

**ADULT PROBATION AND PAROLE  
NORTHERN UTAH REGION – FARMINGTON**

883 West 100 North (Clark Lane) 2<sup>nd</sup> Floor

Farmington, Utah 84025

Phone: (435) 451-4700, (801) 451-4715 or (801) 451-4732

Fax: (435) 451-4750

You have been referred for a Presentence Investigation Report. This report will be provided to the court to assist the court in determining the appropriate sentence. Your input and information is critical to this process. In order to complete this investigation, it is important you do the following:

**I. SET APPOINTMENT FOR INTERVIEW. (Please keep appointment-we do not reschedule)**

APPOINTMENT DATE: \_\_\_\_\_ TIME: \_\_\_\_\_

AGENT: \_\_\_\_\_

**IF YOU ARE IN JAIL** – Please do not contact our office as someone will come interview you within 2-3 weeks. Please fill out you packet immediately as an interview may occur as early as within 24 hours.

**IF YOU GET OUT OF JAIL** – You must report immediately (same or next business day) to AP&P

**II. PREPARE THE ATTACHED QUESTIONNAIRE COMPLETELY AND BRING IT WITH YOU AT THE TIME OF YOUR INTERVIEW.**

**I. ON THE DATE OF YOUR INTERVIEW, SUBMIT THE FOLLOWING DOCUMENTS AS APPLICABLE & AVAILABLE.**

- Your present employment and salary (example: check stub or letter from employer).
- Your military experience including type: discharge (example: DD214 form).
- The last school you attended and the highest grade completed (example: diploma, school transcript, Report cards, letter from school).
- Your marriage and/or divorce history (example: marriage certificate, divorce decree or other court documents).
- Names and addresses of all agencies from whom you have received counseling for behavioral, drug or alcohol problems.

\*Letters of support provided by one or two people who know you best submitted **directly to your writer** -through email, fax or voice mail as instructed by your writer.

This appointment should take between 45 to 90 minutes; therefore, please arrange your schedule as such. Because children can be very disruptive to the interview process, we ask you to arrange for their care elsewhere during your appointment time. Thank you for your cooperation.

# Presentence Report Questionnaire

Name: \_\_\_\_\_ Date of birth: \_\_\_\_\_

What other legal names have you had? \_\_\_\_\_

Other names you have ever used or been arrested by (maiden name, nicknames, etc.): \_\_\_\_\_

Are you a United States citizen? Yes\_\_\_\_\_ No\_\_\_\_\_

What city, state, and country where you born in? City \_\_\_\_\_ State \_\_\_\_\_ Country \_\_\_\_\_

Current physical street address: \_\_\_\_\_ Apt # \_\_\_\_\_ City/state/zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Email address: \_\_\_\_\_

Who do you live with and what is their relation to you? \_\_\_\_\_

How long have you lived at your current address? \_\_\_\_\_

How many other addresses have you lived at during the past 12 months? \_\_\_\_\_

Is your current address a stable environment for you? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, explain: \_\_\_\_\_

**DEFENDANT'S STATEMENT:**

**STATEMENT OF THE OFFENSE:** This statement should contain a short version pertaining to the following:

- Your version of what happened related to the current offense(s) you are waiting to be sentenced for
- How do you feel about the crime you committed in this particular case (or cases if you are being sentenced on more than one case)?
- What have you done since the offense happened to fix the problem?
- What was the reason/problem why this happened?
- What have you learned from this experience?
- If your crime(s) involved a victim, how do you feel this crime impacted the victim?

---

---

---

---

---

---

---

---

---

---

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Were you arrested for this offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If so, where have you been incarcerated for this offense and how many days have you served?

---

If you have not already been sentenced, what do you feel a fair sentence would include based upon the current offense and your criminal history? Do you deserve – prison, probation, jail, counseling, fine, community service, restitution, home arrest, etc.? Why? (If you have already been sentenced for this case, do you feel you were sentenced fairly? Why or why not?)

---

---

---

What would be the advantages and disadvantages of being placed on probation or parole?

