

Adult Probation Department
209 S. Chestnut Street, Suite 302
Ravenna, OH 44266
(330) 297-3650

Judges:

Laurie J. Pittman
Becky L. Doherty

INSTRUCTIONS: Persons referred by the Court for a Pre-Sentence Investigation report must report IMMEDIATELY to the Adult Probation Department to schedule an appointment.

You have been referred to this Department by a Judge of the Common Pleas Court. During the interview process, you will be asked to provide certain information about yourself and the circumstances of the offense. Based on this information, a Pre-Sentence Investigation report will be provided to the Court for consideration at the time of sentencing.

To help us with our probation investigation, please furnish us with any of the following that pertain to you:

- Birth Certificate
- School Diplomas
- Proof of Residence
- Social Security Card
- Employment Verification (Pay stub)
- Letters of Recommendation
- Medical report/list of prescription medication if presently under doctor's care
- Any certificates or information about past drug or alcohol treatment programs or AA/NA meeting sheets

If you are being referred for **Intervention in Lieu of Conviction**, please let the receptionist know immediately so an appointment can be made for the interview. You will then be directed to the second floor to speak with a PSI writer and will be given important information regarding the interview and requirements for ILC.

A personal interview has been scheduled for you on _____, 20____, at _____ a.m./p.m.

Please bring this instruction sheet, questionnaire and any necessary paperwork to the interview.

Cathy J. Poling
Chief Probation Officer
Revised 12/2016

SELF REPORT SURVEY – COMMUNITY SUPERVISION ASSESSMENT TOOL

Name: _____

Today's Date: _____

The following questions ask about several things in your life, such as education, employment, your family, friends and your beliefs. Please answer the following questions the best you can. There is no right or wrong answers to these questions. Some questions will be simple yes/no questions and others will ask you to circle a number which corresponds to how much that statement reflects your beliefs or is "true" for you. Thank you.

1. Highest Education

____ Less than 12th Grade

____ High School Grad

____ GED

____ College

2. In school were you ever suspended or expelled? Yes _____ No _____

3. How long have you lived at your current address? _____

4. How many address changes (do not count incarceration) have you had in the past 12 months? _____

5. Age that you first began regularly using alcohol? _____

6. Longest period of time you have abstained from drinking? _____

7. If you have never drank check box: [____]

8. What percent of your close friends have been in trouble with the law? _____%

9. Would you say that you live in a "high crime" neighborhood? Yes _____ No _____

10. Were you employed at the time of your arrest? Yes _____ No _____

11. If yes, how many hours per week did you work? _____

12. Are you currently employed?

____ Full-time

____ Part-time

____ No, I am on disability

____ No, I am retired

____ No, not currently employed

13. In your opinion, do you have a lot of free time? Yes _____ No _____

14. On average, approximately what percent of your week is considered free time? _____%

For the following statements circle the answer that best describes how you feel.

15. How easy would you say it is to acquire drugs in your neighborhood?

Very Easy

Very Difficult

1

2

3

4

PORTAGE COUNTY ADULT PROBATION DEPARTMENT
Cathy J. Poling, Chief
209 South Chestnut Street
Suite 302
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PRE-PROBATION QUESTIONNAIRE

IMPORTANT: This questionnaire must be completed in detail.

Can you read, write and understand the English language? YES NO (circle one)

Full Name: _____ Also known as: _____

Street Address: _____ Apartment/Lot #: _____

City _____ State _____ ZIP _____ County _____

Who resides with you at this address? _____

Phone: (_____) _____ Length of time at this residence: _____

Type of dwelling (mobile home, apartment, house, etc.): _____

How many times have you moved in the last year? _____

List three previous addresses besides your current residence:

<u>Address</u>	<u>City</u>	<u>State</u>	<u>Dates (from – to)</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

DESCRIPTION

Date of birth: _____ Present age: _____

Place of birth: _____ (city) _____ (state)

Social Security Number: _____

Sex: _____ Race: _____ Height: _____

Weight: _____ Eyes: _____ Hair: _____

DRIVING INFORMATION

Driver's license number: _____ Issuing state: _____

Driver's license valid? **YES** **NO** If **NO**, please explain: _____

MEDICAL HISTORY/MENTAL HEALTH (Please provide detailed answers)

Rate your health: EXCELLENT GOOD FAIR POOR

Describe any physical problems: _____

Have you ever been diagnosed with a mental health disorder?

Have you ever attended counseling? _____

Have you ever been prescribed any medication for a mental health disorder?

