STATE OF MICHIGAN
HILLSDALE COUNTY 2B DISTRICT COURT
49 N. Howell St., Hillsdale, MI 49242 (517) 437-7329

Presentence Investigation Report

Demographic Information:

Name: ________________________________

DOB: ________________________________

Address: ________________________________

Social security #: ________________________________

Date of sentencing: ________________________________

Telephone #: ________________________________

Alternate telephone #: ________________________________

Email: ________________________________

Familial Status:

- o Married
- o Single
- o Divorced
- o Separated
- o Widowed
- o Unmarried but cohabitating with significant other

Living with spouse or significant other? Yes ___ No ___

Name of spouse or significant other: ________________________________

Spouse or significant other's telephone #: ________________________________

Children? Yes ___ No ___

Names:	DOB:	Current Address
________________________________	_____	________________________________
________________________________	_____	________________________________
________________________________	_____	________________________________
________________________________	_____	________________________________

Please list any additional children in your household:

Names: Age: Parents' Names:

Names:	Age:	Parents' Names:
___	___	___
___	___	___
___	___	___
___	___	___

Please list any additional adults living in your household:

Names:	Age:	Relationship to you:
___	___	___
___	___	___
___	___	___

Parents' names and addresses

Mother: ___

Father: ___

Education:

How far did you go in school? ___

Have you obtained a high school diploma or GED? Yes ___ No ___

What was the last school you attended? ___

When did you last attend school? ___

Describe any special training you may have received:

___

___

___

Employment:

Are you employed? Yes ___ No ___ Disabled ___

If disabled, please explain:

___

___

___

Name of employer: ________________________________

Employer's address: ________________________________

Employer's telephone #: ________________________________

What is your position? ________________________________

Name, address, and telephone # of your immediate supervisor:

____

What was your hire date? ________________________________

What is your rate of pay?

__________ per hour

__________ per week

__________ per month

Regular work days: ________________________________ Hours: __________

What day of the week do you get paid? __________

How often do you receive a paycheck? __________

What date will you receive your next paycheck? __________

If you are not employed, are you receiving unemployment benefits? Yes ___ No ___

If so, what is the amount of your benefits? __________

When is it scheduled to end? __________

If you are on disability, what is the amount of your monthly benefit? __________

Please list your last five employers:

Employer Name:	Position:	Dates of Employment:	Reason for leaving:

Military Service:

Have you ever served in the armed service? Yes ___ No ___

If so, which branch? ________________________________

Dates of service: ________________________________

Did you serve in combat? Yes ___ No ___

Have you experienced or witnessed any traumatic experiences during your time in service?

Yes ___ No ___

If so, please explain:

____

____

Do you have any physical or mental health injuries from your time in service? Yes ___ No ___

If so, please describe:

____

____

Discharge

- o Honorable
- o Dishonorable
- o Other than honorable
- o General

If dishonorable or other than honorable discharge, please describe the circumstances:

____

____

____

Rank at time of discharge: ______________________________

Have you received any assistance or services through the VA? Yes ___ No ___

If so, please list:

____

____

<u>Medical</u>:

Have you been diagnosed with any health problems, chronic or not? Yes ___ No ___

If so, please describe:

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Are you on any medications? Yes ___ No ___

Do you <u>currently</u> have a valid medical marijuana card? Yes ___ No ___

If you are on any medications, please identify:

Medication:	Condition for which you take this medication:	Do you take this medication regularly?	Please indicate dosage

Would these health problems interfere with your ability to carry out the terms of probation?

Yes ___ No ___

If so, please explain why:

____

____

Are you incurring significant costs due to a medical condition? Yes ___ No ___

Treating physician: ___________________________________

Treating physician's telephone #: ___________________________________

Mental Health History:

Are you currently suffering from any mental health problems or disorders? Yes ___ No ___

If yes, please describe:

____

____

Do you have a history of other mental health problems or disorders? Yes ___ No ___

If yes, please describe:

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Have you ever been hospitalized, received inpatient care of any kind, or received any other treatments? Yes ___ No ___

If yes, please describe:

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Treating physician: ___________________________________

Treating physician's telephone #: ___________________________________

Are you currently on medication for any identified disability or disorder? Yes ___ No ___

If yes, please list all medications and the amount you take on a daily basis:

Medication:	Daily Dosage:
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________
______________________________	______________________________

Have you ever been assessed through CMH/Lifeways or other mental health provider?

Yes ___ No ___

If so, when? ______________________________

Please identify any services received:

____

Needs Assessment:

Do you have a need for assistance with transportation? Yes ___ No ___

Do you need assistance for a disability? Yes ___ No ___

If so, please explain:

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Do you have a need for food or clothing? Yes ___ No ___

If so, please identify your need:

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ACEs Inventory:

Prior to your 18th birthday:

1. Did a parent or other adult in the household often or very 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?
   No___If Yes, enter 1 __
2. Did a parent or other adult in the household often or very often… Push, grab, slap, or throw something at you? or Ever hit you so hard that you had marks or were injured?
   No___If Yes, enter 1 __

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 Attempt or actually have oral, anal, or vaginal intercourse with you?
   No___If Yes, enter 1 __
4. Did you often or very often feel that … 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?
   No___If Yes, enter 1 __
5. Did you often or very 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?
   No___If Yes, enter 1 __
6. Were your parents ever separated or divorced?
   No___If Yes, enter 1 __
7. Was your mother or stepmother:
   Often or very often pushed, grabbed, slapped, or had something thrown at her? or Sometimes, often, or very 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?
   No___If Yes, enter 1 __
8. Did you live with anyone who was a problem drinker or alcoholic, or who used street drugs?
   No___If Yes, enter 1 __
9. Was a household member depressed or mentally ill, or did a household member attempt suicide? No___If Yes, enter 1 __
10. Did a household member go to prison?
   No___If Yes, enter 1 __

Now add up your "Yes" answers to questions 1-10 above: ___ This is your ACE Score

Criminal History:

Criminal Conviction(s)	Location	Sentence	Date

How long were you in jail on this current charge? ______________________________

Did you post bond? Yes ___ No ___

Who posted you bond? ________________________________

How much was your bond? ________________________________

Describe your version of the event that led to this current arrest:

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Date: __________ Signature: ________________________________