

ADULT PROBATION, PAROLE, AND
DUI SERVICES
OF
MONTGOMERY COUNTY



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PARTNERING FOR A BETTER TOMORROW

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**MONTGOMERY COUNTY
ADULT PROBATION & PAROLE DEPARTMENT
PRE-SENTENCE INVESTIGATION UNIT**

**PRE-SENTENCE REPORT
QUESTIONNAIRE**

The Montgomery County Court of Common Pleas has ordered a Pre-Sentence Investigation and Report to be completed on you for your current case(s). In order for this to be accomplished, you will need to complete the entire attached questionnaire truthfully and accurately. Please return the completed packet within 7 business days to:

Shane Reardon, Supervisor
Or
Daniel Mogel, Assistant Supervisor

408 Cherry Street
PO Box 311
Norristown, PA 19404

NAME: _____

DATE OF BIRTH: _____

DOCKET NUMBER: _____

DEFENSE ATTORNEY: _____

DATE: _____

FAMILY HISTORY

1. FATHER'S NAME: _____ AGE: _____
ADDRESS: _____

OCCUPATION: _____
DECEASED YES ___ NO ___ IF YES, DATE _____
NATURE OF DEATH _____

2. MOTHER'S NAME: _____ AGE: _____
ADDRESS: _____

OCCUPATION: _____
DECEASED YES ___ NO ___ IF YES, DATE _____
NATURE OF DEATH _____

3. WERE YOUR PARENTS LEGALLY MARRIED TO EACH OTHER: YES ___ NO ___

4. HAVE YOUR PARENTS EVER BEEN DIVORCED: YES ___ NO ___

SEPARATED: YES ___ NO ___

IF YES: DATE OF DIVORCE/SEPARATION: _____

WHAT WAS THE CAUSE: _____

WHO DID YOU LIVE WITH: _____

WHO DID YOUR SIBLINGS LIVE WITH: _____

DID EITHER OF YOUR PARENTS REMARRY: YES ___ NO ___

IF YES: DATE OF REMARRIAGE: _____

NAME OF STEP-PARENT(S): _____

5. WERE YOU EVER ABUSED OR NEGLECTED AS A CHILD? YES ___ NO ___

IF YES, EXPLAIN _____

6. SIBLINGS: LIST OLDEST TO YOUNGEST:

NAME:		AGE		OCCUPATION	
ADDRESS:					
NAME:		AGE		OCCUPATION	
ADDRESS:					
NAME:		AGE		OCCUPATION	
ADDRESS:					

(TO ADD ADDITIONAL SIBLINGS GO TO PAGE 16)

7. DO YOU HAVE A FAMILY HISTORY OF MENTAL ILLNESS OR SUBSTANCE ABUSE?
 YES ___ NO ___ IF YES, EXPLAIN _____

8. DOES ANYONE IN YOUR FAMILY HAVE A PRESENT OR PAST CRIMINAL RECORD?
 YES ___ NO ___ IF YES, EXPLAIN: _____

MARITAL HISTORY

1. MARITAL STATUS: SINGLE _____ MARRIED _____ SEPARATED _____
 COMMON LAW _____ DIVORCED _____ WIDOWED _____ ENGAGED _____

2. IF MARRIED/SEPARATED/DIVORCED/WIDOWED:
 SPOUSE'S NAME (MAIDEN) _____
 AGE _____ ADDRESS _____
 OCCUPATION _____ INCOME _____
 DATE/PLACE OF MARRIAGE _____
 DATE OF SEPARATION/DIVORCE _____
 REASON _____
 DATE OF DEATH/ CAUSE _____

3. IF ENGAGED OR INVOLVED IN A RELATIONSHIP,
 NAME OF PARTNER _____ AGE _____
 HOW LONG HAVE YOU KNOWN THIS PERSON? _____
 WHAT IS THE NATURE OF THIS RELATIONSHIP (ENGAGED, CASUAL, ETC.) _____

4. DO YOU HAVE ANY CHILDREN? YES _____ NO _____
 LIST NAME, AGE, ADDRESS AND MOTHER/FATHER OF EACH CHILD

NAME:		AGE		MOTHER/FATHER	
ADDRESS:					
NAME:		AGE		MOTHER/FATHER	
ADDRESS:					
NAME:		AGE		MOTHER/FATHER	
ADDRESS:					

