

Miami County Common Pleas Court  
201 W. Main St.  
Troy, OH 45373  
937-440-6070

## Instructions for Completing This Questionnaire

The Judge has asked for more information about you, your case (s) and your record, and your background. The reason they want this is to assist in making a fair decision about sentencing considerations. Please help them and yourself by filling out this questionnaire as **COMPLETELY** as **HONESTLY** as possible. The information you provide will be verified to determine if it is truthful and accurate. An investigator will review this form with you, and will ask further questions. At that time you may explain or clarify your answers.

**Below is a list of documents which you must provide to assist the investigator in verifying your back-ground. Please bring these documents to your interview.**

- Driver's License/ID
- Social Security Card
- Birth Certificate
- School Diploma or Equivalent
- Employment verification: Pay Stubs, etc.
- Military Records or DD214
- Proof of Government Assistance
- Proof of Residence: Lease/Rent Agreement Mortgage
- Prescriptions Bottles
- Child Support Documentation

A personal interview has been scheduled for you on \_\_\_, at \_\_\_ A.M./P.M.

The interview will take place at: 201 W. Main Street, Safety Bldg., 3<sup>rd</sup> floor, Troy, Ohio 45373

With Investigator:  Ashley Silvers (937)440-6055  John Digel (937) 440-3527

If you are on bond and fail to appear for your appointment at the scheduled time and place, the Judge in your case will be notified and a Capias or Arrest Order will be issued.

**DO NOT FORGET TO BRING YOUR PAPERWORK WITH YOU TO THIS INTERVIEW.**

**IDENTIFYING DATA**

Full Legal Name:

Aliases/Other Names Used:

Date of Birth:

Age:

Sex:

Place of Birth:

Race:  White  Black  Bi-Racial  Asian/Pacific Islander  American Indian/Alaskan Native  Hispanic

Social Security No:

Country of Citizenship:

Height:

Weight:

Eye Color:

Hair Color:

Tattoos/Piercing/Scars:

**CURRENT ADDRESS**

**PREVIOUS ADDRESS:**

**(1) Address at time of Offense**

Same as Current Address

\_\_\_\_\_  
(Number and Street) (Apt./Box No.)

\_\_\_\_\_  
(Number and Street) (Apt./Box No.)

\_\_\_\_\_  
(City) (State) (Zip Code)

\_\_\_\_\_  
(City) (State) (Zip Code)

House  Apartment   
Rent  Own

Length of time at address:  
\_\_\_\_\_

\_\_\_\_\_  
(Telephone)  Home  Cell

**(2)**

\_\_\_\_\_  
(Telephone)  Home  Cell

\_\_\_\_\_  
(Number and Street) (Apt./Box No.)

\_\_\_\_\_  
(City) (State) (Zip Code)

Length of time at address:

Length of time at address:

Other Occupants:

**FAMILY MEMBERS**

Please list all immediate family members. If deceased, list year and cause of death in address line:

Name	Relationship	Present Address	Telephone No.
	Father		
	Mother		

**MARITAL STATUS**

Presently single and no marital history.  
(Include present and previous marriage)

Spouse/Domestic Partner	Date/Place of Marriage	Status	Date of Separation/Divorce (list Court granting divorce)	Number of Children

**CHILDREN**

No children If deceased, list year and cause of death in address line:

Child's Name	Age	Name of Other Parent of this child	Amount of Support Paid/Received	Name of Guardian/Custodial Parent	Residence

**EDUCATION AND VOCATIONAL SKILLS**

Highest Grade Completed:		Reason for Leaving:	
Name/Location of School/Vo-Tech	Dates Attended	Degree/Diploma/Certificate Received	

Please list any specialized training, skills, or professional licenses possessed:

**PHYSICAL HEALTH**

Currently healthy and no history of health problems.  
 List the date(s) and nature of any diseases, disabilities, serious or chronic illnesses, and/or medical conditions:

Date	Name and/or Description of Medical Condition (include current condition)	Treating Physician and/or Facility (include city and state)	Prescriptions

Are you pregnant or have you been pregnant in the past 6 weeks?  Yes  No  
 \*Note: It is your obligation to notify Court Services should you become pregnant. Please initial acknowledging \_\_\_\_\_

**MENTAL AND EMOTIONAL HEALTH**

No history of mental or emotional problems, and no history of treatment of such problems.  
 Describe any past or present mental or emotional, or suicide attempts (do not include substance abuse):

Date	Name and/or Description of Condition	Treating Physician and/or Facility (include city and state)	Inpatient or Outpatient	Prescriptions

**SUBSTANCE ABUSE/USE**

No history of alcohol or drug use and no history of treatment for the same.

Please provide the following information for any alcohol and/or drug you have used:

	Date/Age of first Use	Please list the average quantity and frequency of use	Under Influence at time of Offense	Date of last use
Alcohol				
Marijuana				
Powder Cocaine				
Crack Cocaine				
Amphetamine/ Methamphetamine				
Heroin/Opiates				
Barbiturates				
Hallucinogens				
Inhalant				
Other:				

**SUBSTANCE ABUSE TREATMENT**

Please provide the following information for any substance abuse treatment in which you have participated:

Treatment Provider (include City and State)	Inpatient/ Outpatient	Duration /dates of treatment	Reason for termination	Court ordered (Y or N)

Do you have a substance abuse problem?  Yes  No

## EMPLOYMENT HISTORY

List places of employment, beginning with the most recent

Dates (month and year)	Name/Address of Employer	Job Position	Wage	Reason for Leaving
Start:				
End:	Phone:			
Start:				
End:				
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**FINANCIAL**

