



PROBATION DEPARTMENT

*72nd District Court*

COUNTY BUILDING, PORT HURON, MICHIGAN 48060

TELEPHONE: (810) 985-2100

PRE-SENTENCING / SCREENING & ASSESSING CASE HISTORY

Sentence Date \_\_\_\_\_ Interview Date \_\_\_\_\_  
Time \_\_\_\_\_ Judge \_\_\_\_\_ Time \_\_\_\_\_ Interviewer \_\_\_\_\_  
Attorney \_\_\_\_\_ Offense(s) \_\_\_\_\_  
Appointed \_\_\_\_\_ Retained \_\_\_\_\_  
PBT \_\_\_\_\_ Blood Alcohol \_\_\_\_\_  
Breathalyzer \_\_\_\_\_ Docket No. \_\_\_\_\_

DISPOSITION:

\_\_\_\_\_

**(Do Not Write Above This Line)**

Please answer all the following to the best of your ability. Your answers will aid in the pre-sentence interview. All the answers are subject to verification and will be kept confidential. Answer all questions. If the question does not apply to you, then draw a line through the space to acknowledge that you have read the question. **PLEASE PRINT!**

**I. IDENTIFICATION**

Name \_\_\_\_\_ Social Security No. \_\_\_\_\_

Address \_\_\_\_\_  
No. - Street City County

State Zip Code Driver's License No.

Telephone No. (Home) \_\_\_\_\_ (Work) \_\_\_\_\_

Birthdate \_\_\_\_\_ Birthplace \_\_\_\_\_ Race \_\_\_\_\_

Age \_\_\_\_\_ Sex \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_ Eye Color \_\_\_\_\_

Hair Color \_\_\_\_\_ Identifying Marks \_\_\_\_\_

Occupation \_\_\_\_\_ Highest grade completed in school \_\_\_\_\_

Marital Status: Single \_\_\_\_\_ Married \_\_\_\_\_ Divorced \_\_\_\_\_ Separated \_\_\_\_\_ Widowed \_\_\_\_\_

Please give other means of contacting you than listed above: \_\_\_\_\_

\_\_\_\_\_

**II. FAMILY BACKGROUND**

Father \_\_\_\_\_  
Name Address Telephone No.

Mother \_\_\_\_\_  
Name Address Telephone No.

Step-mother \_\_\_\_\_  
Name Address Telephone No.

Step-father \_\_\_\_\_  
Name Address Telephone No.

Living Arrangement: Alone \_\_\_\_\_ Parents \_\_\_\_\_ Spouse \_\_\_\_\_ Other \_\_\_\_\_

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

How long have you resided in the County that you live in? \_\_\_\_\_

Did you live with both of your parents while you were growing up? \_\_\_\_\_

If no, who did you live with? \_\_\_\_\_ Relationship \_\_\_\_\_

Number of brothers \_\_\_\_\_ Number of Sisters \_\_\_\_\_

At what age did you first leave home? \_\_\_\_\_ Why? \_\_\_\_\_

Have you ever returned home to live? \_\_\_\_\_ How Often? \_\_\_\_\_

Do you see or visit your family regularly? \_\_\_\_\_

Do you have someone you can confide in? (Honest discussion about your feelings)

Yes \_\_\_\_\_ No \_\_\_\_\_

If you live with someone, how well do you get along with them?

Not Well \_\_\_\_\_ Moderately Well \_\_\_\_\_ Very Well \_\_\_\_\_

**III. EDUCATION**

Name & Address of last school attended \_\_\_\_\_ Dates Attended \_\_\_\_\_  
From \_\_\_\_\_ To \_\_\_\_\_

How did you get along in school? \_\_\_\_\_

Did you graduate? \_\_\_\_\_ If yes, date \_\_\_\_\_

If no, complete this section: \_\_\_\_\_

Why did you leave? \_\_\_\_\_

Did you receive a GED? \_\_\_\_\_ When \_\_\_\_\_

Have you ever taken College, Technical or Trade School Classes? \_\_\_\_\_

If yes, name of school \_\_\_\_\_ Course \_\_\_\_\_ Date \_\_\_\_\_ Did you complete? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do you have a degree, diploma or certificate? \_\_\_\_\_

**IV. MARITAL HISTORY**

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

Current Marriage:

Full name of person you married \_\_\_\_\_

Age of spouse \_\_\_\_\_ Date of marriage \_\_\_\_\_ No. of Children \_\_\_\_\_

Full name of previous spouse(s) \_\_\_\_\_ Date of marriage \_\_\_\_\_ Date of divorce \_\_\_\_\_

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

Children:

Full name \_\_\_\_\_ Age \_\_\_\_\_ Present address (if known) \_\_\_\_\_ Occupation \_\_\_\_\_

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

Do you pay Court ordered child support payments? \_\_\_\_\_

If yes, amount paid per week \_\_\_\_\_ How far are you behind? \_\_\_\_\_

Step-children (if any)

Full name \_\_\_\_\_ Age \_\_\_\_\_ Does your spouse receive support? \_\_\_\_\_

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

**V. EMPLOYMENT**

Are you currently employed? \_\_\_\_\_ Unemployed? \_\_\_\_\_ Part-time work? \_\_\_\_\_