---

---

**VICTIM IMPACT STATEMENT AND RESTITUTION:**

Was there a victim in your offense? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, do you know the victim? Yes \_\_\_\_\_ No \_\_\_\_\_ What is the victim's relationship to you? \_\_\_\_\_

Did the victim experience injury, financial loss, damages, or death as a result of your conduct? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please explain what you know about this: \_\_\_\_\_

---

If yes, should you be ordered to pay restitution? Why or why not? \_\_\_\_\_

---

What is your plan to pay restitution, if owed? \_\_\_\_\_

**CO-DEFENDANT STATUS:**

Was anyone arrested with you? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, list their name(s) and describe their level of involvement: \_\_\_\_\_

**CRIMINAL HISTORY (JUVENILE AND ADULT):**

At what age did you first engage in criminal activity, whether charged or not? \_\_\_\_\_ Describe the circumstances. \_\_\_\_\_

Have you ever spent time in jail? Yes \_\_\_\_\_ No \_\_\_\_\_ Prison? Yes \_\_\_\_\_ No \_\_\_\_\_ Juvenile detention? Yes \_\_\_\_\_ No \_\_\_\_\_

Explain: \_\_\_\_\_

If yes, have you ever been punished or written up for violating the rules while incarcerated? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which rules were you written up or punished for? \_\_\_\_\_

Have you ever absconded or fled from a juvenile or adult correctional facility, institutional facility, residential facility, or ankle monitoring program? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Does your juvenile or adult history contain any crimes of assault or violence? Yes \_\_\_\_\_ No \_\_\_\_\_

Specify: \_\_\_\_\_

Have you ever been federally indicted? Yes \_\_\_\_\_ No \_\_\_\_\_

Have you been arrested in any other states or territories? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where and what was the outcome? \_\_\_\_\_

Do you have any pending cases? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, where? \_\_\_\_\_

Have you ever been involved in a gang or has anyone ever thought you were involved with a gang? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, which gang and what is/was your level of involvement? \_\_\_\_\_

If you have ever been on probation or parole as a juvenile or adult, please provide a complete list below:

TYPE (JUVENILE, COURT/CITY, COUNTY, PRIVATE, AP&P)	DATES (approximate if dates are unknown)	LIST ANY VIOLATIONS	SUCCESSFUL TERMINATION?
			Y / N
			Y / N

			Y / N
			Y / N

# **EDUCATION/EMPLOYMENT:**

What is the highest grade you completed? \_\_\_\_\_

Do you have a high school diploma? Yes \_\_\_\_\_ No \_\_\_\_\_ Do you have a GED? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, where did you obtain your diploma or GED from and what year? \_\_\_\_\_

If no, what is the highest grade you completed? \_\_\_\_\_

If you did not complete high school, what was the reason? \_\_\_\_\_

When attending school were you ever suspended? Yes \_\_\_\_\_ No \_\_\_\_\_ Ever expelled? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, explain the reason: \_\_\_\_\_

If you have completed any college credits or degrees since completing high school, please complete the table below:

NAME OF SCHOOL	CITY AND STATE	DEGREE COMPLETED, IF APPLICABLE	YEARS ATTENDED

Are you currently employed? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, complete the table below:

NAME OF EMPLOYER	JOB TITLE	HOW ARE YOU PAID (cash/paystub/1099/etc)	HOURLY WAGE	NUMBER OF HOURS WORKED PER WEEK	START DATE

If you are unemployed, **why** are you unemployed and **when** were you last employed? \_\_\_\_\_

What was the last year you filed income taxes for? \_\_\_\_\_

How many of the past 12 months have you had full-time employment or been enrolled in school full-time? \_\_\_\_\_

What is the longest time you have been employed at one job? \_\_\_\_\_ Where? \_\_\_\_\_

If currently employed, how would you describe your job? \_\_\_\_\_

If currently employed, describe your interactions with your co-workers? \_\_\_\_\_

If currently employed, how do you think your supervisor/boss would describe you as a worker?

---

---

If currently employed, describe your relationship with your supervisor/boss? \_\_\_\_\_

---

**FAMILY/MARITAL:**

What is your current relationship status (married, separated, divorced, in a relationship, single)? \_\_\_\_\_

How many times have you been married? \_\_\_\_\_

If applicable, describe your relationship with your spouse or significant other? \_\_\_\_\_

---

If you are not married and not in a current relationship, how do you feel about being single? \_\_\_\_\_

If married or in a relationship, does your spouse/significant other have a criminal record or do they use illegal drugs? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

---

How many children do you have? \_\_\_\_\_ List their ages: \_\_\_\_\_

If you have children, who do they primarily live with? \_\_\_\_\_

---

Who raised you during your childhood? \_\_\_\_\_

Were you ever in foster/proctor care during your childhood? Yes \_\_\_ No \_\_\_ If yes, between what ages? \_\_\_\_\_