Have you ever attempted suicide or have suicidal thoughts? Please Explain

Have you ever been involuntarily hospitalized for psychiatric reasons? _____

If you are currently under a doctor's care, give doctor's name, address and phone number:

<u>Medication Name</u>	<u>Purpose</u>	<u>Prescribing Doctor, address/phone</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

FAMILY/MARITAL

Father's name: _____ **Phone:** _____

Address: _____

Stepmother's name: _____ **Phone:** _____

Address: _____

Mother's name: _____ **Phone:** _____

Address: _____

Stepfather's name: _____ **Phone:** _____

Address: _____

Brothers and sisters:

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Occupation</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Foster homes, boarding homes, children's homes or institutions:

<u>Name</u>	<u>Address</u>	<u>Dates (from – to)</u>
_____	_____	_____
_____	_____	_____

How would you describe your childhood? _____

Have you ever been abused: physically, verbally, sexually? _____

Describe your relationship with your parents? _____

Does anyone in your family have a criminal record? _____

ASSOCIATES (i.e. Friends)

List the names and addresses of three closest associates or companions:

Name:

Address:

Have any of your closest friends been involved in criminal behavior? Yes _____ No _____

If yes, explain _____

Have you ever been in a gang? Yes _____ No _____ If Yes, explain _____

MARITAL STATUS

___ Single (never married)

___ Married

___ Widowed

___ Divorced

___ Legally Separated

Present Marriage/Companion:

Name (include maiden name): _____

Address: _____

Date of birth: _____

Place of birth: _____

Date of marriage: _____

Place of marriage: _____

Occupation: _____

Place of employment: _____

1st, 2nd, 3rd, etc. marriage: _____

Phone Number: _____

Previous Marriage(s)/Companion(s):

Name: _____

1st, 2nd, 3rd marriage _____

Date of marriage: _____

Date of divorce: _____

Children: Please indicate which marriage/relationship.

<u>Name</u>	<u>Current age</u>	<u>Address</u>	<u>Which marriage or relationship</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

EDUCATION

Highest grade completed: _____ Reason for leaving: _____

Year graduated: _____ Would you like to obtain your GED? _____

List all school activities, such as athletics, groups and offices held: _____

High school(s) attended: _____

Vocational school(s) attended: _____

Colleges/Universities attended: _____

MILITARY

Branch of service: _____ Highest rank held: _____

Date of entry: _____ Date of discharge: _____

Type of discharge: _____

Decoration or awards: _____

EMPLOYMENT

List your three most recent jobs/employers:

<u>Dates</u> (started/ended)	<u>Names and Addresses</u> <u>of Employer</u>	<u>Type of Work</u>	<u>Wage</u>	<u>Reason Left</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

FINANCIAL

List all financial assets, all income including spouse's income: Real estate, insurance, real and personal property, pensions, stocks, bonds, checking and savings account(s), income from pensions, rentals, boarders and family income.

List financial obligations, all outstanding debts including spouse's—including balance due and monthly payments. List child support, attorney fees, banks, finance companies, addresses, etc. for home mortgage, rent, utilities, medical, personal property, home repairs, charge accounts, loans, fines and restitution.

List **ALL** governmental assistance including welfare aid, food stamps, Metropolitan and HUD rental aid and social security benefits. This includes any member of your family or people living with you.

Substance Abuse

Drug	Age of First Use	How Often	Date Last Used
Alcohol			
Marijuana			
Cocaine			
Crack Cocaine			
Methamphetamines			
Amphetamines			
Opiates (i.e. Heroin)			
Prescription Pills			
Other (Hallucinogens etc.)			

What was your longest period of abstinence from alcohol and/or drugs? _____

Have you ever been referred or attended substance abuse treatment, if so explain?

ARRESTS

Have you ever had an offense expunged or sealed: ___YES ___NO

If so, what? _____ Arresting Agency: _____

List below all arrest, whether convicted or not. Include juvenile and military arrests.

<u>Date</u>	<u>Police Department</u>	<u>Court</u>	<u>Offense</u>	<u>Disposition</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

OFFENSE INFORMATION

Attorney: _____ Appointed by the Court? _____

Offense(s): _____

Arresting Police Agency: _____

Date offense committed: _____ Where committed: _____

I have been on bond since: _____

I have been in jail since: _____

Days spent in custody: Before bond: _____ Before plea: _____

INSTANT OFFENSE

Names of codefendants involved in offense(s) – also give addresses and phone numbers:

Defendant's Signature

Date

Portage County Adult Probation Department

CONSENT FOR EXCHANGE OF CONFIDENTIAL INFORMATION

Name: _____ Date of Birth: _____
Last First M.I.

I hereby authorize an exchange of information between the Portage County Adult Probation Department and any and all physicians, hospitals, persons, firms, departments, schools, and their employees thereof, to release/exchange information including, but not limited to, my treatment, care, employment or activities whether or not it be confidential or otherwise.

Signed this _____ (day) of _____ (month), 20_____ (year).

Witnessed by:

Probation Officer/Staff

Signature