## 15<sup>th</sup> District Court Probation

301 E. Huron PO Box 48107 Ann Arbor, MI 48107 Appointments: 734.794.6761, ext 3 Fax 734.794.6762

## **Probationer Information**

If you fail to keep a scheduled probation appointment you may be assessed \$50.00 which is due the next time you appear in court.

Please allow yourself time for the meeting as it may be difficult to find available parking. Interviews can last around an hour and if you are late there is a possibility that you will not be seen.

The pre-sentence report will include information regarding your background, family history, employment, finance and education. You will also be asked questions about any physical or mental illnesses and substance use. This report is for your sentencing judge. It is important that your judge have accurate information so she/he can determine an appropriate sentence for you.

Probation files are confidential so we cannot speak with your parents, friends or significant others about your probation.

It is your responsibility to notify the probation department if you move or change employment. We assume that your address is current and that any mail we send you will reach you.

I have read the above information:	
Name	 Date

Name: _				Birth Date:				
Address: City/State/Zip:								
				Telephone #:				
With whom do you live:								
Time lived at current address: Years Months								
Email ad	dress:							
DLN:  Do you own a motor vehicle: ☐ Yes ☐ No				last 4 of SSN:				
				Make/Model:				
Race:	□American Indian/Ala □Native Hawaiian/Ot						□Hispanic/Latino er □Unknown	
Gender:	Ht:	Wt:	Hai	r:	Eye:		Age:	
EMPLOY	MENT INFORMATION:							
Company	y Name:			_Job Title:				
Address_				Hourly Wag	ge:			
City & Zi <sub>l</sub>	p:			Date of Hire	e:			
Other M	onthly Income:			Amount: _				
EDUCAT	 ION:							
Name of	High School:			_Date Gradu	ated:			
Name of	College/Other School:			_Degrees/Ce	ertificates:			
MARITA	 L STATUS							
Present \	Wife or Husband:			_Address:				
Date Ma	rried:			Prior Marr	iages:			
Children	's Name & Age: 1)			2)				
	3)			4)				
FAMILY I	BACKGROUND							
Father's	Name & Address:							
	s Name & Address:							
Brothers	/Sisters: 1)			_2)				
	3)			4)				

## **MILITARY SERVICE**

Branch of Service	e:		Dates:
Type of Discharg	ge:		Highest Rank:
Military Occupa	tion:		Overseas Service:
Have you ever re	eceived treatment at	the VA: ☐ Yes ☐ No	Do you receive VA benefits: ☐ Yes ☐ No
PRIOR ARRESTS			
Date	Place	Charge	Disposition/Sentence
1)			
2)			
3)			
HEALTH			
Are you current	ly under the care of a	Physician or Medical	Doctor? ☐ Yes ☐ No
If yes, list reasor	n for treatment and a	ny prescribed medica	itions:
Name of Doctor	:		Agency:
Have you ever u	ndergone psychiatric	or mental health cou	ınseling? □ Yes □ No
Reason for Refe	rral:		_Agency:
Dates of attenda	ance:		_
Have you ever a	ttempted suicide:	Yes No	When:
Have you ever b	een hospitalized for p	osychiatric reasons: C	☐ Yes ☐ No When:
SUBSTANCE ABO	USE		
Drug of Choice (	Including Alcohol):		
At what age did	you first use alcohol:		Have you had a blackout:
Average numbe	r of days you drink pe	r month:	_How many drinks each time:
At what age did	you first use street dr	rugs:	_Which drugs:
Have you ever u	sed IV drugs: ☐ Yes ☐	□No	Currently using: ☐ Yes ☐ No
Have you ever u	ndergone any substa	nce abuse counseling	? 🗆 Yes 🗆 No Agency:
Completed: □`	Yes □ No		If no, why:

Are you currently on probation/parole: $\square$ Yes $\square$ No	Probation/Parole Officer:
Agency:	Phone#
Do you have cases pending: ☐ Yes ☐ No	Offense:
Next Court Date:	Type of Hearing:
Have you spent time in jail on this case: ☐ Yes ☐ No	How many days:
Present Offense:	Attorney:
Name of co-defendants:	
want the Judge to be aware of regarding this offense.	
Comment on what your sentence should be and why:	
Comment on what your sentence should be and why:	
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