



Interviewed by Specialist: _____ Date: _____

Name: _____ Criminal Case No: _____

Sentence Date: _____ Time: _____ NPP OFC Phone No: _____

A Presentence Investigation has been ordered by the Court. Please complete this questionnaire accurately and completely. Deliberate falsehoods or misrepresentation will be reported to the Court.

Office Address _____ NPP Fax Phone No: _____
E-mail: _____

At the time of your interview, please **bring the following** documents (in the event of a phone interview, please mail copies ASAP):

- Driver's License/ID Card
- Educational Degrees
- Proof of Residence
- Most recent paycheck stub
- Alien Registration Card
- Proof of Mental Health/Substance abuse program attendance
- Armed Forces Papers (DD214)

Be prepared to **pay the following** fees to the Clerk of Court on the date of sentencing:

- \$25 Court and \$3 DNA Administrative Assessment Fee (all cases)
- \$35 Domestic Battery or \$60 Chemical Analysis Fee, if applicable
- \$150 Genetic Marker Testing Fee (if your offense mandates DNA testing)

IMPORTANT: Children (under 18) are not allowed inside a Nevada Parole and Probation office

- You will be required to pay \$30 per month supervision fees for the entire term of probation
- The first two months fees (\$60) must be paid within the first 30 days of the probation grant
- Fees must be paid by check or money order - CASH IS NOT ACCEPTED
- Make the check or money order payable to: Nevada Division of Parole and Probation
- Name and social security no. must be printed clearly on the check or money order

- It may take two, or over fifty (50) business days to receive reporting instructions, please plan accordingly
- Reporting instructions may be denied by the receiving state, delaying the process
- Reporting instructions must be accepted by the receiving state prior to being permitted to leave Nevada
- The first two months fees (\$60) must be paid in advance, and prior to leaving the state
- Once formally accepted in the receiving state for supervision, no new Nevada supervision fees are paid
- You may be required to pay supervision fees by the receiving state in amount determined by that state

NOTE: Corrections to this report are in accordance with NRS 176.156 (refer to page 11.)



Defendant Information

Name: _____ Social Security No.: _____

Residence address: _____
(If homeless enter "none") Number Street City State Zip

Mailing address: _____
Number Street City State Zip

Years/months at current residence: _____ Have you ever been homeless? ☐ Yes ☐ No

Nevada resident? ☐ Yes ☐ No How long have you lived in Nevada in years/months? _____

Drivers License/Identification Number: _____ State issued from: _____

Phone No. (Home): _____ (Work): _____ (Cell): _____

E-mail Address(s): _____

Alias (Maiden name): _____

Alias (Prior married): _____

Alias (Other): _____

Place of Birth: _____ Date of Birth: _____ Age: _____

Are you a U.S. Citizen? ☐ Yes ☐ No If not, of what Country? _____

Have you applied for U.S. citizenship? ☐ Yes ☐ No Are you married to a U.S. citizen? ☐ Yes ☐ No

Alien Registration Number: _____ ☐ Permanent ☐ Temporary

Are you seeking political asylum in the U.S.? _____

Primary Language: _____ Other Languages: _____

Height: _____ Weight: _____ Hair Color: _____ Eye Color: _____ Sex: _____

Race: ☐ White-Non Hispanic ☐ Black-Non Hispanic ☐ Hispanic ☐ Asian ☐ Native American ☐ Other

Distinguishing Marks

Scar or Tattoo	Location	Description	Scar or Tattoo	Location	Description
Scar <input type="checkbox"/> Tattoo <input type="checkbox"/>			Scar <input type="checkbox"/> Tattoo <input type="checkbox"/>		
Scar <input type="checkbox"/> Tattoo <input type="checkbox"/>			Scar <input type="checkbox"/> Tattoo <input type="checkbox"/>		
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Scar <input type="checkbox"/> Tattoo <input type="checkbox"/>			Scar <input type="checkbox"/> Tattoo <input type="checkbox"/>		

Attorney Name: _____ Phone: _____ ☐ Retained ☐ Appointed ☐ Public Defender



Family Information

Briefly describe your childhood. For example: Did your mother and father live together? Did you have regular contact with other extended family members, such as grandparents, cousins, aunts and uncles? Were you abused or neglected? Was there any drug or alcohol abuse present? Was either parent ever incarcerated? Was Social Services involved in your family? Include any information you think explains why you developed into the person you are:

Have any members of your immediate family ever been in prison or on probation? ☐ No ☐ Yes

If you answered yes above, please complete the following:

Name	Relationship	Crime	When	Where

Where did you grow up? _____

List immediate family members and relationship (ie: mother, sister, brother,) contact (yes or no):

Name	Relationship	Contact	Address	Phone No.

