

State of Nevada
DEPARTMENT OF PUBLIC SAFETY
Division of Parole and Probation

PRESENTENCE INVESTIGATION REPORT QUESTIONNAIRE

Name: _____ Criminal Case #: _____

Sentence Date: _____ Time: _____ Phone Number: _____

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.

_____ If you have plead guilty to a Gross Misdemeanor or Category E felony offense, an interview is not required. If this applies to you, submit the completed questionnaire to the Division of Parole and Probation at _____ (address) or submit to a jail deputy or your Correctional Caseworker no more than 3 days from the date you entered your plea in Court.

_____ If you have plead guilty to any other offense, an interview is required. Please call the phone number provided above within three days, and ask to speak with the assigned Presentence Investigator to schedule an interview. If you are in custody in a jail facility, an interview will be conducted at the jail. If you are in prison, the investigator will attempt to conduct a phone interview. If you are released from custody before you are interviewed, contact the above provided phone number immediately.

At the time of your interview, please bring the following documents:

- | | |
|--|--|
| <input type="checkbox"/> Driver's License/ID Card | <input type="checkbox"/> Educational Degrees |
| <input type="checkbox"/> Proof of Residence | <input type="checkbox"/> Most recent paycheck stub |
| <input type="checkbox"/> Alien Registration Card | <input type="checkbox"/> Proof of Mental Health/Substance abuse program attendance |
| <input type="checkbox"/> 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)
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γγIF YOU ARE GRANTED PROBATIONγγ

- You will be required to pay \$30 per month in supervision fees, for the term of your probation.
- The first two months (\$60) **MUST** be paid within the first 30 days of your probation grant.
- Fees **MUST** be paid by money order or check - **NO CASH ACCEPTED**.
- Make payable to: "The Division of Parole and Probation" (Name & SS# must be printed **clearly** on the money order or check).

γγIF YOU INTEND TO RESIDE IN A STATE OTHER THAN NEVADAγγ

- The first two (2) months fees (\$60.00) **MUST BE PAID IN ADVANCE**, before you leave.
- Once you have been **formally accepted** for supervision in the receiving state, you will no longer be required to pay Nevada supervision fees. However, you may be required to pay supervision fees to the receiving state in an amount determined by that state.
- No one will be allowed to leave Nevada until they have reporting instructions or are accepted by the receiving state. It may take two (2) business days or more to receive reporting instructions. If reporting instructions are denied, you must remain in Nevada until you are accepted for supervision by the receiving state. This process may take fifty (50) or more days, so plan accordingly.

IMPORTANT: Children are not allowed inside any Parole and Probation office.

I. Personal Information:

TO BE FILLED IN BY PNP SPECIALIST
BIN: _____
Criminal Case Number: _____

Name: _____

Physical address: _____
Number Street City State Zip

Mailing Address: _____
Number Street City State Zip

Years and months you have lived at current residence: _____

Are you a resident of Nevada (ie: you have a NV Driver's License/ID Card) _____

Are you now or have you ever been homeless: No () Yes ()

Social Security Number: ____/____/____ Place of birth: _____

Date of birth: _____ Age: _____

Phone Number: () _____ (Home)

() _____ (Work)

() _____ (Cell)

Driver's License/State ID#: _____ What State? _____

Is your License valid: No () Yes () If no is it currently Revoked () Suspended () Withdrawn ()

E-mail Address: _____

Aliases: _____ (Maiden name)

_____ (Prior married names)

_____ (Other)

U. S. citizen: _____ Citizen of what country: _____

Alien Registration Number: _____ Temporary () Permanent ()

What is your primary language: _____ Other languages spoken: _____

Sex _____ Race: _____

Height: _____ Weight: _____ Hair color: _____ Eye color: _____

Scars / Marks:(List where and describe) _____

Tattoos: (List where and describe) _____

Attorney's name: _____ Retained () Appointed () Public Defender ()

