

**YAVAPAI COUNTY ADULT PROBATION DEPARTMENT
PRESENTENCE / PROBATION QUESTIONNAIRE**

You have been ordered by the Yavapai County Superior Court to cooperate with the Adult Probation Department in the preparation of this presentence/probation questionnaire. Answer every question on this form to the best of your ability.

******* DO NOT LEAVE ANY QUESTION UNANSWERED *******

Name: _____ Race: _____ Sex: _____ Height: _____

Address: _____ Eyes: _____ Hair: _____ Weight: _____

_____ Date of Birth: _____ Age: _____

Date you started living at this address: _____ Citizen of: _____

Home Phone: _____ Cell Phone: _____ Birthplace: _____

Maiden &/or Nickname(s): _____ Social Security No.: _____

Biological Father's Full Name: _____

Scars/Tattoos/Piercings (where & what): _____

Marital Status: _____ Number of Children: _____ Religious Preference: _____

D/L or ID #: _____ State: _____ Issued: _____ Expires: _____

Status of License/ State ID: Valid Suspended/ Revoked/ Cancelled Restricted

Have you ever served in the military? Yes No

List your significant other, children, parents, brothers, sisters and any other relative with whom you regularly associate:

NAME	RELATION	AGE	COMPLETE ADDRESS	PHONE

Please return this packet to: _____ in _____ by _____.

OFFENSE INFORMATION

Date(s) Incarcerated: _____ Date(s) Released: _____ # of days In Custody: _____

Name of your Attorney: _____ Is s/he Court Appointed Retained

Do you have any previous convictions (misdemeanor or felony)? Yes No

Have you ever been on supervised probation as an adult or juvenile? Yes No

If you answered yes to either of the above questions, please explain: _____

SOCIAL HISTORY

Describe any major events from your childhood that affected you? _____

How was your relationship with your parents? _____

Was or is there still alcohol/drug problems in your family? Yes No If yes, explain: _____

Were you the subject of any abuse? Sexual Physical Mental/Emotional

Did you graduate high school? obtain a GED? drop out of school? Last grade completed _____

Did you attend vocational skills training, college or trade school? Yes No If yes, describe: _____

List any marriages, divorces or personal relationships you have been involved in, and children born to these unions: _____

Where have you lived? (at what age & to where did you move) Age _____ Moved to _____

Age _____ Moved to _____ / Age _____ Moved to _____

Age _____ Moved to _____ / Age _____ Moved to _____

Age _____ Moved to _____ / Age _____ Moved to _____

Vehicle Make (Nissan, Dodge, etc.)	Model (Altima, Ram, etc.)	Year	Color	Plate	State	Owner

MEDICAL HISTORY

List any medical conditions you may have, including your doctor's name: _____

List any prescription or nonprescription medications you are taking, along with the dosage: _____

MENTAL HEALTH

Have you ever received the services of a psychiatrist psychologist counselor? _____

Was there a diagnosis, and if so, what was it? _____

Were you prescribed any medication at that time? Yes No What was it, and are you still taking it? _____

Have you ever had treatment for emotional/mental health issues? Yes No

If yes, explain: _____

Have you ever been: Depressed? Yes No Suicidal? Yes No If yes, explain: _____

SUBSTANCE USE

Have you ever used or abused any of the following substances? (Include all drugs, even those used only once.)

Substance	Age at 1 st Use	Time since last use	Are you addicted?	How often do you use?	Length of use?	Method of Use
Marijuana			YES NO			
Cocaine			YES NO			
Speed/Meth.			YES NO			
Heroin/Methadone			YES NO			
Mushrooms			YES NO			
Prescription Drugs (specify)			YES NO			
LSD, PCP			YES NO			
Toxic vapors			YES NO			
Alcohol			YES NO			
Other (specify)			YES NO			

Do you need alcohol or drug treatment now? _____

Why or why not? _____

Have you ever participated in substance abuse treatment? Yes No (do not include 12-step meetings, AA/NA, etc.)

If yes, complete the following:

When	Name & location of program	How often did you attend?	How long was the program?	Did you successfully complete the program? If no, why?

How many times, if ever, have you received or attempted treatment for the following?