Marital status, are you currently (select one): ☐ Single ☐ Married ☐ Separated ☐ Divorced

Name of current spouse/partner: _____

Do you live together? ☐ Yes ☐ No How many years/months have you been together? _____

Prior spouse/partner relationships (please complete below. Note: for time together use years/months)

Name	Together (y/m)	Address	Phone No. (if known)



Family Information (continued)

Information on Children (please complete below)

Name	Date of Birth	Gender	Age	Address	Custody ¹	Relation ²

¹List the legal custodian (who has legal custody?)

²List the child's relation to you, i.e., biological/natural child, stepchild, adopted child

Have you been court ordered to pay child support for any of your children? ☐ Yes ☐ No

If yes, what is the monthly payment amount required? _____

Are your wages being garnished for child support? ☐ Yes ☐ No Is any child support past due? ☐ Yes ☐ No

If yes, explain _____

Are any of your dependents or their guardians receiving welfare benefits? ☐ Yes ☐ No

If yes, from where? (county, state, SNAP, etc.) _____

Does anyone other than your spouse/partner or children listed above live with you now? ☐ Yes ☐ No

If yes, complete the following:

Name	Date of Birth

Are there any weapons in your home? ☐ Yes ☐ No If yes, complete the following:

Weapon type	Location	Owner

With whom do you keep contact other than family?

Name	Address	Phone	Years/Months known



Employment

Your employment status is: ☐ Employed ☐ Unemployed ☐ Retired ☐ Disabled ☐ Homemaker

Were you employed at the time of the instant offense? ☐ No ☐ Yes

If you selected employed or unemployed above, please provide how long in years and months: _____

Current Employer: _____ Supervisor: _____
Address: _____ Phone No.: _____
Job Title: _____ Hours per week: _____ Salary per month: _____
Date Started: _____ Date terminated: _____ Reason for leaving: _____

Former Employer: _____ Supervisor: _____
Address: _____ Phone No.: _____
Job Title: _____ Hours per week: _____ Salary per month: _____
Date Started: _____ Date terminated: _____ Reason for leaving: _____

Former Employer: _____ Supervisor: _____
Address: _____ Phone No.: _____
Job Title: _____ Hours per week: _____ Salary per month: _____
Date Started: _____ Date terminated: _____ Reason for leaving: _____

Financial

Assets and Liabilities

Assets: List assets below. Include real estate, vehicles, jewelry, collectibles, electronics, savings, cash, etc. In the description, provide the address for real estate; provide make, model, license and state for vehicles; provide the bank/ credit union and account type (savings, checking, retirement, etc.) for accounts

Asset	Description	Value
Total Asset Value:		

Liabilities: List liabilities below. Include loans, child support, medical bills, legal fees, credit cards, etc.

Liability	Description	Value
Total Liabilities:		



Financial (continued)

Income and Expenses

List income and expenses below. Do not report cents.

Monthly Income (approximate)		Monthly Expenses (approximate)	
Regular Job (+ tips)		Rent/House Payment	
Part Time Job		Utilities	
Spouse's Income		Food/Clothing	
Unemployment Comp		Car Payment	
Workman's Comp		Gasoline	
Social Security		Car Insurance	
Child Support/Alimony		Health Insurance	
Federal Benefits		Child Care	
General Assistance		Child Support/Alimony	
Food Stamps		Fees/Fines	
		Salary Garnishment	
		Medical Bills	
		Credit Cards	
		Loans	
		Cell Phone/Pager	
		Cable/Satellite TV	
		Counseling	
Income Total =		Expense Total =	

Education

Do you have a high school diploma? ☐ No ☐ Yes If no, highest grade completed: _____

If yes, list school: _____ Year: _____ Do you have a GED? ☐ No ☐ Yes

Did you attend college? ☐ No ☐ Yes Do you have a degree? ☐ No ☐ Yes

If you attended college, list school: _____ No. of years completed: _____

If you have a college degree, list type: _____ Professional licenses, certificates: _____

Special education classes? ☐ No ☐ Yes Any learning disabilities? ☐ No ☐ Yes

Were you ever suspended or expelled from school? ☐ No ☐ Yes

Military Service

Did you serve? ☐ No ☐ Yes If no, did you register for selective service (draft)? ☐ No ☐ Yes

Start date: _____ End date: _____ Military branch: _____ Country: _____

Rank at discharge: _____ Type of discharge: _____

Duties/training: _____

Awards/Medals: _____



Health

How would you rate your health? ☐ Good ☐ Fair ☐ Poor

Have you now, or in the past, had any diagnosed or known serious, chronic, medical or mental health issues ?

