

# UNITED STATES PROBATION & PRETRIAL SERVICES

400 CONGRESS STREET, 5th Floor  
PORTLAND, MAINE 04101-3547  
207-780-3358  
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**KAREN-LEE MOODY**  
**CHIEF**

## UNITED STATES DISTRICT COURT DISTRICT OF MAINE

202 HARLOW STREET, ROOM 209  
BANGOR, MAINE 04401-4919  
207-945-0369  
FAX 207-945-0305

**TIMOTHY J. DUFF**  
**DEPUTY CHIEF**



**DEFENDANT'S NAME:** \_\_\_\_\_

### **DEFENDANT'S VERSION OF THE OFFENSE:**

This is your opportunity to provide the Court, in your own words, information pertaining to your actions in this offense.

This statement may be handwritten or typed. You should include, but are not limited to, the following information about your crime:

- ▶ **Why you became involved;**
- ▶ **Your exact actions/culpability;**
- ▶ **What you planned to and actually received from the crime;**
- ▶ **Your relationship to co-conspirators/co-defendants (if any);**
- ▶ **Any other information, opinions, or observations you may have concerning this crime which you may wish to inform the court.**

**QUESTIONNAIRE FOR PRESENTENCE INVESTIGATION**

**U.S. Probation & Pretrial Services Office**

**400 Congress Street, 5<sup>th</sup> Floor**  
**Portland, ME 04101**  
**Tel: 207-780-3358**

**202 Harlow Street, Room 209**  
**Bangor, ME 04401**  
**Tel: 207-945-0369**

**Date of Interview:** \_\_\_\_\_  
(to be completed by U.S. Probation Officer)

**Probation Officer:** \_\_\_\_\_

**Please fill out this questionnaire COMPLETELY AND ACCURATELY. If you have any questions about the information requested, consult your attorney. All of the information you provide will be verified. Attach additional sheets if necessary.**

**PERSONAL INFORMATION:**

Full Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Birthplace: (include county) \_\_\_\_\_

Social Security #: \_\_\_\_\_ Driver's License #: \_\_\_\_\_

INS #: \_\_\_\_\_ Marital Status: \_\_\_\_\_ # of Dependents: \_\_\_\_\_

Present Address: \_\_\_\_\_

Directions (if you live in rural area): \_\_\_\_\_

Mailing Address (if different from above): \_\_\_\_\_

Telephone (Home): \_\_\_\_\_ (Work): \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Sex: \_\_\_\_\_ Race: \_\_\_\_\_ Scars/Marks/Tattoos (please describe): \_\_\_\_\_



**CRIMINAL HISTORY SUPPLEMENT:**

**When you were previously on any term of supervision (probation, parole, supervised release etc.), did you submit to any positive drug tests, or receive a letter of reprimand or have your conditions of supervision modified to address an issue of non-compliance?**

**Please explain:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MILITARY SERVICE: Please provide copy of DD-214 (discharge papers)**

Branch: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Date Entered: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Service Number (if applicable): \_\_\_\_\_

Disciplinary Actions or Awards: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**IMPORTANT FAMILY MEMBERS:**

	<b>Name/Age</b>	<b>Present Address &amp; Telephone No.</b>	<b>Marital Status &amp; No. of Children</b>	<b>Occupation</b>
<b>Father</b>				
<b>Stepfather</b>				
<b>Mother (maiden name)</b>				
<b>Stepmother</b>				
<b>Brother</b>				
<b>____-Brother</b>				
<b>____-Brother</b>				
<b>Sister</b>				
<b>____-Sister</b>				
<b>____-Sister</b>				
<b>Other</b>				

**ADDITIONAL PERSONAL HISTORY (answers do not have to be shown in PSI)**

1. Do you have a mentor or close friend you turn to when you have problems? If so, who is it?

\_\_\_\_\_

2. Will you have family that will support you after you are released to the community? If so, who is it?

\_\_\_\_\_

3. Where do you plan to live after you are released? \_\_\_\_\_

4. What are your hobbies? \_\_\_\_\_

**MARITAL HISTORY:**

**IF YOU ARE MARRIED OR DIVORCED PLEASE  
SUPPLY A COPY OF YOUR MARRIAGE LICENSE OR DIVORCE DECREE**

Spouse's (maiden) Name	Date, County & State <u>Married</u>	Date, County & State <u>Divorced</u>	Present Age & Address of Spouse

**YOUR CHILDREN:**

Name	Date/Place of Birth	Age	Present Address	School/Grade

**CRISIS SITUATIONS IN YOUR LIFE:** Please explain any difficulties you may have had as a child or teenager, include how old you were at the time they happened:

**Death in the Family:**

**Divorce of Parents:**

**New Step-parents:**

**Physical Abuse:**

**Sexual Abuse:**

**Serious Illness or Injuries:**



**PHYSICAL HEALTH:**

Do you have any medical problems? List any past surgeries and the date of surgery.