Anger Management: Drugs: Mental Health: Financial Management:
 Alcohol: Domestic Violence: Sexual Deviancy:

EMPLOYER INFORMATION

Current employer: _____

Phone: _____ Supervisor's Name: _____

Address: _____
Number Street City State Zip

Date Hired: _____ Your Job Title: _____

Pay: \$ _____ per hr wk month Frequency: daily wkly bi-wkly mo job

Do you expect to change jobs soon? _____ Does your employer know about your legal situation? _____

PRIOR EMPLOYMENT

Employer: _____ Supervisor's Name: _____

Address: _____
Number Street City State Zip

Your job title: _____ Employed From: _____ To _____
Month/Year Month/Year

Reason for leaving: _____

Employer: _____ Supervisor's Name: _____

Address: _____
Number Street City State Zip

Your job title: _____ Employed From: _____ To _____
Month/Year Month/Year

Reason for leaving: _____

Employer: _____ Supervisor's Name: _____

Address: _____
Number Street City State Zip

Your job title: _____ Employed From: _____ To _____
Month/Year Month/Year

Reason for leaving: _____

If unemployed, how do you support yourself? _____

If unemployed, why? _____

MILITARY SERVICE

Branch: _____ Dates of Service: _____

Where were you stationed? _____

Did you serve in combat? _____ Type of Discharge: _____

If other than honorably discharge, explain: _____

YAVAPAI COUNTY ADULT PROBATION DEPARTMENT FINANCIAL STATEMENT

NAME _____ CR# _____

It is very important to provide accurate and complete financial information. The Judge will order a specific monthly amount with some regard to your ability to pay as evidenced by the documentation you provide

INCOME	EXPENSES / LIABILITIES	Balance / mo Payment
Your Monthly Income (Take Home Pay) _____	Mortgage / Rent Payment _____	/
Spouse/Sig Other/Roommate _____	Vehicle Payment _____	/
VA/Medical Aid _____	Utilities (gas, electricity, water, trash) _____	/
Social Security SSDI, SSI _____	Cable / Satellite _____	/
AFDC (Local Government Assistance) _____	Home/Cell Phone _____	/
Unemployment / workmen's comp _____	Internet Provider _____	/
Alimony/Spousal Maint. (Receiving) _____	Daycare _____	/
Child Support (Receiving) _____	Child Support (Paying) _____	/
Retirement Benefits/Pensions _____	Alimony/Spousal Maint. (Paying) _____	/
Tribal entitlements _____	Insurance Car _____	/
Other Income _____	Other _____	/
or financial assistance _____	Loan Payments _____	/
current or expected _____	Credit Card Balances/mo payment _____	/
TOTAL MONTHLY INCOME: 	_____	/
TANGIBLE ASSETS	Food _____	/
Cash on Hand _____	Gasoline _____	/
Checking Acct Balance _____	Legal Fees _____	/
Savings Acct Balance _____	Medical/Dental _____	/
Stocks/Bonds/inheritance _____	Outstanding Court Fines	/
Residence/Property _____	from previous cases	/
Income Tax Return _____	Tobacco products _____	/
Other Investments _____	Clothing/hair expense _____	/
Other Residences _____	Other Expenses List: _____	/
Vehicle _____	Write out any other bills that	/
Other personal or real property: _____	you pay _____	/
_____	_____	/
TOTAL VALUE OF ASSETS: 	TOTAL MONTHLY EXPENSES: 	/

How much are you certain you could pay per month toward what the Court might determine you owe?
(This includes, but is not limited to restitution, fines, probation service fees, and court-appointed attorney costs.) \$ _____

CIRCLE THE ANSWER BELOW..... and legibly print the answers to the "if yes" questions in the blanks beside

AHCCCS Benefits	Yes	No	Pending	
Married/cohabitating?	Yes	No	If yes, name of significant other:	_____
Children living at home:	Yes	No	If yes, how many: _____	ages: _____
I have a Disability/SMI	Yes	No	If yes, what?	_____
Pregnancy:	Yes	No	If yes, when is it due?	_____

I swear that the information provided is accurate to the best of my knowledge and that I will provide receipts or evidence of what I have listed as my bills.

SIGNATURE _____ DATE _____