(TO ADD ADDITIONAL CHILDREN GO TO PAGE 17)

5. ARE YOU PAYING CHILD SUPPORT? YES ___ NO ___
 IF YES: AMOUNT _____ HOW OFTEN _____
 IS THIS COURT ORDERED? YES ___ NO ___
6. WHEN WAS THE LAST TIME YOU SAW YOUR CHILDREN? _____
7. DO ANY OF YOUR CHILDREN HAVE ANY MEDICAL, PHYSICAL OR PSYCHOLOGICAL PROBLEMS? YES _____ NO ___ IF YES, EXPLAIN _____

8. HAVE ANY OF YOUR CHILDREN BEEN INVOLVED IN THE LEGAL SYSTEM?
 YES ___ NO ___ IF YES, EXPLAIN _____

9. ARE THERE ANY EXISTING PROBLEMS WITH YOUR CHILDREN OR RELATIONSHIPS AT THIS TIME? YES _____ NO _____ IF YES, EXPLAIN _____

- HAS THIS OFFENSE CAUSED ANY ISSUES IN YOUR RELATIONSHIPS? YES _____ NO ___
 IF YES, EXPLAIN _____

10. HAVE THERE EVER BEEN ANY INCIDENTS OF DOMESTIC VIOLENCE IN YOUR MARRIAGE AND/OR RELATIONSHIPS? YES ___ NO ___ IF YES, EXPLAIN _____

10. ARE YOU A UNITED STATES CITIZEN? YES ___ NO ___ IF NO, WHAT IS YOUR LEGAL STATUS IN THE COUNTRY (PLEASE INCLUDE A#) _____

HOME AND NEIGHBORHOOD

1. HOUSE _____ RENT _____ MORTGAGE _____ AMOUNT _____
 APARTMENT _____ AMOUNT OF RENT _____
2. CURRENT ADDRESS _____

 PHONE # _____ HOW LONG _____
 WHO ELSE LIVES THERE _____

3. LIST ALL ADDRESSES FOR THE PAST 5 YEARS

EDUCATION

1. HIGHEST GRADE AND YEAR COMPLETED _____

2. NAME OF SCHOOL _____

3. WHAT WAS YOUR MAIN AREA OF STUDY OR DEGREE? _____

4. LIST ANY SPORTS, CLUBS, HONORS, ACHIEVEMENTS RECEIVED IN HIGH SCHOOL AND/OR COLLEGE, SPECIFY WHAT YEAR:

5. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, HAVE YOU RECEIVED YOUR GED?

YES ___ NO ___ IF YES, YEAR _____ WHERE _____

6. IF YOU DID NOT GRADUATE FROM HIGH SCHOOL, WHY? (SPECIFY: DISCIPLINARY, LEARNING DISABILITIES, ETC.) _____

7. DO YOU HAVE ANY LEARNING DISABILITIES? YES ___ NO ___ IF YES, EXPLAIN:

8. DO YOU HAVE PLANS TO FURTHER YOUR EDUCATION? YES _____ NO _____

IF YES, EXPLAIN _____

9. DO YOU BELONG TO ANY CLUBS, GROUPS, ORGANIZATIONS, GANG?

YES _____ NO _____ IF YES, STATE NAME, LENGTH INVOLVED AND ANY POSITION HELD _____

EMPLOYMENT

1. ARE YOU PRESENTLY EMPLOYED? YES _____ NO _____
IF YES: NAME OF EMPLOYER _____
ADDRESS _____
PHONE # _____ SUPERVISOR'S NAME _____
WAGE/SALARY _____ WORK HOURS _____
LENGTH EMPLOYED _____
IS YOUR EMPLOYER AWARE OF THIS ARREST? YES _____ NO _____
IF NO, WHAT HAVE YOU NOT TOLD THEM? _____

2. GIVE YOUR EMPLOYMENT HISTORY FOR THE PAST 5 YEARS:
DATE FROM _____ TO _____ EMPLOYER _____
REASON LEFT _____
DATE FROM _____ TO _____ EMPLOYER _____
REASON LEFT _____
DATE FROM _____ TO _____ EMPLOYER _____
REASON LEFT _____
DATE FROM _____ TO _____ EMPLOYER _____
REASON LEFT _____

