

Defendant's Court Name:

Defendant's True Name:

Maiden Name:

Docket No.:

PACTS No.:

Judge:

PTS USPO:

PTS Interview Date:

Interview Officer:

PSR USPO:

PSR Interview Date:

Interview Officer:

AUSA:

Defense Counsel:

Date of Birth:

Age:

Sex:

Place of Birth:

Citizenship: US US National Naturalized US Citizen Unk Other Country _____

Race:	White	Black/African American	American Indian/Alaskan Native	Native Hawaiian/Other Pacific Islander
	Asian	Unknown	Other	
	Hispanic Origin:			
		Hispanic	Not Hispanic	Unknown

Immigration Status:	Illegal	Permanent Resident	Temp Visa	Refuge	Unk
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Alien ID No.:

SSN:

Marshal's No.:

FBI No.:

Passport No:

Driver's License No(s).:

Other ID No(s).:

Legal Address: _____

 (City) (State) (Zip)

Does the Defendant: Rent Own Other:

Time at Address:

Other Occupants:

Phone Home:

Work:

Other:

Current Address: _____

 (City) (State) (Zip)

Domestic/International Travel:	
Mailing Address if Different From Legal/Current Address:	
Directions to Residence:	
Third Party Custodian:	
Family/Third Party Contact/Telephone No.:	
Safety Issues:	
PRIOR ADDRESSES/OTHER AREAS RESIDED	
Location/Address (include city and state)	Dates of Residence
Where and with whom does the defendant plan to reside upon release?	
2. OFFENSE DATA	
Date of Arrest:	Date of Sentencing:
Date of Conviction: Guilty Plea Jury Trial	Count(s) of Conviction:
Release Status:	Case Agent/Telephone No.:

3. DEFENDANT'S CRIMINAL HISTORY

(Include arrests in other states)

None

Upon advice of counsel, the defendant declined to discuss.

Date of Arrest	Age	Offense	Court	Sentence	Attorney Y/N Waived

PENDING CHARGES AND SUPERVISION STATUS

No pending charges.

Charge(s)	Court	Docket No.	Next Appearance Date

Not currently under supervision.

On probation.

On parole/supervised release.

Jurisdiction(s) and length of term.

Officer's Name, Number, Location:

GANG MEMBERSHIP

Current or Past Member of a Gang? Yes No Declined to discuss

Set: Bloods Crips Latin Kings White Supremacist Other: _____

Name/Gang Set: Active: Yes No

Other Information:

MARITAL STATUS

Presently single and has no marital history.

Spouse or Domestic Partner (Include Maiden Name)	Date and Place of Marriage	Status	Date of Separation	Date of Divorce	Court Where Divorce Granted	Number of Children

Age and employment status of current spouse. Frequency of contact:

CHILDREN

Never had any children.

Child's Name	Age	Name of Other Parent	Custody/Support	Child's Address and Telephone (if different from defendant)

Outstanding Child Support Orders (State/County/Amount):

Note health problems, criminal history, substance abuse, or any significant information about spouse and children as well as frequency of contact.

DEFENDANT'S PHYSICAL CONDITION			
PHYSICAL DESCRIPTION			
Height:	Weight:	Eye Color:	Hair Color:
Tattoos:			
Scars:			
PHYSICAL HEALTH			
Healthy and has no history of health problems.			
List the date(s) and nature(s) of any serious or chronic illnesses and medical conditions.			
List all current prescription medications and reason prescribed.			
Provide the name, address, and telephone number of the defendant's physician(s).			
MENTAL AND EMOTIONAL HEALTH			
No history of mental or emotional problems and no history of treatment for such problems.			
Describe any past or present mental, emotional, or gambling problems. Include the diagnosis of any problem (if known) and the dates of any treatment. List the name and address of all treatment providers.			

SUBSTANCE ABUSE					
Upon advice of counsel, the defendant declined to discuss.					
No history of alcohol or drug use and no history of treatment for substance abuse.					
Which of the following substances has the defendant used?					
Alcohol	Marijuana	Cocaine	Crack	Heroin/Opiates	
Meth	Barbiturates	Hallucinogens	Prescription Medication		
Inhalants	Steroids	Other:			
Drug type	1st Use Age/Year	Last Use Age/Year	Addicted	Frequency of Use	Quantity Used
Prior Substance Abuse Treatment:			Yes	No	If yes, detail below
Receptive to Treatment in BOP			Yes	No	
Describe in detail the defendant's history of substance abuse and treatment (overdose, daily cost to support habit, frequency and quantity of use, treatment programs, dates, locations, etc.).					

