

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

Revised June 2011 (ORAS)

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RELEASE OF INFORMATION

I, _____, SSN: _____, DOB: _____,
Please Print

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I also understand that this release expires and is no longer valid 90 days from the date of my signature.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. (Be specific)

1. Misdemeanor Felony Traffic Date _____ County/State _____

Offense _____

Details of offense _____

What happened in Court? _____

Probation Officer's name _____

Why did you decide to commit your first offense? _____

Was anyone else involved? Yes No If yes, what part did they play in the offense? _____

What part did drugs or alcohol play in your first offense? _____

2. Misdemeanor Felony Traffic Date _____ County/State _____

Offense _____

Details of offense _____

What happened in Court? _____

Probation Officer's name _____

3. Misdemeanor Felony Traffic Date _____ County/State _____

Offense _____

Details of offense _____

What happened in Court? _____

Probation Officer's name _____

4. Misdemeanor Felony Traffic Date _____ County/State _____

Offense _____

Details of offense _____

What happened in Court? _____

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 Traffic Date _____ County/State _____

Offense _____

Details of offense _____

What happened in Court? _____

Probation Officer's name _____

2. Misdemeanor Felony Traffic Date _____ County/State _____

Offense _____

Details of offense _____

What happened in Court? _____

Probation Officer's name _____

3. Misdemeanor Felony Traffic Date _____ County/State _____

Offense _____

Details of offense _____

What happened in Court? _____

Probation Officer's name _____

4. Misdemeanor Felony Traffic Date _____ County/State _____

Offense _____

Details of offense _____

What happened in Court? _____

Probation Officer's name _____

ADULT CRIMINAL HISTORY CONTINUED (ORAS 1.0)

5. Misdemeanor Felony Traffic Date _____ County/State _____

Offense _____

Details of offense _____

What happened in Court? _____

Probation Officer's name _____

6. Misdemeanor Felony Traffic Date _____ County/State _____

Offense _____

Details of offense _____

What happened in Court? _____

Probation Officer's name _____

7. Misdemeanor Felony Traffic Date _____ County/State _____

Offense _____

Details of offense _____

What happened in Court? _____

Probation Officer's name _____

Do you serve any jail time for the current offense? Yes No If yes, how many days? _____

Are there any charges pending against you that need to be resolved? Yes No If yes, what were you charged with and in what county? _____

_____ Court date? _____

Have you ever been on probation or community control as an adult? Yes No How many times? 1 2 3 4 or more Why were you on probation? _____

Have you ever been on parole? Yes No If yes, why and did you complete parole supervision? _____

Has your probation, community control, or parole supervision ever been revoked for technical violations that resulted in a prison term? Yes No If yes, how many times? 1 2 3 4 or more

What was the hardest part of being on supervision? _____

PERSONAL INFORMATION (ORAS 4.0)

First Name Middle Last

Maiden Name Alias/Nickname/Other name you have used

Street Address/Apt #/PO Box City/State Zip Code County

Home Phone Cell Phone Email address

How long have you lived at this address? _____

Who lives with you at this address? List names and relationship to you _____

Are there any animals or pets at your residence? Yes No If yes, list _____

Directions from Probation Department to your residence: _____

Date of Birth _____ Age _____ Place of Birth _____

Height _____ Weight _____ Hair Color _____ Eye Color _____

Marital status Married Divorced Single Separated Widow Living as Married

Social Security Number _____ Race _____ Sex _____

List all identifying marks, piercings, scars, or tattoos in detail (Use back of page if needed) _____

High School Graduate 12th Grade, did not graduate Completed 11th Grade

Completed 10th Grade High School Student GED Some college College Graduate

School Name _____

Employed Unemployed Homemaker Disabled Student Retired

Name of Employer _____ Full Time Part Time

How many dependants are you responsible for? None 1 2 3 4 5

How many times have you moved in the past year? None 1 2 3 or more

What were the reasons for moving? _____

What kind of neighborhood do you live in? _____

What kinds of crimes happen in your neighborhood? _____

Are the police called often to your neighborhood? Yes No If yes, why? _____

Do you feel safe in your neighborhood? Yes No

How would you rate your neighborhood? High Crime Little crime

Are drugs readily available in your neighborhood? Yes, easily available Yes, somewhat available No, generally not available

FAMILY (ORAS 3.0)

Father Biological Adopted Step

Mother Biological Adopted Step

Address

Address

City/State/Zip

City/State/Zip

Phone

Phone

Employer

Employer

Step-mother

Step-father

Do your parents have a criminal record? Yes No

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

Do you have any siblings Yes No If yes, list their name and phone number below

Sibling _____ Phone _____

Sibling _____ Phone _____

Sibling _____ Phone _____

Check each sibling that has been arrested or convicted of a crime

Do you have a supportive relationship with your parents? Yes No Siblings Yes No

Describe family relationships: _____

Has your trouble with the law changed your relationship with your family? Yes No If yes, explain _____