MONTHLY INCOME (Approx.)		MONTHLY EXPENSES (Approx.)	
Regular Job (+ tips)	\$	Rent/House Payment	\$
Part Time Job	\$	Utilities	\$
Spouse Income	\$	Food/Clothing	\$
Unemployment Comp.	\$	Gasoline	\$
Workman's Comp.	\$	Car Payment	\$
Social Security	\$	Car Insurance	\$
Child Support	\$	Health Insurance	\$
Alimony	\$	Child Care	\$
General Assistance	\$	Child Support/Alimony	\$
Disability	\$	Attorney Fees	\$
Military Pension	\$	Salary Garnishment	\$
SSI/SSD	\$	Medical Bills	\$
	\$	Credit Cards	\$
	\$	Loans	\$
	\$	Court Fine/Fees	\$
	\$	Cable/Satellite TV	\$
	\$	Counseling	\$
	\$	Cell/Phone Bill	\$
<b>TOTAL</b>	\$	<b>TOTAL</b>	\$

What are your total assets:

What are your total debts:

**MILITARY SERVICE**

<input type="checkbox"/> None				
Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:
Highest Rank:	Rank at Separation:	Decorations/Awards:		VA Claim Number:

Disciplinary/Special Training/Additional Comments:

**ASSOCIATIONS**

Are you now, or have you ever been, a gang member:  No  Yes, if yes, what was/is the name of the gang:

What was your rank in the gang:	How many years have you been or were you a gang member: Years
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List any other social groups or organizations of which you are a member (e.g., church, sport team, Kiwanis, Masons, etc.)

**PRIOR RECORD**  
Please list any prior criminal charges

Charge:	Location of Charge:

Do you have a juvenile record  Yes  No, If yes where?

Do you have any pending charges  Yes  No

Charge:	Location of Charge:

Do you have any prior felony convictions  Yes  No      Number of Prior felonies: \_\_\_\_\_

Have you been to prison  Yes  No      How many institution numbers have you had \_\_\_\_\_  
State Sentenced:

Are you currently being supervised  Yes  No

Type of Supervision:  Probation  PRC/Parole  Diversion  Unsupervised Probation  Pre-Trial Services

Supervising Officer:	Location of Supervision:



**Miami County Common Pleas Court  
Adult Probation  
201 W. Main St.  
Troy, OH 45373**

**Request for Information:** The person identified below has pending court proceedings in the Miami County Common Pleas Court. The information requested is needed to assist in his/her Pre-Sentence investigation. The person indicated records would be available. Your cooperation to verify this information is appreciated.

	<b>Date:</b> <b>Requesting Person:</b> <input type="checkbox"/> Ashley Silvers, Pre-Sentence Investigator(937)440-6055 <input type="checkbox"/> John Digel, Pre-Sentence Investigator (937)440-3527 Fax: (937)440-6071
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Name: (Last, First, Middle)	Maiden Name or Alias:
Date of Birth:	Social Security Number:
Sex:	Race:

**Information Desired**

<input type="checkbox"/> <b>Prior Arrest Record-</b>	Dates, Charges, Dispositions, Offenses involving Weapons or Violence, Please Provide Arrest report.
<input type="checkbox"/> <b>Education Data-</b>	Grade Completed, Reason Left, Mental or Intelligence Examination Results, Attendance, Copy of Transcripts, Discipline history if applicable. Year Graduated or Left: _____
<input type="checkbox"/> <b>Employment Data-</b>	Confirmation of Employment, Dates, Position(s) Held, Wages, Reason for Termination if applicable, Consideration for Re-employment.
<input type="checkbox"/> <b>Substance Abuse-</b>	Substance Abuse Assessment, Diagnosis, Treatment, Discharge Summary, Recommendations Drug/Alcohol Test Results, MAT Services, Medication list, Progress Notes;
<input type="checkbox"/> <b>Medical History-</b>	Diagnoses of Physical/Mental Ailments and/or Disabilities, Current Drug Prescriptions, Treatments, HIV/STD Status Treatment, Discharge Summary, Hospitalizations and Recommendations
<input type="checkbox"/> <b>Mental Health History</b>	MH Assessment, Diagnosis, Treatment, Recommendations, Appointments, Attendance, Consultation Reports, Progress Notes, Current Medication, Med History, Discharge Sum.
<input type="checkbox"/> <b>Military Service-</b>	Dates of service, Branch, Discharge Type, Rank Attained, Court Material (type, nature of offense, dates, and sentence)
<input type="checkbox"/> <b>Other (Specify) -</b>	

*I authorize release to the Miami County Common Pleas Court all confidential records and information concerning me, this includes: vocational, educational, military, medical, including HIV, mental health, drug and alcohol abuse treatment records and any other requested information. I understand that the Court may share this information with other entities to facilitate appropriate community placement and continuity of care. This consent will remain valid for 12 months and may be withdrawn at any time in writing. A copy of this authorization made by duplication process shall be considered the same as the original signed one.*

<b>Defendant's Signature:</b>	Date:
<b>Witness Signature:</b>	Date:

Please Stamp NO RECORD FOUND here or attach information to back of form and return to the address or fax above.

Signature of Official Sending the information:	Title:	Date:
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\*Notice: This request includes records protected by federal confidentiality rules (42 CFR, Part 2). The federal rules and Section 5122.31 and/or Section 3701.243 of the Ohio Revised Code prohibited any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for release of medical or other information is not sufficient for this purpose.

The federal rules restrict any use of the information to criminally investigation or prosecute any alcohol or drug abuse patient.

If additional space is required use reverse side.