

Please email to: NCEPml_Wilson_Collaterals@ncep.uscourts.gov

PACTS# (USPO use only)

Defense Counsel (print name): _____

Defense Email: _____

Interview Form/Waiver

The U.S. Probation Office has been ordered to prepare a presentence report (PSR) in your case. A United States Probation Officer will contact defense counsel to set up a PSR interview; however, if you wish to waive the PSR interview, please fill out the information below and send it to the assigned office within 14 days.

☐ I waive the presentence interview.

☐ I accept responsibility in the instant offense and apologize for my actions.

Defendant's Signature: _____

Date: _____

Counsel's Signature: _____

Date: _____

Supplemental Information

Defendant's True Name:		Case No:
DOB:	Years of Education:	County of Citizenship:
Military Service: <input type="checkbox"/> Yes <input type="checkbox"/> No	Defendant's Usual Occupation:	

Familial History: If deceased, please notate such.

Mother's Name, Age, and Location:	
Father's Name Age, and Location:	
Sibling(s) Name, Age, and Location:	
Please provide a brief description of the defendant's childhood below.	Does the defendant have family support? <input type="checkbox"/> Yes <input type="checkbox"/> No

Marital History and Children:

Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Domestic Partner <input type="checkbox"/> Widow <input type="checkbox"/> Other:		
Years in Relationship:	Number of Children/Dependents:	Provided Financial Support: <input type="checkbox"/> Yes <input type="checkbox"/> No
Please list the name of each spouse/domestic partner, child, and dependent, along with their age and current location. Additionally, include the name of biological parent for each child. (Ex: John Doe, 5, resides in Raleigh with his mother, Jane Doe)		

Physical Health: ☐ Good health ☐ Has health issue(s), please elaborate below and include any diagnoses.

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Mental/Emotional Health: ☐ No history of mental health issue ☐ History of mental health issue(s), please elaborate below and include diagnoses.

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Substance Use: ☐ No history of substance use ☐ History of substance use, please elaborate below.

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Please include any additional information that may be relevant for sentencing, including any mitigating factors.

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