How do they feel about you getting in trouble with the law? _____

How often do you see your family? Daily Weekly Bi-weekly Monthly Rarely

Who raised you? _____ Where were you raised? _____

If the person/people who raised you are not your biological parents, does the person who raised you have a criminal record? Yes No

INTERVIEWER'S NOTES _____

MARITAL / CHILDREN / DEPENDENTS (3.0)

Name of current spouse or significant other Age

Address City/State/Zip County

Employer Length of Relationship or Date of marriage

Does your spouse or significant other have a criminal record? Yes No

Describe your relationship with your spouse or significant other: _____

In terms of your family or spouse, how would you rate the emotional and personal support you receive from them? Strong Support Weak/No support

How satisfied are you with the current level of support you have received from them? Very satisfied Not satisfied

What are some of the activities you like to do with your family/spouse? _____

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 (List names) |
|-------|-------|---------------------------------------|--|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |

Do you have a good relationship with your children? Yes No

Do you have custody of your children? Yes No If no, why? _____

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? \$_____

Previous Marriages

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

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

INTERVIEWER'S NOTES _____

FRIENDS AND COMPANIONS (ORAS 6.0)

Do you have a lot of friends? Yes No If not, 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

How do you resolve disagreements? _____

How many close friends would you say you have? 0 1 2 3 4 or more

How often do you see them? Daily Weekly Bi-weekly Monthly Rarely

Have any of your close friends been involved in criminal behavior? Yes No If yes, what percentage of your close friends have been in trouble with the law? _____ %

What kinds of things have they been involved in? _____

How many of your acquaintances have been in trouble with the law? None Some Most

Do you have regular contact with your acquaintances that have been in trouble? Yes No

Do you have any hobbies or interests? Yes No If yes, what are they? _____

Do you belong to any groups or clubs? Yes No _____

Do you attend church? Yes No

EDUCATION (ORAS 2.0)

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, year received _____ No

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

Were you ever identified as having any of the following while in school?

IEP Yes No Developmental Handicapped (DH) Yes No

Severe Behaviorally Handicapped (SBH) Yes No

Attention Deficit Hyperactivity Disorder (ADHD) Yes No

Learning Disability (LD) Yes No

Do you have any problem reading or 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

If yes, why? _____

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 _____

EMPLOYMENT (ORAS 2.0)

Current Employer _____

Address _____ Phone _____

Job Title _____ Hourly wage _____

Date began _____ Part-time Full-time

Does your employer know about this offense? Yes No

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

How do you get along with co-workers? _____

How do you get along with your boss? _____

Previous employer _____

Job Title _____ Part Time Full Time

From _____ To _____ Reason left _____

Previous employer _____

Job Title _____ Part Time Full Time

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 _____

Are you collecting medical disability? Yes No If yes, please explain why: _____

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

Do you find excuses not to go to work? Yes No Valid Driver's License? Yes No

Were you working at the time of your arrest? Yes No If no, what were you doing? _____

If unemployed, explain how you support yourself and why you are unemployed? _____

Do you have a lot of free time? Yes, lots of free time No, most time is structured

How do you spend your free time? _____

FINANCIAL (2.0)

MONTHLY INCOME (Fill in all that apply)

Employment \$ _____ Unemployment \$ _____

Worker's Comp \$ _____ Pension \$ _____

Social Security \$ _____ Disability \$ _____

Food Stamps \$ _____ OWF or Child Support \$ _____

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

Do you receive a medical card? Yes No

MONTHLY EXPENSES (Fill in all that apply)

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 \$ _____ *Current Financial Status* Good Poor

TYPE OF ASSETS (Fill in all that apply)

Home/Property value \$ _____ Motor Vehicle value \$ _____

Other valuable property \$ _____ Cash on hand \$ _____

Checking Account balance \$ _____ Savings Account balance \$ _____

Total Value of Assets \$ _____

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

Have your wages been threatened with garnishment? Yes No Are you behind in debts or obligations? Yes No Are you struggling to make ends meet or do you worry about finances meeting your basic needs? 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 for a medical condition? Yes No **(Do not include mental health medications here)** List medications and reasons for taking them

Personal physician _____ Phone _____

Address _____

Date of Last visit _____

ALCOHOL AND SUBSTANCE ABUSE HISTORY

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

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

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 If yes, explain _____

Does your spouse/significant other use drugs or alcohol? Yes No If yes, what do they use?