II. Family:

a) **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: _____

b) **List immediate family members and relationship (ie: Mother, sister, brother)**

**Name of Family Member
And Relationship**

Address

Phone #

Name: Relationship:		
Name: Relationship:		
Name: Relationship:		
Name: Relationship:		
Name: Relationship:		

c. **Spouse(s) and Partner(s)**

Name of current spouse or partner: _____ Legally married? _____

Do you live together?: _____ How many months/years have you been together? _____

**Former spouse/partners
Name and Relationship**

Address and phone # if known

**How many months/
years were you together?**

Name: Relationship:		
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Former spouse/partners(cont.)

**How many months/
years were you together?**

Name and Relationship	Address and phone # if known	How many months/ years were you together?
Name: Relationship:		
Name: Relationship:		

d. Children

Name and DOB	Sex	Age	Address	Who has legal custody?
Name: DOB:				<input type="checkbox"/> this is my stepchild
Name: DOB:				<input type="checkbox"/> this is my stepchild
Name: DOB:				<input type="checkbox"/> this is my stepchild
Name: DOB:				<input type="checkbox"/> this is my stepchild
Name: DOB:				<input type="checkbox"/> this is my stepchild
Name: DOB:				<input type="checkbox"/> this is my stepchild

If you have been court ordered to pay child support for any of your children what is the monthly amount?

\$_____ Are your wages being garnished for child support: No () Yes ()

Do you owe any back child support? If yes explain _____

Where did you grow up: _____

Are any of your dependants or their guardians receiving welfare benefits? No () Yes ()

If Yes where? _____

Who, besides your spouse/partner and children previously listed are living in your home now:

Name: _____ Date of birth: _____ SS #: _____

Name: _____ Date of birth: _____ SS #: _____

Are there any weapons in your home: No () Yes ()

If Yes explain (type, location, ownership): _____

Whom do you keep in contact with (other than family):

Name: _____ Address: _____

Phone: _____ How long known: _____

IIIa. Employment

Are you currently: Employed () If employed how long: _____

Disabled () Retired () Homemaker ()

Unemployed () If unemployed how long: _____

Current employer: _____ Supervisor: _____

Address: _____ Phone #: _____

Job title: _____ Hours per week: _____

Salary: _____ Per month Date hired: _____ Date terminated: _____

Reason for leaving: _____

Former Employers

Employer: _____ Supervisor: _____

Address: _____ Phone #: _____

Job title: _____ Hours per week: _____

Salary: _____ Per month Date hired: _____ Date terminated: _____

Reason for leaving: _____

Employer: _____ Supervisor: _____

Address: _____ Phone #: _____

Job title: _____ Hours per week: _____

Salary: _____ Per month Date hired: _____ Date terminated: _____

Reason for leaving: _____

IIIb. Financial

What are your total assets: (cars, cash, property, homes, jewelry, tools, etc.) _____

_____ Total:\$ _____

Total Debts: (credit cards, child support, medical bills, legal fees, loans): _____

_____ Total:\$ _____

Vehicle Information of Vehicles you own or drive:

Make / Model Year Color License # and State

1. _____

2. _____

MONTHLY INCOME (Approx.)		MONTHLY EXPENSES (Approx.)	
Regular Job (+ tips)	\$	Rent/House Payment	\$
Part Time Job	\$	Utilities	\$
Spouse Income	\$	Food/Clothing	\$
Unemployment Comp.	\$	Gasoline Etc.	\$
Workman's Comp.	\$	Car Payment	\$
Social Security	\$	Car Insurance	\$
Child Support/Alimony	\$	Health Insurance	\$
Welfare, TANIF, SNAP, other government assistance	\$	Child Care	\$
Military Pension	\$	Child Support/Alimony	\$
	\$	Medical Bills	\$
	\$	Credit Cards/loans	\$
	\$	Court Fine/Fees	\$
	\$	Cable/Satellite TV	\$
	\$	Counseling	\$
TOTAL	\$	TOTAL	\$