3. IF NOT EMPLOYED, WHAT IS YOUR SOURCE OF INCOME:
PUBLIC ASSISTANCE _____ UNEMPLOYMENT _____
SOCIAL SECURITY _____ OTHER (SPECIFY) _____
AMOUNT _____
LENGTH OF TIME RECEIVING THIS INCOME _____

FINANCIAL CONDITION:

ASSETS:

1. DO YOU OWN A HOME(S)? YES _____ NO _____ IF YES, LIST ADDRESS AND VALUE:
_____ VALUE _____
_____ VALUE _____

2. DO YOU OWN A CAR(S)? YES _____ NO _____ IF YES, LIST YEAR, MODEL &
VALUE: _____ VALUE _____
_____ VALUE _____

3. DO YOU HAVE ANY BANK ACCOUNTS, INVESTMENTS, RETIREMENT ACCOUNTS?
YES _____ NO _____ IF YES, PLEASE LIST BANK, TYPE & AMOUNT:
_____ AMOUNT _____
_____ AMOUNT _____
_____ AMOUNT _____
_____ AMOUNT _____

4. ARE YOU RECEIVING CHILD SUPPORT? YES _____, AMOUNT _____ NO _____

LIABILITIES:

1. DO YOU PAY CHILD SUPPORT? YES _____ NO _____ IF YES,
LIST CHILDREN & AMOUNTS: _____

2. PLEASE LIST THE AMOUNTS FOR THE FOLLOWING:

RENT _____ TO WHOM _____
MORTGAGE _____ TO WHOM _____
LOANS _____ TO WHOM _____
CREDIT CARDS _____ COMPANY _____

3. PLEASE LIST ANY OTHER EXPENSES _____

4. HAVE YOU EVER FILED FOR BANKRUPTCY? YES _____ NO _____
IF YES, EXPLAIN: _____

HEALTH

1. HEIGHT _____ WEIGHT _____ EYE COLOR _____ HAIR COLOR _____
2. WHAT IS YOUR DATE OF BIRTH? _____

3. LIST ANY SCARS, MARKS, TATTOOS (DESCRIBE) AND LOCATION OF: _____

4. LIST ANY MAJOR OR UNUSUAL CHILDHOOD ILLNESSES/DISEASES/SURGERIES: .

HAVE ANY OF THESE CREATED A PRESENT HANDICAP? SPECIFY _____

5. ARE YOU CURRENTLY SUFFERING FROM AN ILLNESS OR DISEASE? YES ___ NO ___

IF YES: LIST ILLNESS/DISEASE _____

HISTORY OF PROBLEM _____

ANY SPECIAL MEDICAL ATTENTION NECESSARY _____

PLEASE LIST ANY MEDICATIONS YOU ARE TAKING, DOSAGE AND REASON:

MEDICATION	DOSAGE	REASON

(TO ADD ADDITIONAL MEDICATIONS GO TO PAGE 17)

6. PLEASE LIST THE NAME AND ADDRESS OF TREATING/PRESCRIBING DOCTOR(S):

7. DATE OF LAST APPOINTMENT _____

PSYCHO-SOCIAL HEALTH/ALCOHOL:

1. HAVE YOU EVER CONSUMED ALCOHOL? YES _____ NO _____
2. AT WHAT AGE DID YOU FIRST DRINK ALCOHOL? _____
3. TYPE OF ALCOHOL CONSUMED _____ AMOUNT _____
FREQUENCY _____
4. DATE OF LAST USE OF ALCOHOL _____
5. HAVE YOU EVER EXPERIENCED BLACK-OUTS, DELIRIUM OR TREMORS?
YES _____ NO _____
6. DO YOU HAVE A HISTORY OF ALCOHOL ABUSE IN YOUR FAMILY? YES _____ NO _____
IF YES, EXPLAIN _____

7. DO YOU FEEL YOUR ALCOHOL USE IS A PROBLEM? YES _____ NO _____ IF YES,
EXPLAIN _____

8. DO YOU FEEL YOU NEED TREATMENT? YES _____ NO _____
11. HAVE YOU EVER BEEN EVALUATED AND/OR PLACED IN TREATMENT FOR ALCOHOL
ABUSE? YES _____ NO _____ IF YES, LIST FACILITY, DATES, & TYPE OF DISCHARGE:

FACILITY	DATES	TYPE OF DISCHARGE FOR ALCOHOL

(TO ADD ADDITIONAL FACILITIES GO TO PAGE 17)