EDUCATION AND VOCATIONAL SKILLS				
The defendant has: No HS Diploma HS Diploma/GED Some College/College Degree				
Highest Grade Completed:		Special Education Classes: Yes No		
SCHOLASTIC HISTORY				
Name and Location of School (List most recent school first)		Dates Attended		Degree, Diploma, or Certificate Received
Vocational Training Interests in BOP:				
Specialized training or skill(s)? Yes No				
If yes, what training or skill(s)?				
Professional license(s)?				
Yes No If yes, what license(s)?				
None MILITARY				
Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:
Highest Rank:	Rank at Separation:	Decorations and Awards:		VA Claim Number:
Military Occupation Specialty:				
Summarize the defendant's military service. Describe any courts martial or non-judicial punishments. Describe any foreign or combat service. Describe any special training or skills acquired in the service. Describe any VA claims.				

EMPLOYMENT			
Employed: Yes No If unemployed, give last date of employment:			
If unemployed, method of support (i.e., family, odd jobs, etc.)			
Defendant's Present Employer:		Employer's Address:	
		Telephone:	
Time at Employment:		Occupation:	
		Full Time Part Time	
Monthly Gross:		Monthly Net:	
		Supervisor:	
Does employer know? Yes No Can employer be contacted? Yes No			
EMPLOYMENT HISTORY			
(Describe defendant's employment history for the last 10 years)			
Dates	Name and Address of Employer	Job, Monthly Wage, Reason for Leaving	
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			
From:			
To:			
Summarize any employment history more than 10 years old			

FINANCIAL INFORMATION**(This section is for Pretrial purposes. At Presentence stage, Form 48s are to be used.)**

LIST FINANCIAL ASSETS	LIST FINANCIAL LIABILITIES
<p>CASH ON HAND</p> <p>SAVINGS ACCT(S) _____ \$ _____</p> <p>CHECKING ACCT(S) _____ \$ _____</p> <p>_____ \$ _____</p> <p>IRA'S _____ \$ _____</p> <p>(NOTE OTHER ACCOUNTS BELOW)</p> <p>AUTO: _____ YR _____ \$ _____</p> <p>AUTO: _____ YR _____ \$ _____</p> <p>(NOTE OTHER AUTOS BELOW) \$ _____</p> <p>REAL ESTATE</p> <p>DESCRIPTION (INCLUDE</p> <p>DOWN PAYMENT \$ _____</p> <p>ASSESSED VALUE \$ _____</p> <p>MARKET VALUE \$ _____</p> <p>EQUITY \$ _____</p> <p>(NOTE OTHER REAL ESTATE BELOW)</p> <p>PERSONAL PROPERTY (Jewelry, Collections, etc.) \$ _____</p> <p>LIFE INSURANCE (Surrender Value) \$ _____</p> <p>OTHER ASSETS-INCOME SOURCE \$ _____</p> <p>SPOUSE INCOME \$ _____</p> <p>SPOUSE OCCUPATION _____</p>	<p>MORTGAGE</p> <p>NAME OF BANK OR MORTGAGE _____</p> <p>_____</p> <p>ORIGINAL LOAN _____</p> <p>PRESENT BALANCE _____</p> <p>MONTHLY PAYMENTS _____</p> <p>(NOTE OTHER MORTGAGES _____</p> <p>OUTSTANDING LOAN APPLICATIONS? _____</p> <p>PERSONAL LOANS</p> <p>NAME OF _____</p> <p>ORIGINAL LOAN _____</p> <p>PURPOSE OF LOAN _____</p> <p>PRESENT BALANCE _____</p> <p>MONTHLY PAYMENT _____</p> <p>(NOTE OTHER LOANS _____</p> <p>CREDIT CARDS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ALIMONY _____</p> <p>CHILD SUPPORT _____</p> <p>COURT ORDERED OR _____</p> <p>MEDICAL BILLS _____</p> <p>INSURANCE PREMIUMS _____</p> <p>COURT FINES OR RESTITUTION _____</p> <p>RENT _____</p> <p>UTILITIES _____</p> <p>OTHER DEBTS OR MONTHLY _____</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>EVER FILE FOR BANKRUPTCY? <input type="checkbox"/> NO <input type="checkbox"/></p>
<p>ADDITIONAL DATA</p>	

ACCEPTANCE OF RESPONSIBILITY

(PSI Interview Only)

Declined to discuss. Will provide a written statement on or before _____

Defendant's statement regarding the offense (include signature at end of statement, if desired):

I _____ accept responsibility for my involvement in the instant offense. I am sorry for my actions.

Defendant's Signature

Date

Other written statement

Defendant's Signature

Date

NOTES:

CONTINUATION PAGE