

The Court of Common Pleas
ADULT COURT SERVICES DEPARTMENT
LICKING COUNTY COURT HOUSE
Newark, Ohio 43055

PHONE: 740-670-5730

FAX: 740-670-5885

PRESENTENCE INVESTIGATION (PSI) QUESTIONNAIRE

You have been referred to the Probation Department for the purposes of conducting a Presentence Investigation. It is very important for the Court to have relevant, accurate, and appropriate information about you.

Please answer all of the questions. If you are not sure about a question, ask the probation officer for clarification when you are interviewed. It is very important that you be **totally honest** in your answers. *Failure to do so will adversely affect the outcome of your case and may result in an additional criminal charge.*

When you come to the office for the interview, please bring the following items with you:

- Picture Identification (Driver's License or State I.D. Card)
- High School Diploma, GED certificate, or Vocational Certificates
- Military Discharge papers (DD214)
- Last two (2) pay stubs (if employed)
- Verification of other source of income; i.e., disability, unemployment, or child support.
- Important physical health or mental health records and treatment discharge summaries.

Appointment Date

Time

Probation Officer's name

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RELEASE OF INFORMATION

(Please Print)

I, _____, SSN: _____, DOB: _____,

hereby grant permission to, and expressly authorize, the Licking County Adult Court Services Department, and any of its' agents, to secure, from any source it deems necessary, information and/or documents in order to complete a presentence investigation.

These sources include, but are not limited to, physicians, hospitals, substance abuse and mental health treatment providers, military and postal authorities, financial institutions, employers, schools, and government agencies such as any appropriate juvenile court, the Social Security Administration, Job & Family Services, Veterans Administration, and the Child Support Enforcement Agency.

This form also authorizes the inspection of any expunged or sealed juvenile records (per R.C. Section 2151.358(E)), and any expunged or sealed adult records (R.C. Sections 2953.32 and 2953.52).

I understand that I must submit to any and all requests from the Adult Court Services Department for urinalysis and/or breath tests for the purpose of detecting drug and/or alcohol use.

I also understand that this release expires and is no longer valid ninety days from the date of my signature. Further, I hereby expressly release from any and all liability those above-described persons, agencies, and/or government authorities who may release information to the Licking County Adult Court Services Department in this matter.

Defendant's signature

Date

Probation Officer

Date

JUVENILE CRIMINAL HISTORY

Please give details regarding any involvement you have had with the criminal justice system before the age of 18, including traffic citations, arrests, convictions, and expunged records.

(Please include the year and in what county/state the offense was committed)

1. Misdemeanor Felony Offense _____

Details _____

Probation Officer's name _____

2. Misdemeanor Felony Offense _____

Details _____

Probation Officer's name _____

3. Misdemeanor Felony Offense _____

Details _____

Probation Officer's name _____

4. Misdemeanor Felony Offense _____

Details _____

Probation Officer's name _____

ADULT CRIMINAL HISTORY

Please answer all questions and give details regarding any involvement you have had with the criminal justice system since turning 18 years old, including traffic citations, arrests, convictions, and expunged records.

(Please include the year and in what county/state the offense was committed)

1. Misdemeanor Felony Offense _____

Details _____

Probation Officer's name _____

2. Misdemeanor Felony Offense _____

Details _____

Probation Officer's name _____

3. Misdemeanor Felony Offense _____

Details _____

Probation Officer's name _____

4. Misdemeanor Felony Offense _____

Details _____

Probation Officer's name _____

5. Misdemeanor Felony Offense _____

Details _____

Probation Officer's name _____

PERSONAL INFORMATION

Name

Maiden Name

Alias/Nickname/Other name you have used

Street Address/Apt #

City/State

Zip

County

Home Phone

Cell Phone

Email address

How long have you lived at this address? _____

Who lives with you at this address? _____

Is there a lot of crime in your neighborhood? Yes No

Directions from Probation Department to your residence: _____

Date of Birth _____ Age _____ Place of Birth _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Social Security Number _____ Race _____ Sex _____

Marital status Married Divorced Single Separated Widow Living as Married

List all identifying marks, scars or tattoos _____

MILITARY

Have you ever served in the Military? Yes No If yes, which branch? Army Navy

Marines Air Force Reserves What was the highest rank attained? _____

Dates of Service _____ What type of discharge did you receive? Honorable

Dishonorable Other than Honorable Medical

Disciplinary Action? Yes No Court Martial? Yes No

Interviewer's notes _____

FAMILY

Father Biological Adopted Step

Mother Biological Adopted Step

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Employer

Employer

Step-mother

Step-father

Describe your relationship with your parents _____

How do your parents feel about the offense you committed? _____

Are they supportive of you when you are in trouble or have problems? Yes No

Has any person in your family ever been arrested? If yes, explain _____

Were you raised in Licking County? Yes No If yes, by whom? _____

If not, where were you raised? _____

If it is necessary for us to contact your parents, what is the best time to do so? _____