IV. Education:

Highest grade completed: _____

Do you have a high school diploma: No () If Yes: school: _____ Year: _____

Do you have your GED: No () Yes ()

Did you attend College. No () If yes: school: _____ Years completed: _____

Do you have a College Degree: No () If yes: Type of Degree: _____

Professional licenses or certificates: _____

Special Education Classes: No () Yes ()

Learning Disabilities: No () Yes ()

V. Military Service:

Military service branch: _____ Country: _____

Rank at discharge: _____ Dates of service: From: _____ To: _____

Military duties / training: _____

Type of discharge: _____ Awards/ Medals: _____

If no military service, did you register with the Selective Service /draft: No () Yes ()

VI. Physical Health:

How would you rate your health: Good () Fair () Poor ()

Do you have any present or past serious, chronic diseases or illnesses, or any disabling medical problems, Explain: _____

Are you receiving any medical treatment now: No () Yes () If Yes for what: _____

List all medications you are taking: _____

Do you possess a Valid Medical Marijuana Card: No () Yes () In what state: _____

If Yes for what: _____

Have you ever participated in mental health counseling: No () Yes ()

When and where: _____

What were you diagnosed with: _____

Are you receiving any treatment now: _____ Name of therapist, Dr., or Psychologist: _____

List all medications you are taking: _____

Have you ever thought seriously about suicide or have you attempted suicide:

If yes, when, how, why? _____

VIII. Substance Abuse History:

Indicate your use of controlled substances below:

Substance	Age first used	Any recent use?	When and How Often?
Alcohol			
Marijuana			
Methamphetamine			
Cocaine/Crack			
LSD / Acid			
Ecstasy			
Heroin			
Mushrooms			
Abuse of Prescription Pills			
Inhalants			
Other (List)			

How much do you spend on alcohol and/or drugs: Weekly: \$ _____

Do you believe alcohol is a problem for you: No () Yes ()

Do you believe drugs are a problem for you: No () Yes ()

Have you ever been in treatment: No () Yes ()

If Yes explain: (when, where, for what substance) _____

What are you doing to address these issues now: _____

Were you under the influence when you committed the instant offense: No () Yes ()

Do you think gambling is a problem for you: No () Yes ()

How much do you spend weekly: \$ _____

Have you ever been in treatment for gambling: No () Yes ()

Have you ever been on **juvenile probation or parole**: No () Yes ()

Date: _____ Location: _____ Phone number: _____

Name of last supervision officer: _____

Did you have any violations while on juvenile probation/parole: No () Yes ()

If Yes explain: _____

Have you ever been on **adult probation**: No () Yes ()

Date: _____ Location: _____ Phone Number: _____

Name of last supervision officer: _____

Type of discharge: _____

Did you have any violations while on probation: No () Yes ()

If Yes explain: _____

Have you ever been in **prison**: No () Yes ()

Dates: _____ Name of Prison and State: _____

Dates: _____ Name of Prison and State: _____

Dates: _____ Name of Prison and State: _____

Have you ever been on **adult parole**: No () Yes ()

Date: _____ Location: _____ Phone number: _____

Name of last supervision officer: _____

Did you have any violations while on parole: No () Yes ()

If Yes explain: _____

Have any members of your immediate family ever been in prison or on probation: No () Yes ()

If Yes explain: (Please include: who, when, where and for what crime) _____

Are you in a gang, or do you socialize with gang members: No () Yes ()

If Yes, what is the gang name and your moniker: _____

Are you a registered sex offender: No () Yes ()

XII. Present Offense:

How were you released from custody: _____ What facility: _____

Days in custody: _____.

Briefly describe the offense you committed: _____

Why did you commit this crime: _____

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: _____

If you are eligible for and granted probation what is your plan:

Address: _____ Phone: _____

With whom do you plan to reside: _____

Employment: _____

Address: _____

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

What are your goals (treatment, programs, schooling)
