

### CLIENT INFORMATION PACKET

Last Name	First Name	Middle Name	Social Security Number

Having been convicted in the United States District Court, the Probation Department is required to complete a presentence investigation report for the court. The presentence investigation report will contain factual information relevant to your sentencing, including information regarding your personal history. To assist in that process, please complete this packet in its entirety. The information contained in this packet will be discussed with you in detail during the presentence interview and will be relied upon for the completion of your presentence investigation report. You may utilize additional pages to provide the requested information, if necessary.

In addition to incorporating the information contained in this packet and obtained from you during the presentence interview, your presentence investigation report will indicate the documentation you provided for corroborative purposes. As such, please provide photocopies (electronic photocopies preferred) of the below-noted documentation (if applicable).

- Birth certificate(s), for you and children
- Immigration documents/naturalization certificate, if applicable.
- Marriage certificate(s)/divorce decree(s)
- Social Security card/ SSI benefits letter
- Personal & corporate tax returns for past 3 years
- Driver's license and current car registration(s)
- School records, including diplomas and any professional licenses or certifications
- Any paperwork to confirm past AND present employment and other sources of income (i.e.: paystubs, W-2 forms /welfare/disability award letters)
- Medical records and prescription(s) list (from pharmacy), if currently under treatment for any physical or psychiatric problems
- Most recent bank statements for all accounts, investment account statements, credit card bills and car/school loan payments.
- Apartment lease or mortgage note, or other means to verify housing costs.
- Resume.

**UNITED STATES DISTRICT COURT**  
Federal Probation System

**SUPPLEMENT TO WORKSHEET FOR PRESENTENCE REPORT**

<b>PERSONAL IDENTIFICATION</b>		
Name(s): (List every name you have used, e.g., name given at birth, name given at adoptions, nickname, alias, names used as a result of marriage, etc).		
Date of Birth:	Age:	Place of Birth:
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Other      Hispanic Origin: <input type="checkbox"/> Yes <input type="checkbox"/> No		
Sex:	SSN:	Immigration Status:
Country of Citizenship:		Other ID #:
Current Legal Address: _____ (Number and Street, Apartment Number if applicable)  _____ (City) (State) (Zip)		
Current Residence Address: <input type="checkbox"/> Same as above <input type="checkbox"/> Rent <input type="checkbox"/> Own  _____ (Number and Street, Apartment Number if applicable)  _____ (City) (State) (Zip)		
Pretrial Officer Name (if applicable):		

**RESIDENCE HISTORY**

(Please indicate the last three locations you resided, other than your current address)

Address: \_\_\_\_\_  
Number/Street/Apartment Number (if applicable) City/State/Zip  
 Rented  Owned

Dates Resided:

Address: \_\_\_\_\_  
Number/Street/Apartment Number (if applicable) City/State/Zip  
 Rented  Owned

Dates Resided:

Address: \_\_\_\_\_  
Number/Street/Apartment Number (if applicable) City/State/Zip  
 Rented  Owned

Dates Resided:

Please summary residence history: City/State/Country, Approximate Dates Resided.

<b>PARENT/SIBLING INFORMATION</b>				
<b>Name</b>	<b>Age</b>	<b>Residence (City/State)/Phone #</b>	<b>Occupation</b>	<b>Health</b>
Father				
Mother				
<b>SIBLINGS</b>				

**ADDITIONAL FAMILY DATA**

Provide contact information for any stepparents, adoptive parents, adopted siblings, guardians, etc. (if applicable), or any other relevant family data.

**MARITAL/ROMANTIC RELATIONSHIP HISTORY**

Presently single and no marital/relationship history.

<b>Name</b>	<b>Age</b>	<b>Residence (City/State)/ Phone #</b>	<b>Occupation/ Income</b>	<b>Dates of Relationship</b>	<b># of Children</b>
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	
				From: To:	

<b>CHILDREN</b>		
(Parent/Guardian of minor children will be contacted by the U.S. Probation Department)		
<input type="checkbox"/> No Children		
<b>Child 1</b>		
Name:	Age:	Name of Other Parent/Guardian:
Address (City/State, if not residing with you):		
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Support Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child 2</b>		
Name:	Age:	Name of Other Parent/Guardian:
Address (City/State, if not residing with you):		
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Support Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child 3</b>		
Name:	Age:	Name of Other Parent/Guardian:
Address (City/State, if not residing with you):		
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Support Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>Child 4</b>		
Name:	Age:	Name of Other Parent/Guardian:
Address (City/State, if not residing with you):		
Student: <input type="checkbox"/> Yes <input type="checkbox"/> No	Custody: <input type="checkbox"/> Yes <input type="checkbox"/> No	
Employed: <input type="checkbox"/> Yes <input type="checkbox"/> No	Financial Support Provided: <input type="checkbox"/> Yes <input type="checkbox"/> No	