If yes, please explain: _____

Are you receiving medical treatment now? ☐ No ☐ Yes If yes, for what? _____

List all medications you take: _____

Do you possess a valid medical marijuana card? ☐ No ☐ Yes If yes, what state? _____

For what ailment? _____

Have you ever participated in mental health counseling? ☐ No ☐ Yes

When & where? _____

Did you receive a diagnosis? ☐ No ☐ Yes

If yes, please explain (include diagnosis/treatment): _____

Name of Therapist, Doctor, Psychologist: _____

List medications if applicable: _____

Have you ever attempted or thought seriously about, suicide? ☐ No ☐ Yes

If yes, when, how, why? _____

Have mental health and/or physical disabilities contributed to problems in your life? ☐ No ☐ Yes

If yes, please explain: _____

Do you believe mental health and/or physical disabilities negatively affect your employment? ☐ No ☐ Yes

If yes, please explain: _____



Substance Abuse History

Indicate your use of controlled substances below:

Substance	Age at first use	How often do you use?	Last used?	Arrested/Sold?
Alcohol				
Marijuana				
Cocaine/Crack				
PCP				
Meth/Speed/Crank				
Hallucinogens (LSD/Acid/Mushrooms)				
Ecstasy				
Heroin				
Prescription pills				
Inhalants				
Other (please list)				

Are drugs a problem for you? ☐ No ☐ Yes

Is alcohol a problem for you? ☐ No ☐ Yes

Approximately how much do you spend on alcohol and/or drugs per week? _____

Has drugs or alcohol ever caused a problem for you? ☐ No ☐ Yes

If yes, how recent? _____

Has drug or alcohol use ever caused a problem with employment? ☐ No ☐ Yes

If yes, how recent? _____

Have you ever been in substance abuse treatment ? ☐ No ☐ Yes

If yes, please explain (when? where? what substance(s)? etc.): _____

What are you doing to address these issues now? _____

Were you under the influence when you committed the instant offense? ☐ No ☐ Yes

Is gambling a problem for you? ☐ No ☐ Yes

Approximately how much do you spend gambling per week? _____

Have you ever been in treatment for gambling? ☐ No ☐ Yes



Criminal History

Age at first arrest: _____ Offense: _____

Were you ever on juvenile probation or parole? ☐ No ☐ Yes If yes, complete the following:

Date: _____ Location: _____ Phone: _____

Name of last supervising officer: _____

Did you have any violations on juvenile probation/parole? ☐ No ☐ Yes If yes, please explain below:

Were you ever on adult probation? ☐ No ☐ Yes If yes, complete the following:

Date: _____ Location: _____ Phone: _____

Name of last supervising officer: _____

Discharge type: _____

Did you have any violations while on probation? ☐ No ☐ Yes If yes, please explain below:

Have you ever been sentenced to a jail/prison as an adult? ☐ No ☐ Yes

Have you ever been in prison? ☐ No ☐ Yes If yes, complete the following:

Date: _____ Name of jail/prison and State: _____

Date: _____ Name of jail/prison and State: _____

Date: _____ Name of jail/prison and State: _____

Have you ever been found guilty of official misconduct while incarcerated as an adult? ☐ No ☐ Yes

If yes, please explain: _____

Were you ever on adult parole? ☐ No ☐ Yes If yes, complete the following:

Date: _____ Location: _____ Phone: _____

Name of last supervising officer: _____

Did you have any violations while on parole? ☐ No ☐ Yes If yes, please explain below:

Are you in a gang, or do you socialize with gang members? ☐ No ☐ Yes

If yes, gang name and your moniker: _____

Are you a registered sex offender? ☐ No ☐ Yes



Present Offense

Briefly describe the offense committed: _____

Why did you commit the offense? _____

Thinking back to the date of your criminal activity which resulted in this case, what, if anything would you have done differently? _____

In your opinion, how do you believe this crime affected the victim? _____

How did this crime affect you? _____

What do you feel would be an appropriate penalty/consequences for your actions? _____

Defendant Statement

If you are eligible for and granted probation, what is your plan? (residence, employment, etc.)

Address: _____ Phone No.: _____

With whom do you plan to reside? _____

Employment: _____ Address: _____

Is your current or potential employer aware of your current legal issues: ☐ No ☐ Yes

What would be your goals? (treatment, programs, schooling, etc.) _____



Explain in your own words the circumstances of your offense, why you committed the offense, your present feelings about your situation, and why you may be suitable for probation. A copy of this statement will be sent to the judge. Write or print clearly. If using a pencil, please write as dark as possible. If you do not want to submit a written statement, you must still initial that you acknowledge when and how changes to the PSI may be made. Case# _____

In accordance with NRS 176.156, you will have an opportunity to object to factual errors, and after sentencing the court may order changes to your Presentence Investigation Report under certain circumstances. The information used in your Presentence Investigation Report may be reviewed by federal, state and/or local agencies and used for future determinations to include, but not limited to; mental health, parole consideration, pardon investigation **Initials**

Date