INTERVIEWER'S NOTES _____

ALCOHOL AND SUBSTANCE ABUSE HISTORY CONTINUED (ORAS 5.0)

Please indicate any of the substances listed below that you have ever used or are currently using and how often you use them:

Alcohol

Regular Use Experimental Never Used

Age of first use _____ Date of Last Use _____

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

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

If you use regularly, at what age did you begin regular use? _____

What is the longest period of time you have abstained from alcohol? Six months or longer

Less than six months

Marijuana

Regular Use Experimental Never Used

Age of first use _____ Date of Last Use _____

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

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

If you use regularly, at what age did you begin regular use? _____

Cocaine (Crack or powder)

Regular Use Experimental Never Used

Age of first use _____ Date of Last Use _____

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

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

If you use regularly, at what age did you begin regular use? _____

Methamphetamines

Regular Use Experimental Never Used

Age of first use _____ Date of Last Use _____

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

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

If you use regularly, at what age did you begin regular use? _____

Prescription Drugs (Not prescribed to you)

Regular Use Experimental Never Used

Age of first use _____ Date of Last Use _____

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

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

If you use regularly, at what age did you begin regular use? _____

ALCOHOL AND SUBSTANCE ABUSE HISTORY CONTINUED (ORAS 5.0)

Heroin

Regular Use Experimental Never Used

Age of first use _____ Date of Last Use _____

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

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

If you use regularly, at what age did you begin regular use? _____

Hallucinogens

Regular Use Experimental Never Used

Age of first use _____ Date of Last Use _____

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

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

If you use regularly, at what age did you begin regular use? _____

Inhalants

Regular Use Experimental Never Used

Age of first use _____ Date of Last Use _____

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

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

If you use regularly, at what age did you begin regular use? _____

What is your drug of choice? _____

Have you used a syringe to injected drugs? Yes No If yes, explain _____

Has your drug use ever caused problems in your life Yes No *If yes, explain* _____

Has your drug use ever caused problems with your employment? Yes No

Are you presently involved or have you ever been involved in a treatment program? Yes No

If yes, check all that apply below:

- | | |
|---|--|
| <input type="checkbox"/> a. Licking County Alcoholism Prevention Program (LAPP) | <input type="checkbox"/> Past <input type="checkbox"/> Current |
| <input type="checkbox"/> b. Shepherd Hill Hospital | <input type="checkbox"/> Past <input type="checkbox"/> Current |
| <input type="checkbox"/> c. Spencer Halfway House/Courage House | <input type="checkbox"/> Past <input type="checkbox"/> Current |
| <input type="checkbox"/> d. Maryhaven | <input type="checkbox"/> Past <input type="checkbox"/> Current |
| <input type="checkbox"/> e. AA/ NA meetings | <input type="checkbox"/> Past <input type="checkbox"/> Current |
| <input type="checkbox"/> f. CBCF Program | |
| <input type="checkbox"/> g. Other D/A counseling agency _____ | |

Approximate dates of treatment _____

Name of primary counselor _____

MENTAL HEALTH HISTORY

Have you ever been physically, emotionally, or sexually abused or neglected? Yes No
If yes, did you report it? Yes No If no, why? _____

If reported, 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, list when, why, and name of agency and primary counselor

Have you ever received outpatient mental health services (counseling)? Yes No If yes, list when, 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.

MILITARY

Have you ever served in the military? Yes No If yes, which branch? Army Navy
Marines Air Force Reserves National Guard

What was your MOS? _____ What was your highest rank attained? _____

Date of enlistment? _____ Date of discharge? _____

What type of discharge did you receive? Honorable Dishonorable Other than Honorable

Medical While enlisted, did you receive a Disciplinary Action? Yes No

Court Martial? Yes No If yes, explain _____

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 or have you ever had a Civil Protection Order 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 (ORAS 6.0)

Are you currently involved in gang activity? 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? _____

Are any of your friends involved in gang activity? Yes No Do you have any gang tattoos? Yes No If yes, describe _____

OTHER INFORMATION (ORAS 7.0)

As a general rule, do you worry about other people’s problems? Yes Sometimes No

Do you feel that you have lost control over events in your life? Yes, generally Yes, sometimes No, not at all If yes, why? _____

Do you think it is sometimes okay to tell a lie? Yes No If yes, under what circumstances is it okay? _____

A lot of people like to take chances and risks. Do you consider yourself to be a risk taker? Yes, Generally Yes, Sometimes No, not a risk taker

Did you take a risk when you committed your current offense? Yes No How did it make you feel? _____

Would you describe yourself as someone who Walks away from a fight Tries to avoid fights or First one in a fight

Have you ever been in trouble for fighting or assaultive type behaviors? Yes No If yes, how many times? 1 2 3 4 or more Explain _____

How do you feel about the statement: “Do unto others before they do unto you”? Agree Disagree Depends on the situation

If you have any questions, please talk to your probation officer at the interview.