Type of job \_\_\_\_\_ What company do you work for? \_\_\_\_\_

Address \_\_\_\_\_ Phone # \_\_\_\_\_ Date started \_\_\_\_\_

Your occupation \_\_\_\_\_ Hours that you work \_\_\_\_\_

**(Employment Continued)**

Wage \_\_\_\_\_ per hour; Weekly / bi-weekly take home pay \_\_\_\_\_

How many people are dependent upon your income (including yourself)? \_\_\_\_\_

Are you in danger of losing your job? \_\_\_\_\_ If yes, explain \_\_\_\_\_

Who is your supervisor \_\_\_\_\_ Do they know of arrest? \_\_\_\_\_

Past employer: \_\_\_\_\_

Name of Employer or Company \_\_\_\_\_

Address \_\_\_\_\_

Dates: from \_\_\_\_\_ to \_\_\_\_\_ Wage \_\_\_\_\_ Reason for leaving \_\_\_\_\_

If you were ever fired from a job, why were you fired? \_\_\_\_\_

**VI. ECONOMIC**

Car Make \_\_\_\_\_ Model \_\_\_\_\_ Color \_\_\_\_\_ Year \_\_\_\_\_

Are you behind in any bills or payments? \_\_\_\_\_

List loan payments or bills:

Owed to	For	Amount	Payment

Do you or your spouse receive ADC? \_\_\_\_\_ SSI? \_\_\_\_\_ General Assistance? \_\_\_\_\_

Disability or compensation? \_\_\_\_\_ Other income \_\_\_\_\_

If you receive unemployment, amount \_\_\_\_\_ How many more weeks are you eligible? \_\_\_\_\_

**VII. MILITARY RECORD**

Have you ever been in the Armed Services? Yes \_\_\_\_\_ No \_\_\_\_\_ Dates \_\_\_\_\_

Which branch of service \_\_\_\_\_ Type of discharge \_\_\_\_\_

**VIII. HEALTH**

Have you ever had any serious illness or injury? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Do you have any current health problems? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Are you taking medication? \_\_\_\_\_ What kind? \_\_\_\_\_

Have you ever failed a physical for a job? \_\_\_\_\_ If yes, explain: \_\_\_\_\_

Your doctor's name \_\_\_\_\_

Have you ever been referred to, or sought on your own: psychiatric, mental health, marital or substance abuse counseling? \_\_\_\_\_ If yes, complete this section:

When? \_\_\_\_\_ Who referred you? \_\_\_\_\_

Where? \_\_\_\_\_ Did you complete that counseling or treatment? \_\_\_\_\_ Are you going now? \_\_\_\_\_ If so, where? \_\_\_\_\_

Counselor's name \_\_\_\_\_ Do you take any drugs? \_\_\_\_\_

What drugs? \_\_\_\_\_ How often? \_\_\_\_\_ What proportion of your friends use drugs? None \_\_\_\_\_ Some \_\_\_\_\_ Half \_\_\_\_\_ Most \_\_\_\_\_ All \_\_\_\_\_

Do you drink alcohol? \_\_\_\_\_ How often? \_\_\_\_\_ How much? \_\_\_\_\_

Do you have an alcohol problem? \_\_\_\_\_ Do you get into trouble when you drink? \_\_\_\_\_

Have you ever attended an Alcohol Education Program? \_\_\_\_\_

If yes, where? \_\_\_\_\_

Have you ever been hospitalized for alcohol or other drug treatment, detox., or OD? \_\_\_\_\_

If yes, when? \_\_\_\_\_ Where? \_\_\_\_\_

Do you have health insurance? \_\_\_\_\_ If so, company \_\_\_\_\_

**IX. ALCOHOL HISTORY**

Where do you usually drink? \_\_\_\_\_ When do you usually drink? \_\_\_\_\_ How much can you drink? \_\_\_\_\_

Do you drink alone or with friends? \_\_\_\_\_ At what age was your first intoxication (drunk)? \_\_\_\_\_

**(Alcohol History Continued)**

Please mark the appropriate boxes below:

	Against drinking	Non-drinker	Social drinker	Problem drinker
Father				
Mother				
Spouse				
Close Friend				
Close Friend				

**X. Arrest Record**

Were you ever taken into Juvenile Court? \_\_\_\_\_ If yes, explain \_\_\_\_\_

\_\_\_\_\_ Have you ever been arrested? \_\_\_\_\_

Begin with the most recent arrest.

Arresting charge	Date	Arresting agency	Final charge	Convicted?	Sentence
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever been on juvenile probation? \_\_\_\_\_ If yes, when? \_\_\_\_\_

Have you ever been on probation? \_\_\_\_\_ If yes, where? \_\_\_\_\_

When? \_\_\_\_\_ Who was your probation officer? \_\_\_\_\_

Are you currently on probation or parole? \_\_\_\_\_ If yes, where? \_\_\_\_\_

Who is your probation officer? \_\_\_\_\_

Have you ever been in prison or jail? \_\_\_\_\_ Do you have any pending charges, other than this one? \_\_\_\_\_

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

Do you have any concerns about this particular arrest? \_\_\_\_\_

**X. OTHER**

Is there any person or organization you would like this department to contact during this pre-sentence / screening / assessment interview? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