PSYCHO-SOCIAL HEALTH/DRUG

1. HAVE YOU EXPERIMENTED WITH DRUGS? YES _____ NO _____
2. AT WHAT AGE DID YOU FIRST USE DRUGS? _____
3. LIST TYPE, AMOUNTS, FREQUENCY & AGE THAT YOU BEGAN USE :
DRUG _____ AMOUNT _____ FREQUENCY _____ AGE _____
DRUG _____ AMOUNT _____ FREQUENCY _____ AGE _____
DRUG _____ AMOUNT _____ FREQUENCY _____ AGE _____
DRUG _____ AMOUNT _____ FREQUENCY _____ AGE _____
DRUG _____ AMOUNT _____ FREQUENCY _____ AGE _____
4. DATE OF LAST USE & SUBSTANCE _____
5. HAVE YOU EVER OVERDOSED? YES _____ NO _____ IF YES, EXPLAIN _____

6. DO YOU HAVE A HISTORY OF SUBSTANCE ABUSE IN YOUR FAMILY? YES ____ NO ____
IF YES, EXPLAIN _____
7. DO YOU FEEL YOUR DRUG USE IS A PROBLEM? YES ____ NO ____ IF YES,
EXPLAIN _____
8. DO YOU FEEL YOU NEED TREATMENT? YES ____ NO ____
12. HAVE YOU EVER BEEN EVALUATED AND/OR PLACED IN TREATMENT FOR SUBSTANCE
ABUSE? YES ____ NO ____ IF YES, LIST FACILITY, DATES, & TYPE OF DISCHARGE:

FACILITY	DATES	TYPE OF DISCHARGE FOR SUBSTANCE ABUSE

(TO ADD ADDITIONAL FACILITIES GO TO PAGE 17)

PSYCHO-SOCIAL HEALTH/MENTAL

1. DO YOU HAVE A HISTORY OF OR ARE YOU CURRENTLY SUFFERING FROM MENTAL,
EMOTIONAL OR PSYCHOLOGICAL PROBLEMS?
YES ____ NO ____ IF YES, LIST DATE, DIAGNOSIS & TREATING DOCTOR:
DIAGNOSIS _____ DATE _____ DR. _____
DIAGNOSIS _____ DATE _____ DR. _____
DIAGNOSIS _____ DATE _____ DR. _____
DIAGNOSIS _____ DATE _____ DR. _____
DIAGNOSIS _____ DATE _____ DR. _____
2. PLEASE LIST ANY TREATMENT YOU HAVE RECEIVED:
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
FACILITY _____ DATES _____ DISCHARGE _____
3. PLEASE LIST ANY MEDICATIONS YOU HAVE TAKEN OR ARE CURRENTLY TAKING:
MEDICATION _____ DOSAGE _____
DOCTOR _____
MEDICATION _____ DOSAGE _____
DOCTOR _____

MEDICATION _____ DOSAGE _____

DOCTOR _____

MEDICATION _____ DOSAGE _____

DOCTOR _____

4. HOW DO YOU VIEW YOUR MENTAL HEALTH? _____

5. DO YOU FEEL YOU CURRENTLY NEED TREATMENT OR MEDICATION? YES ___NO___

IF YES, EXPLAIN _____

6. DO YOU HAVE A FAMILY HISTORY OF MENTAL, EMOTIONAL OR PSYCHOLOGICAL

PROBLEMS? YES _____ NO _____ IF YES, EXPLAIN _____

RELIGION

1. WHAT IS YOUR RELIGIOUS AFFILIATION IF ANY? _____

2. DO YOU ATTEND SERVICES? YES _____ NO _____ IF YES, WHERE AND HOW OFTEN

DO YOU ATTEND _____

MILITARY SERVICE

1. HAVE YOU EVER SERVED IN THE MILITARY? YES _____ NO _____

IF YES, LIST THE FOLLOWING:

BRANCH _____ DATES _____ DISCHARGE _____

HIGHEST GRADE OR RANK _____

2. DO YOU HAVE A COPY OF YOUR DD-214? YES _____ NO _____ IF YES, PLEASE

BRING COPY TO INTERVIEW.