Interviewer's notes _____

MARITAL / CHILDREN / DEPENDENTS

Name of current spouse or significant other _____ Age _____

Address _____ City/State/Zip _____ County _____

Employer _____ Length of Relationship or Date of marriage _____

Is your spouse/significant other supportive? Yes No
Does he/she have a criminal record? Yes No

Children or Dependents (List all your children even if they do not live with you)

Name	Age	Relationship (Son, daughter, step)	With whom do they live
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you have a good relationship with your children? Yes No
Do you have custody of your children? Yes No If no, why? _____

Previous Marriages

Ex-spouse's Name	Date of Marriage	Date of Divorce/Separation
_____	_____	_____
Ex-spouse's Name	Date of Marriage	Date of Divorce/Separation
_____	_____	_____

Has anyone above ever been arrested? Yes No If yes, details _____

Are you Court ordered to pay child support? Yes No If yes, how much per month? \$_____
Arrearage amount \$_____ Do you receive child support? Yes No If yes, how much
do you receive per month? \$_____

FRIENDS AND COMPANIONS

Do you have a lot of friends? Yes No Are you a loner? Yes No
Are your friends supportive? Yes No Sometimes
Have your friends ever been arrested? Yes No Some have
Do your friends use drugs and alcohol? Yes No Some do

EDUCATION

Name and address of last high school attended _____

Did you graduate from high school? Yes No If yes, what year did you graduate? _____

If no, last grade completed? _____ Do you have a GED? Yes No

Describe your overall grades in school. Above average Average Below average

Were you ever identified as having any of the following?

Learning Disability (LD) Yes No

Developmental Handicapped (DH) Yes No

Attention Deficit Hyperactivity Disorder (ADHD) Yes No

Severe Behaviorally Handicapped (SBH) Yes No

Do you have any problem reading/writing the English language? Yes No

While in school, were you a Special Education Student (SPED)? Yes No

Were you ever suspended or expelled from school? Yes No

Do you have any vocational training? Yes No If yes, explain _____

Did you attend college? Yes No If yes, did you receive a degree? Yes No

College name _____ Major _____

Interviewer's notes _____

EMPLOYMENT

Check one: Full-time Part-time Unemployed Homemaker Disabled Student

Current Employer _____ Supervisor _____

Address _____ Phone _____

Job Title _____ Part Time Full Time

Hourly wage _____ Date Began _____

Does employer know about this offense? Yes No Hours worked per week? _____

How many months have you worked out of the last 12 months? 0-4 5-7 7-12

Do you like your boss? Yes No

Previous employer _____

Job Title _____ Part Time Full Time

From _____ To _____ Reason left _____

Previous employer _____

Job Title _____ Part Time Full Tim

From _____ To _____ Reason left _____

Previous employer _____

Job Title _____ Part Time Full Time

From _____ To _____ Reason left _____

Have you ever been fired? Yes No If yes, why _____

If you are disabled or collect medical disability, please explain _____

Do you have a history of being late for work? Yes No

Do you find excuses not to go to work? Yes No

Do you have a valid Driver's License? Yes No

Interviewer's notes _____

FINANCIAL

MONTHLY INCOME (Check all that apply)

- Employment \$ _____ Unemployment \$ _____
- Worker's Comp \$ _____ Pension \$ _____
- Social Security \$ _____ Disability \$ _____
- Food Stamps \$ _____ OWF \$ _____

Do you receive a medical card? Yes No

Your total monthly income \$ _____ Spouse's total monthly income \$ _____

MONTHLY EXPENSES (Check all that apply; include amount paid each month)

- Rent/Mortgage \$ _____ Food \$ _____
- Electric \$ _____ Gas/Fuel Oil for heat \$ _____
- Telephone/cell \$ _____ Cable/Dish \$ _____
- Water/Sewer \$ _____ Trash \$ _____
- Credit Cards \$ _____ Loans \$ _____
- Back taxes \$ _____ Child Support \$ _____
- Child Care \$ _____ Transportation \$ _____
- Insurance (life, car) \$ _____ Medical/Dental \$ _____
- School Expenses \$ _____ Miscellaneous \$ _____

