

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

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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.

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 18th 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 Men (CMHS-M)

Name Last, First, MI				Offender #	Date mm / dd / year	Time : —
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QUESTIONS	NO	YES	COMMENTS
1. Have you ever had worries that you just can't get rid of?			
2. Some people find their mood changes frequently - as if they spend everyday on an emotional roller coaster. Does this sound like you?			
3. Do you get annoyed when friends or family complain about their problems? Or do people complain that you're not sympathetic to their problems?			
4. Have you ever felt like you didn't have any feelings, or felt distant or cut off from other people or from your surroundings?			
5. Has there ever been a time when you felt so irritable that you found yourself shouting at people or starting fights or arguments?			
6. Do you often get in trouble at work or with friends because you act excited at first but then lose interest in projects and don't follow through?			
7. Do you tend to hold grudges or give people the silent treatment for days at a time?			
8. Have you ever tried to avoid reminders, or to not think about, something terrible that you experienced or witnessed?			
9. Has there ever been a time when you felt depressed most of the day for at least 2 weeks?			
10. Have you ever been troubled by repeated thoughts, feelings, or nightmares about something you experienced or witnessed?			
11. Have you ever been in a hospital for non-medical reasons such as in a psychiatric hospital? (Do NOT include going to an Emergency Room if you were not hospitalized.)			
12. Have you ever felt constantly on guard or watchful even when you didn't need to or felt jumpy and easily startled?			