Describe your relationship with your parents or the people who raised you? \_\_\_\_\_

---

---

Describe your relationship with your extended family or siblings? \_\_\_\_\_

---

---

Are you aware of anyone in your family having a criminal record or substance abuse problem? Yes \_\_\_ No \_\_\_

If yes, explain: \_\_\_\_\_

---

**LEISURE/RECREATION:**

Describe what an average day is like for you. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

During the past 12 months, have you attended any clubs or organizations such as unions, service clubs, sports clubs or teams, church, Alcoholics Anonymous, or Narcotics Anonymous? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, were you ordered to attend? Yes \_\_\_\_\_ No \_\_\_\_\_

Name which clubs/organizations, how often you attend/attended, and describe your level of involvement?

\_\_\_\_\_  
\_\_\_\_\_  
Could you use your free time better? Explain: \_\_\_\_\_  
\_\_\_\_\_

**FRIENDS AND ACQUAINTANCES:**

How many friends do you have who **have never been** involved in criminal behavior or illegal drug use? \_\_\_\_\_

When did you last associate/have contact with these friends? \_\_\_\_\_

What do you typically do with these friends? \_\_\_\_\_

How many friends do you have who **are** involved in criminal activity or illegal drug use? \_\_\_\_\_

How often do you associate with these friends? \_\_\_\_\_

What do you typically do with these friends? \_\_\_\_\_

Do you regularly associate with individuals (not friends) who have been in trouble with the law? \_\_\_\_\_

Do you want to associate with better influences? \_\_\_\_\_

**SUBSTANCE USE:**

Has alcohol **ever** been a problem in your life? Yes \_\_\_\_\_ No \_\_\_\_\_ If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

What were the circumstances that first led you to start drinking? \_\_\_\_\_  
\_\_\_\_\_

How would you describe your use of alcohol during the past 12 months?

---

---

How often do you use illegal drugs? \_\_\_\_\_

How would you describe your use of illegal drugs during the past 12 months?

---

---

In the table below, please list any substance you have ever used, experimented with, or tried **even one time**:

SUBSTANCE	AGE OF FIRST USE	FREQUENCY OF USE (currently or at its peak)	DATE OF LAST USE (if exact date is unknown, provide the month and/or year it was last used)
Alcohol			
Marijuana			
Methamphetamine			
Amphetamine other than methamphetamine			
Heroin			
Opiates other than heroin			
Crack/cocaine			
LSD			
Inhalants			
Barbiturates			
Bath salts			
Other hallucinogens			
Prescription pills (taken without a valid prescription issued to you or if you have misused/abused your own valid prescription)			
MDMA			



GHB			
Spice			
Other			

Please circle any of the following problems you have experienced due to alcohol or drug use **within the past 12 months**:

Law Violations    Family Problems    School/Employment Problems    Medical Conditions    Use upon waking up

Drinking to unconsciousness/blackouts    Past Treatment Failure    Financial Problems Due to Use

Use while incarcerated    Sneaking drinks or “fixes”    Frequent use/high tolerance    Withdrawals    Overdoses

Who has complained about your use of drugs or alcohol in the past 12 months?

---



---

How do you think your use of drugs or alcohol has contributed to law violations?

---



---

How do you feel about the possibility of substance abuse treatment? \_\_\_\_\_

If you have ever attended substance abuse treatment, where at and did you complete the program? \_\_\_\_\_

---



---

#### ATTITUDE:

How do you feel about your criminal history? \_\_\_\_\_

---



---

How do you feel about the rules of society or supervision? \_\_\_\_\_

Do you think you have been treated fairly during the legal process for your current case(s)? Yes \_\_\_\_\_ No \_\_\_\_\_ If no, describe why: \_\_\_\_\_

How do you feel about the possibility of being placed on supervised probation/parole in the community? \_\_\_\_\_

If placed on supervised probation/parole, how do you feel you would do and what do you think you would need in order to be successful?

