

List Job goals or future employment goals: _____.

_____.

_____.

FINANCIAL STATUS INFORMATION

Own Property? _____ Value\$ _____ Balance owed\$ _____.

Location Address: _____.

PER MONTH

Payment of property Mortgage \$ _____

Rent \$ _____

Average Utility Expense:

Gas _____ Electric _____ Water _____
Phone _____ Cable TV _____ Total Utilities \$ _____

Cell Phone _____ Internet _____
Insurance _____ Cigarettes _____ Food \$ _____

Medical Exp \$ _____

Child Support \$ _____ week/month

Credit Card total Debt \$ _____ Monthly Pymt \$ _____

Vehicle Make and Year _____ Car Payment \$ _____

Value\$ _____ Loan Balance\$ _____

2nd Vehicle Make and Year _____ Car Payment \$ _____

Value\$ _____ Loan Balance \$ _____

Other Payments or Expenses _____ \$ _____

Total Expenses \$ _____

Income You \$ _____

Spouse \$ _____

Public Assistance: SSI\$ _____ AFDC\$ _____

WIC\$ _____ Food Stamps \$ _____ Gov't housing\$ _____

Other _____

Total Income \$ _____

Savings/Investment worth \$ _____

Checking account balance \$ _____

If you have no income, what is your current source of support? _____

Total Income reported last year? _____

RELIGIOUS AFFILIATION

What is your religious or spiritual affiliation? (i.e. Christian, Moslem, Native American,

Jewish): _____

Name of church last attended _____

Frequency of attendance _____

Did you attend church services as a child? _____

Were you actively religious prior to your arrest? _____

What significance has religion had in your life? _____

INTERESTS AND LEISURE ACTIVITIES

List any hobbies, special interests or membership in clubs and other organizations _____

What do you enjoy doing in your leisure time? _____

MILITARY HISTORY

Branch of Service _____ Highest Rank Attained _____

Date Enlisted _____ Date Discharged _____

Type of Discharge _____

Check if you received any: _____ AWOL _____ Article 15 _____ Court Martial

Explain any disciplinary action: _____

HEALTH CONDITION

Present Physical Condition: _____
.

List dates and reasons for hospitalizations: _____
_____.

List any serious illnesses or injuries: _____
_____.

List current medications: _____.

What condition(s) are these medications treating? _____

Have you ever been diagnosed with a mental health disorder? _____

How old were you when diagnosed? _____

Who diagnosed this disorder? _____

List any psychological treatment/counseling received and dates of service: _____
_____.

Were you ever prescribed medications for your mental health disorder? _____

What medications were you prescribed? _____

If not currently taking, date of last use. _____

Have you wished you were dead or wished you could go to sleep and not wake up?

_____ Yes _____ No

Have you had any thoughts about killing yourself? _____ Yes _____ No

Have you done anything, started to do anything, or prepared to do anything to end your life?

_____ Yes _____ No Explain: _____

_____.

ALCOHOL USE

Age of first use ? _____ Date of last use _____

Number of arrests while drinking ? _____.

How often do you drink in a typical week ? _____

How many drinks do you usually have on one occasion? _____

Type of Alcohol _____ (beer, wine, mixed drinks, etc.)

Have you ever been a daily drinker? _____ How long ? _____

Check if you have experienced any of the following:

____ Suffer loss of memory while or after drinking?

____ Had an injury or accident while drinking?

____ Withdraw symptoms (shaking, sweating, craving, morning drinking)

____ Drink alone?

____ Lose time from work due to drinking?

____ Had someone complain about your drinking?

Indicate any treatment (including AA) which you have received for your alcohol use, locations and dates of treatment. _____.

_____.

_____.

What members of your family have had or currently have alcohol problems? (arrests, daily drinking, etc.)

Name

Relationship

_____.

_____.

DRUG USE Indicate first use, frequency, level, how used, and date last used of following drugs:

Substance	Age First Use	Frequency	Average Amount Used	How Used	Date Last Used
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MARIJUANA _____.

OPIATES _____.

STIMULANTS _____.
Meth, Cocaine

INHALENTS _____.

DEPRESSANTS _____.

BENZODIAZEPINES _____.
Xanax, Valium , Ativan , Klonopin

HALLUCINOGENS _____.
.LSD Bath Salts, Mushrooms, Ecstasy, etc.

PRESCRIBED DRUGS _____.
Those used, but **not prescribed to you.**

SPICE _____.

OTHER DESIGNER DRUGS NOT LISTED

Have you ever injected drugs? _____ Yes _____ No
Have you ever overdosed? _____ Yes _____ No

What is your drug of choice? _____

Any family members have had or currently have drug problems?

Name	Relationship
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_____.

_____.

What is your Families' attitude toward alcohol and drug use? _____

_____.

Indicate any treatment you have received for your drug use: _____.

_____.

What is your attitude toward your drinking and/or drug use and attitude toward positive change?

_____.

By typing your name on the line below, you are acknowledging the above information is accurate and that you are signing the document electronically.

Date

Signature

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