3. DID YOU RECEIVE ANY SPECIAL TRAINING DURING YOUR SERVICE? YES ___ NO ___

IF YES, EXPLAIN _____

CRIMINAL HISTORY

1. WERE YOU EVER ARRESTED AS A JUVENILE? YES _____ NO _____

IF YES:

AGE _____ CHARGES _____

PROBATION- YES _____ NO _____ HOW LONG _____

WHERE _____

PLACEMENT/DETENTION- YES _____ NO _____
HOW LONG? _____ WHERE _____
AGE _____ CHARGES _____
PROBATION- YES _____ NO _____ HOW LONG _____
WHERE _____
PLACEMENT/DETENTION- YES _____ NO _____
HOW LONG? _____ WHERE _____
AGE _____ CHARGES _____
PROBATION- YES _____ NO _____ HOW LONG _____
WHERE _____
PLACEMENT/DETENTION- YES _____ NO _____
HOW LONG? _____ WHERE _____
AGE _____ CHARGES _____
PROBATION- YES _____ NO _____ HOW LONG _____
WHERE _____
PLACEMENT/DETENTION- YES _____ NO _____
HOW LONG? _____ WHERE _____
AGE _____ CHARGES _____
PROBATION- YES _____ NO _____ HOW LONG _____
WHERE _____
PLACEMENT/DETENTION- YES _____ NO _____
HOW LONG? _____ WHERE _____
AGE _____ CHARGES _____
PROBATION- YES _____ NO _____ HOW LONG _____
WHERE _____

ADULT

1. HAVE YOU EVER BEEN ARRESTED AS AN ADULT? YES _____ NO _____

IF YES:

DATE _____ CHARGES _____

CONVICTED-YES _____ NO _____ JURISDICTION _____

SENTENCE _____

DATE _____ CHARGES _____

CONVICTED-YES _____ NO _____ JURISDICTION _____

SENTENCE _____

DATE _____ CHARGES _____

CONVICTED-YES _____ NO _____ JURISDICTION _____

SENTENCE _____

DATE _____ CHARGES _____
 CONVICTED-YES ___ NO___ JURISDICTION _____
 SENTENCE _____

DATE _____ CHARGES _____
 CONVICTED-YES ___ NO___ JURISDICTION _____
 SENTENCE _____

DATE _____ CHARGES _____
 CONVICTED-YES ___ NO___ JURISDICTION _____
 SENTENCE _____

DATE _____ CHARGES _____
 CONVICTED-YES ___ NO___ JURISDICTION _____
 SENTENCE _____

DATE _____ CHARGES _____
 CONVICTED-YES ___ NO___ JURISDICTION _____
 SENTENCE _____

2. HAVE YOU EVER HAD YOUR PROBATION AND/OR PAROLE REVOKED? YES ___NO___
 IF YES, PROVIDE DATE, REASON & SENTENCE _____

3. PLEASE PROVIDE THE FOLLOWING FOR ANY PERIODS OF INCARCERATION:

INSTITUTION _____ LENGTH _____ YEAR _____
 PROGRAMS _____

INSTITUTION _____ LENGTH _____ YEAR _____
 PROGRAMS _____

INSTITUTION _____ LENGTH _____ YEAR _____
 PROGRAMS _____

INSTITUTION _____ LENGTH _____ YEAR _____
 PROGRAMS _____

CONTINUE SIBLINGS LIST FROM PAGE 2 LIST OLDEST TO YOUNGEST:

NAME:		AGE		OCCUPATION	
ADDRESS:					
NAME:		AGE		OCCUPATION	
ADDRESS:					
NAME:		AGE		OCCUPATION	
ADDRESS:					
NAME:		AGE		OCCUPATION	
ADDRESS:					
NAME:		AGE		OCCUPATION	
ADDRESS:					
NAME:		AGE		OCCUPATION	
ADDRESS:					

CONTINUE CHILDRENS LIST FROM PAGE 3

NAME:		AGE		MOTHER/FATHER	
ADDRESS:					
NAME:		AGE		MOTHER/FATHER	
ADDRESS:					
NAME:		AGE		MOTHER/FATHER	
ADDRESS:					
NAME:		AGE		MOTHER/FATHER	
ADDRESS:					
NAME:		AGE		MOTHER/FATHER	
ADDRESS:					
NAME:		AGE		MOTHER/FATHER	
ADDRESS:					

CONTINUE MEDICATION LIST FROM PAGE 7

MEDICATION	DOSAGE	REASON

CONTINUE FACILITY LIST FROM PAGE 9

FACILITY	DATES	TYPE OF DISCHARGE SUBSTANCE ABUSE OR ALCOHOL