**OTHER INFORMATION:**

Do you have any type of private or public medical insurance/coverage? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, complete the following:

PROVIDER (Medicaid, Medicare, Aetna, etc.)	POLICY ID#	GROUP ID#	NAME OF POLICY HOLDER	POLICY START DATE

If you have physical limitations, describe them: \_\_\_\_\_

Have you ever received a mental health assessment? Yes \_\_\_\_\_ No \_\_\_\_\_

In the table below, please list any current physical or mental health conditions you are diagnosed with:

Name of physical / mental health condition	When did symptoms begin (age/year)?	When were you diagnosed?	Currently prescribed or taking medication for this condition? Y/N	How does this condition affect you?	Name of physician

Are you having any problems paying your bills or supporting yourself? \_\_\_\_\_

Circle any of the following you have received during the past 12 months:

housing voucher      TANF      food stamps      Medicaid      SSI/SSDI      Social Security – death benefits      VA benefits

**As an adult, have you ever been subjected to:**

Emotional abuse? Yes \_\_\_\_ No \_\_\_\_ Physical abuse? Yes \_\_\_\_ No \_\_\_\_ Sexual abuse? Yes \_\_\_\_ No \_\_\_\_

If yes, by whom and how long ago? \_\_\_\_\_

**Please circle any of the following which you have experienced during the past 12 months:**

Homeless      Immigration Issues      Parenting Concerns      Health Problems      Physical Disability      Communication barriers

Learning Disability      Depression      Suicide attempts/threats      Low self-esteem      Shy/withdrawn

Have you ever served in the military? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please provide the following:

Branch	Rank	Discharge Type	Start	End

**Please provide the following information:**

	Name	Street address, city, and state	Phone Number
Mother			
Father			
Spouse/Partner			
Sibling #1			
Sibling #2			
Sibling #3			
Other relative (relation: _____)			
Other relative (relation: _____)			
Friend #1			
Friend #2			
Friend #3			

## Adverse Childhood Experience (ACE) Questionnaire

**Instructions:** Below is a list of 10 categories of Adverse Childhood Experiences (ACEs). From the list below, please place a checkmark next to each ACE category that you experienced *prior to your 18<sup>th</sup> birthday*.

1. Did a parent or other adult in the household often... Swear at you, insult you, put you down, or humiliate you?

OR

Act in a way that made you afraid that you might be physically hurt?

☐ Yes ☐ No

2. Did a parent or other adult in the household often... Push, grab, slap, or throw something at you?

OR

Ever hit you so hard that you had marks or were injured?

☐ Yes ☐ No

3. Did an adult or person at least 5 years older than you ever... Touch or fondle you or have you touch their body in a sexual way?

OR

Try to or actually have oral, anal or vaginal sex with you?

☐ Yes ☐ No

4. Did you often feel... No one in your family loved you or thought you were important or special?

OR

Your family didn't look out for each other, feel close to each other, or support each other?

☐ Yes ☐ No

5. Did you often feel that... You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?

OR

Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?

☐ Yes ☐ No

6. Were your parents ever separated or divorced?

☐ Yes ☐ No

7. Was your mother or stepmother: Often pushed, grabbed, slapped, or had something thrown at her?

OR

Sometimes or often kicked, bitten, hit with a fist, or hit with something hard.

OR

Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?

☐ Yes ☐ No

8. Did you live with anyone who was a problem drinker or alcoholic who used street drugs?

☐ Yes ☐ No

9. Was a household member depressed or mentally ill or did a household member attempt suicide?

☐ Yes ☐ No

10. Did a household member go to prison?

☐ Yes ☐ No

## *Correctional Mental Health Screen for Women (CMHS-W)*

Name    Last,        First,        MI	Offender #	Date mm / dd / year	Time : —
---------------------------------------	------------	---------------------	----------

Questions	No	Yes	Comments
1. Do you get annoyed when friends and family complain about their problems? Or do people complain you are not sympathetic to their problems?	<input type="checkbox"/>	<input type="checkbox"/>	
2. Have you ever tried to avoid reminders of, or to not think about, something terrible that you experienced or witnessed?	<input type="checkbox"/>	<input type="checkbox"/>	
3. Some people find their mood changes frequently-as If they spend everyday on an emotional rollercoaster. For example, switching from feeling angry to depressed to anxious many times a day. Does this sound like you?	<input type="checkbox"/>	<input type="checkbox"/>	
4. Have there ever been a few weeks when you felt you were useless, sinful, or guilty?	<input type="checkbox"/>	<input type="checkbox"/>	
5. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?	<input type="checkbox"/>	<input type="checkbox"/>	
6. Do you find that most people will take advantage of you if you let them know too much about You?	<input type="checkbox"/>	<input type="checkbox"/>	
7. Have you been troubled by repeated thoughts, feelings, or nightmares about something terrible that you experienced or witnessed?	<input type="checkbox"/>	<input type="checkbox"/>	
8. Have you ever been in the hospital for non-medical reasons, such as a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)	<input type="checkbox"/>	<input type="checkbox"/>	