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:					
Social Security No.:			Date/Place of 1	Birth:	
Home Telephone:			Cellular Telepl	hone:	
Work Telephone:			Email Address:		
		FAMILY HIS	STORY		
For parents and all siblin	ngs (includ			g:	
Name/Relationship	Age	Address /Telep Cause/Year of		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	Who Filed for Divorce/ Where	 Date of Divorce

CHILDREN

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

PHYSICAL DESCRIPTION

Height	Weight	Weight		Н	air Color
Tattoos, Scars, or Loca Birthmarks		cation	Depict	Depiction/Size	
Dittilliarks					
	PHYS	SICAL and M	IENTAL HEAL	TH	
Please list your cur	rent/chronic ph	nysical and me	ental health cond	tions:	
Please identify you Please identify you				oroviders	(name and location):
Medication/Dosag	n/Dosage Condition Medica Treated		Medication/Do	osage	Condition Treated
		SURSTAN	CE ABUSE		
Circle any of the su	ubstances that y			with:	
Alcohol	Marijuana	Cocaine	Crack Coca	ine	Heroin/Opiates
OxyContin	Percocet	Vicodin	Ecstasy/Clu	Ecstasy/Club Drugs Methamphet	
Amphetamines	Inhalants	Steroids	Hallucinoge	ens	OTHER
Have you ever bee	n involved in s	ubstance abus	e treatment?	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