Total monthly expenses \$ _____

TYPE OF ASSETS (Check all that apply; include the value of property)

- Home/Property value \$ _____ Motor Vehicle value \$ _____
- Other valuable property \$ _____ Cash on hand \$ _____
- Checking Account balance \$ _____ Savings Account balance \$ _____

Total Value of Assets \$ _____

Are you worried about sufficient income to meet basic needs (housing, food)? Yes No

Has personal bankruptcy been advised, suggested, or occurred? Yes No

Have your wages been threatened with garnishment? Yes No

PHYSICAL HEALTH

Your current physical health is: Excellent Good Fair Poor

Are you under treatment or supervision for any chronic medical condition or disability?
(Diabetes, High Blood Pressure, etc.) Yes No If yes, please explain _____

Do you have hepatitis? Yes No

Do you have tuberculosis? Yes No

Are you HIV positive? Yes No

Do you have AIDS? Yes No

If no to all above, have you ever been tested for any communicable disease? Yes No

(If yes to any of these questions, please discuss with your probation officer).

Have you ever been hospitalized? Yes No Details _____

Are you currently on medications? Yes No **(Do not include mental health medications)**

List medications and reasons for taking them _____

Personal physician _____ Phone _____

Address _____

Last visit _____

Interviewer's notes _____

ALCOHOL AND SUBSTANCE ABUSE HISTORY

Do you feel you have an alcohol problem? Yes No _____

At what age did you first consume alcohol? _____

When was your last use of alcohol? _____

How much alcohol did you consume the last time you used? _____

How often do you consume? Daily Weekly Bi-weekly Monthly Special Occasion

Do you feel that you have a drug problem? Yes No If yes, what drug? _____

Mark all illegal substances you have tried/used in your lifetime: Cocaine/Crack Marijuana
Methamphetamines Opiates Benzodiazepines Huffing (paint, glue, gasoline) Acid
PCP Codeine Heroin Speed Other _____

Have you ever used prescription medication not prescribed to you? Yes No If yes, have you ever use any of the following Cough syrup Vicodin Valium Xanax Other

At what age did you first use illegal substances? _____

When was your last use of illegal substances? _____

How much did you use the last time you used illegal substances? _____

How often are you using? Daily Weekly Bi-weekly Monthly Special Occasion

What is your drug of choice? _____

Have you ever injected drugs with a syringe? Yes No If yes, explain _____

Have you ever been arrested while under the influence? Yes No If yes, when? _____

Is there a family history of drug or alcohol abuse? Yes No family history If yes, explain

Does your spouse/significant other use drugs or alcohol? Yes No _____

Interviewer's notes _____

MENTAL HEALTH HISTORY

Have you ever been physically, emotionally, or sexually abused or neglected? Yes No
If yes, was the person who abused you arrested or imprisoned? Yes No

Details _____

Have you ever been treated in the psychiatric unit of a hospital or in a psychiatric hospital?
Yes No If yes, please list the name of the facility and the date of admission _____

Have you ever received outpatient mental health services (counseling)? Yes No If yes, list why and name of agency and primary counselor _____

Are you now under treatment or supervision for a psychiatric condition or disability including depression? Yes No If yes, explain _____

List all mental health medications you are currently taking _____

List all medications you have taken in the past that have been prescribed by a psychiatrist, or other physician for a mental health related condition _____

Was there an event or period of time, which you found abnormally stressful? Yes No
If yes, explain _____

Check all that apply

- I have seen things other people could not see.
- I have heard voices other people could not hear.
- I have periods of extreme energy.
- I have periods of extreme depression.
- I have self-inflicted wounds and/or physical damage.
- I have had previous suicide attempts.
- I am thinking about suicide.
- I am currently taking medication for depression.

Interviewer's notes _____

WEAPONS AND OTHER INFORMATION

Do you own a weapon/firearm? Yes No If yes, where is it stored? _____

Do you have a Concealed Weapon permit? Yes No

Do you have a CPO filed against you? Yes No If yes, in what county? _____

Who filed the CPO? _____

Are you acting as a confidential informant? Yes No

GANG AFFILIATION

Are you currently involved with a gang? Yes No If yes, name of gang _____

Have you been involved with a gang in the past? Yes No

If yes, when did you last associate with them? _____

Do any of your friends belong to a gang? Yes No

Do you have any gang tattoos? Yes No If yes, describe _____

Do you have any questions you would like to ask a Probation Officer? Yes No _____

Interviewer's notes _____