Are you under the care of a doctor at the present time? If yes, list type of treatment, doctor's name, address and phone #.

Are you taking any prescribed and/or over-the-counter medication(s)? If yes, complete the chart below.

Medication Name	Doctor Prescribing Med	Condition it Treats	Dosage	How Frequent Med Taken

List any handicaps/chronic conditions:

How would you rate your health? (circle one) Poor Fair OK Good Excellent

Please explain why: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**MENTAL HEALTH:** If you have had any of the following, please explain, including when and where it happened. Give specific dates and locations, including counselor name and address.

Psychological Counseling: where, why, with whom, date(s)

Psychiatric Treatment: where, why, with whom, date(s)

Mental Health Hospitalizations: where, why, with whom, date(s)

Attempts to Commit Suicide: where, why, with whom, date(s)

Are you taking any prescribed and/or over-the-counter medication(s) for any Mental Health condition? If yes, complete the chart below.

Medication Name	Doctor Prescribing Med	Condition it Treats	Dosage	How Often Med Taken

**SUBSTANCE USE/ABUSE:**

Alcohol/Drug Treatment: where, why, with whom, date(s) \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**SUBSTANCE ABUSE HISTORY**

Drug Used	Year 1 <sup>st</sup> Used	Date Last Used	Year of Most Use	Past Max Use per day/week	Total Time Used	Present Use During Last Week	How Taken	Cost Per Week
Heroin								
Methadone								
Other Opiates								
Alcohol								
Barbiturates								
Amph/Meth								
Cocaine								
Mari/Hash								
Hallucinogens								
Inhalants								
Tranquilizers								
OTC								
Prescription								
Other								

First Drug Used		How First Introduced			O.D./Suicide Attempt			
Name		Family		Jail		Accidental	Yes	No
When		Friend		Military		Date		
Where		Dealer				Method		

Longest Clean on Street: \_\_\_\_\_ Longest Dry (alcohol free) \_\_\_\_\_

What is your drug of choice? \_\_\_\_\_

**Within the 12 months prior to your arrest, please answer the following questions regarding the use of your drug of choice or of any other substance:**

Did your use of the substance have an effect on your work, school, or home life? If so, explain how.

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Did you use the substance in physically hazardous situations such as driving a car, operating machinery, etc? If so, explain.

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Did you have any legal difficulties that were substance related? If so, explain.

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Despite negative consequences from your use of the substance, such as fights with family, spouse, missing work, did you continue to use the substance?

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Did you find that you needed to use more to achieve the same effect, or did you experience less of an effect from using the same amount? Explain.

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Did you experience any physical or mental symptoms that you would consider withdrawal symptoms of a substance? If so, explain the type, duration, and if you used something else to manage the withdrawal symptoms.

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Describe any attempts that you made to control or stop your use of the substance, including past treatment efforts.

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Did you continue using a substance even though any of the following have happened; (1) having to spend more time and effort to obtain the substance, (2) giving up social or recreational events that were important to you, or at least curtailing some of these events, (3) the substance use made a physical or psychological problem worse (i.e. and ulcer)? If any of these apply, explain.

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**GENERAL:**

What are your good points? \_\_\_\_\_

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What are your bad points? \_\_\_\_\_

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How do you rate your life so far? (circle one)    Poor    Fair    OK    Good    Excellent

Please explain why: \_\_\_\_\_

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**EDUCATION:**

	Date	School Name/Location	School Mailing Address/Phone	Diploma Degree
Elementary School				
Jr. High School				
High School				
Technical College				
Post College/ Graduate School				
Other				

Last Grade Completed: \_\_\_\_\_ Date: \_\_\_\_\_

Grades: (circle one)                      Low                      Average                      Honors

Do you have a GED? (circle one)                      Yes                      No

If yes, Test Center and Date: \_\_\_\_\_

**IMPORTANT:                      PLEASE SUPPLY COPIES OF ALL TRANSCRIPTS, DIPLOMAS, GED CERTIFICATE**

**EMPLOYMENT:**

Primary Occupation: \_\_\_\_\_

List below all jobs you have had, starting with your present or most recent and ending with your first period of employment.

Dates From/To	Part-Time (PT) Full-Time (FT)	Employer Job/Wage	Employer Address/Phone	Reason You Left

**EMPLOYMENT SUPPLEMENT:**

1. Have you ever been fired from any job? If yes, please explain:

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**REMINDER:** Follow up with any employer from the last 24 months who do not respond to employment verification requests.