# DEFENDANT PROFILE

In order to expedite the presentence interview process, please bring this completed form to the presentence interview if possible. If you have any documentation to verify your treatment, medications, education, and/or employment history, please bring it with you to the interview.

Defendant's Name:	
Address:	
Capiel Convrite No.	Data (Diaga of Dirth)
Social Security No.:	Date/Place of Birth:
Home Telephone:	Cellular Telephone:
Work Telephone:	Email Address:

### FAMILY HISTORY

For parents and all siblings (including deceased) list the following:

Name/Relationship	Age	Address /Telephone (or Cause/Year of Death)	Occupation/Employer

## SIGNIFICANT OTHER

Name/Relationship	Age	Address/Telephone	Occupation/Employer

## PRIOR MARITAL HISTORY

Date and Place of Marriage	Name and Age of Ex-Spouse	Separation	Who Filed for Divorce/ Where	Grounds of Divorce	Date of Divorce

## CHILDREN

Name	Age	Address	Occupation and/or School (Name and Location)	Married/ # Kids

### PHYSICAL DESCRIPTION

Height	Weight	Eye Color	Hair Color

Tattoos, Scars, or Birthmarks	Location	Depiction/Size	

### PHYSICAL and MENTAL HEALTH

Please list your current/chronic physical and mental health conditions:

Please identify your current medical or mental health treatment providers (name and location):

Please identify your current prescription medications:

Medication/Dosage	Condition Treated	Medication/Dosage	Condition Treated

#### **SUBSTANCE ABUSE**

Circle any of the substances that you have used or experimented with:

Alcohol	Marijuana	Cocaine	Crack Cocaine	Heroin/Opiates
OxyContin	Percocet	Vicodin	Ecstasy/Club Drugs	Methamphetamines
Amphetamines	Inhalants	Steroids	Hallucinogens	OTHER
Have you ever been i	nvolved in subs	stance abuse tre	eatment? YES	NO

## **EDUCATION**

Name and Address of School	Dates of Attendance	Did You Graduate Y/N? Degree Achieved/GED?
	to	

# **EMPLOYMENT (the Last 10 Years)**

Name and Address of Employer	Dates of Employment	Occupation	Salary	Reason for Leaving