**CHILDREN (continued)**

**Child 5**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name of Other Parent/Guardian: \_\_\_\_\_

Address (City/State, if not residing with you): \_\_\_\_\_

Student:  Yes  No

Custody:  Yes  No

Employed:  Yes  No

Financial Support Provided:  Yes  No

**Child 6**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name of Other Parent/Guardian: \_\_\_\_\_

Address (City/State, if not residing with you): \_\_\_\_\_

Student:  Yes  No

Custody:  Yes  No

Employed:  Yes  No

Financial Support Provided:  Yes  No

**Child 7**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name of Other Parent/Guardian: \_\_\_\_\_

Address (City/State, if not residing with you): \_\_\_\_\_

Student:  Yes  No

Custody:  Yes  No

Employed:  Yes  No

Financial Support Provided:  Yes  No

**Child 8**

Name: \_\_\_\_\_ Age: \_\_\_\_\_ Name of Other Parent/Guardian: \_\_\_\_\_

Address (City/State, if not residing with you): \_\_\_\_\_

Student:  Yes  No

Custody:  Yes  No

Employed:  Yes  No

Financial Support Provided:  Yes  No



**PHYSICAL CONDITION**

Healthy and no history of health problems.

List the date(s) and cause(s) of any serious chronic illnesses and medical conditions (past and present). For any prior hospitalizations, be sure to indicate where and for how long.

List all current prescriptions.

Name, address, and telephone number for all physicians.

**MENTAL AND EMOTIONAL HEALTH**

No history of mental or emotional health problems, and no history of treatment for such problems.

Describe any past or present mental, emotional, or gambling problems. Include the diagnosis of any problems (if known) and the dates of any treatment. List the name and address of the treatment provider(s).

List all current prescriptions.

<b>SUBSTANCE ABUSE</b>			
<input type="checkbox"/> No history of alcohol or drug use and no history of treatment for substance abuse			
<input type="checkbox"/> Declines to discuss alcohol or drug use. NOTE: Failure to discuss issues relating to alcohol and drug use could preclude you from treatment programs within the BOP.			
Describe in detail history of substance abuse and treatment. (Overdose, daily cost to support habit, frequency and quantity of use, treatment programs and dates).			
Substance	First Used	Last Used	How Often/How much?
Alcohol			
Marijuana			
Powder Cocaine			
Crack Cocaine			
Heroin			
Opiates			
Other (please specify)			
Other (please specify)			
Other (please specify)			
Which substance did you use most frequently?			
Which substance(s) has/have caused you the most issues/problems?			
Describe in detail history of substance abuse treatment. (Indicate name/dates and duration of programs and if successfully completed or not.)			

<b>EDUCATION AND VOCATION SKILLS</b>				
Highest Education Level:			Fluent Language(s):	
Name of School	City/State/Country	Dates Attended	Degree, Diploma or Certificate Received	
		From: To:		
		From: To:		
		From: To:		
		From: To:		
		From: To:		
		From: To:		
Do you have any specialized training or professional licenses? <input type="checkbox"/> Yes <input type="checkbox"/> No    If yes, please describe below.				
<b>MILITARY</b>				
<input type="checkbox"/> None.				
Branch of Service	Service Number	Date Entered	Date Discharged	Discharge Type
Highest Rank	Rank at Separation	Decorations/Awards	VA Claim Number	
Summarize Military Service.				

<b>EMPLOYMENT HISTORY</b>		
<b>Dates</b>	<b>Name/Address of Employer</b>	<b>Title/Position; Reason for Leaving</b>
From:		Position/Title:
To: Present	Weekly Hours:  Gross Salary: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Reason for Leaving:
From:		Position/Title:
To:	Weekly Hours:  Gross Salary: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Reason for Leaving:
From:		Position/Title:
To:	Weekly Hours:  Gross Salary: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Reason for Leaving:
From:		Position/Title:
To:	Weekly Hours:  Gross Salary: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Reason for Leaving:
From:		Position/Title:
To:	Weekly Hours:  Gross Salary: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Reason for Leaving:

<b>EMPLOYMENT HISTORY (continued)</b>		
From:		Position/Title:
To:	Weekly Hours:  Gross Salary: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Reason for Leaving:
From:		Position/Title:
To:	Weekly Hours:  Gross Salary: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Reason for Leaving:
From:		Position/Title:
To:	Weekly Hours:  Gross Salary: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Reason for Leaving:
From:		Position/Title:
To:	Weekly Hours:  Gross Salary: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Reason for Leaving:
From:		Position/Title:
To:	Weekly Hours:  Gross Salary: <input type="checkbox"/> Weekly <input type="checkbox"/> Biweekly <input type="checkbox"/> Annually	Reason for Leaving:

**EMPLOYMENT HISTORY (continued)**

Please summarize all additional prior employment prior to the last 10 years.

Please indicate dates of prior unemployment and means of financial support during that time.

**ACCEPTANCE OF RESPONSIBILITY STATEMENT**

Declined to provide a statement regarding the offense.

Statement regarding the offense: