



GRETCHEN WHITMER  
GOVERNOR

STATE OF MICHIGAN  
DEPARTMENT OF CORRECTIONS  
VAN BUREN COUNTY

HEIDI E. WASHINGTON  
DIRECTOR

212 E. Paw Paw, Suite 20  
Paw Paw, MI 49079  
(269) 657-8214

Your case has been referred to the Probation Department for purposes of conducting a Presentence Investigation for the Court. Your cooperation is necessary as all the information provided to our department must be verified for accuracy.

Please call 269-657-8214 Monday – Friday between 8 AM and 5 PM to make an appointment with a presentence investigator. You **MUST** call to set up your appointment within 24 business hours of taking your plea.

Please immediately fill out your presentence questionnaire that you have received from the COURT or the Jail. You will be given instructions on how to return the questionnaire by the presentence investigator.

Failure to provide necessary information or failure to keep an appointment may result in the cancellation of your bond and may affect the outcome of your sentencing. You are expected to comply with the scheduling of your interview either electronically or in person. If a problem should arise, you must notify the Probation Department immediately.

1. Driver's license, state identification or other valid picture identification
2. Birth certificate
3. Social Security card
4. Pay stub or letter from your employer on letterhead
5. Proof of monthly state assistance information (ADC, SSI, etc.)
6. Diploma or GED and/or current report card if enrolled in school
7. Certificates or degrees earned from vocational school, trade school or college
8. Proof of past or current enrollment in vocational school, trade school or college
9. Letters verifying dates of substance abuse/mental health counseling
10. AA/NA attendance sheets
11. Proof of military service

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**The following information will be used in the Pre-Sentence Report. It is confidential. You must answer it accurately and completely, do not skip any sections or it may lengthen your interview time. If you do not know part of the information requested fill in what you do know and you can bring the additional information with you at the time of the interview.**

NAME: \_\_\_\_\_ ALIAS OR NICKNAME: \_\_\_\_\_  
(First) (Middle) (Last)

BIRTH DATE: \_\_\_\_\_ BIRTHPLACE: \_\_\_\_\_  
(CITY) (STATE)

MAIDEN NAME: \_\_\_\_\_ PRIOR MARRIED NAME: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ EYES: \_\_\_\_\_ HAIR: \_\_\_\_\_

DRIVERS LICENSE NUMBER: \_\_\_\_\_ SOCIAL SECURITY NUMBER: \_\_\_\_\_

YOUR ADDRESS: \_\_\_\_\_  
(Street Name & Number & Lot/Apt. #) (City) (State) (Zip Code)

Do you receive mail at this address: \_\_\_ YES \_\_\_ NO If no, mailing address: \_\_\_\_\_

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR TELEPHONE #: (\_\_\_\_\_) \_\_\_\_\_

MESSAGE TELEPHONE #: (\_\_\_\_\_) \_\_\_\_\_  
Number (Relationship) (Name)

EMAIL \_\_\_\_\_

NAMES OF OTHERS LIVING AT YOUR ADDRESS: \_\_\_\_\_

RELIGIOUS PREFERENCE: \_\_\_\_\_ DO YOU CURRENTLY ATTEND CHURCH? Yes \_\_\_ No \_\_\_

IF yes, name of church: \_\_\_\_\_ TELEPHONE #: (\_\_\_\_\_) \_\_\_\_\_ MINISTER'S NAME: \_\_\_\_\_

EMAIL: \_\_\_\_\_

### **FAMILY CONTACTS**

**FATHER:** \_\_\_\_\_ DOB: \_\_\_\_\_ (Age) \_\_\_\_\_  
(First) (Middle) (Last)

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Criminal Record: \_\_\_ YES \_\_\_ NO  
(Street Name & Number & Lot/Apt. #) (City) (State) (Zip Code)

**MOTHER:** \_\_\_\_\_ DOB: \_\_\_\_\_ (Age) \_\_\_\_\_  
(First) (Middle) (Last)

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Criminal Record: \_\_\_ YES \_\_\_ NO  
(Street Name & Number & Lot/Apt. #) (City) (State) (Zip Code)

**STEP FATHER:** \_\_\_\_\_ DOB: \_\_\_\_\_ (Age) \_\_\_\_\_  
(First) (Middle) (Last)

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Criminal Record: \_\_\_ YES \_\_\_ NO  
(Street Name & Number & Lot/Apt. #) (City) (State) (Zip Code)

**STEP MOTHER:** \_\_\_\_\_ DOB: \_\_\_\_\_ (Age) \_\_\_\_\_  
(First) (Middle) (Last)

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Criminal Record: \_\_\_ YES \_\_\_ NO  
(Street Name & Number & Lot/Apt. #) (City) (State) (Zip Code)

**LIST ALL BROTHERS AND SISTERS (INCLUDE STEP SIBLINGS AND HALF SIBLINGS) -LIST ON BACK IF NEEDED**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ (Age) \_\_\_\_\_  
(First) (Middle) (Last) Relationship: \_\_\_\_\_

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Criminal Record: \_\_\_ YES \_\_\_ NO  
(Street Name & Number & Lot/Apt. #) (City) (State) (Zip Code)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ (Age) \_\_\_\_\_  
(First) (Middle) (Last) Relationship: \_\_\_\_\_

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Criminal Record: \_\_\_ YES \_\_\_ NO  
(Street Name & Number & Lot/Apt. #) (City) (State) (Zip Code)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ (Age) \_\_\_\_\_  
(First) (Middle) (Last) Relationship: \_\_\_\_\_

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Criminal Record: \_\_\_ YES \_\_\_ NO  
(Street Name & Number & Lot/Apt. #) (City) (State) (Zip Code)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ (Age) \_\_\_\_\_  
(First) (Middle) (Last) Relationship: \_\_\_\_\_

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Criminal Record: \_\_\_ YES \_\_\_ NO  
(Street Name & Number & Lot/Apt. #) (City) (State) (Zip Code)

**MARITAL CONTACTS**

SPOUSES NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ (Age) \_\_\_\_\_  
(First) (Middle) (Last) MAIDEN NAME: \_\_\_\_\_

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Criminal Record: \_\_\_ YES \_\_\_ NO  
(Street Name & Number & Lot/Apt. #) (City) (State) (Zip Code)

NAMES OF ANY FORMER SPOUSES: \_\_\_\_\_

**LIST NAMES OF YOUR CHILDREN (INCLUDE STEP-CHILDREN) (IF ADDITIONAL SPACE IS REQUIRED USE BACK OF PAGE)**

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ (Age) \_\_\_\_\_  
(First) (Middle) (Last) Relationship: \_\_\_\_\_ Child support order? Yes \_\_\_ No \_\_\_

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Criminal Record: \_\_\_ YES \_\_\_ NO  
(Street Name & Number & Lot/Apt. #) (City) (State) (Zip Code)

NAME: \_\_\_\_\_ DOB: \_\_\_\_\_ (Age) \_\_\_\_\_  
(First) (Middle) (Last) Relationship: \_\_\_\_\_ Child support order? Yes \_\_\_ No \_\_\_

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ Criminal Record: \_\_\_ YES \_\_\_ NO  
(Street Name & Number & Lot/Apt. #) (City) (State) (Zip Code)

NAME: \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_ (Age) \_\_\_\_\_ Child support order? Yes \_\_\_ No \_\_\_

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (Street Name & Number & Lot/Apt. #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) Criminal Record: \_\_\_ YES \_\_\_ NO

NAME: \_\_\_\_\_ (First) \_\_\_\_\_ (Middle) \_\_\_\_\_ (Last) Relationship: \_\_\_\_\_ DOB: \_\_\_\_\_ (Age) \_\_\_\_\_ Child support order? Yes \_\_\_ No \_\_\_

HOME TELEPHONE # (\_\_\_\_\_) \_\_\_\_\_ CELLULAR # (\_\_\_\_\_) \_\_\_\_\_

ADDRESS: \_\_\_\_\_ (Street Name & Number & Lot/Apt. #) \_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code) Criminal Record: \_\_\_ YES \_\_\_ NO

DO YOU MAKE CHILD SUPPORT/MONTHLY PAYMENTS? \_\_\_ YES \_\_\_ NO IF YES, AMOUNT ? \$ \_\_\_\_\_ PER \_\_\_\_\_

COUNTY: \_\_\_\_\_ STATE: \_\_\_\_\_ AMOUNT OF ARREARAGE: \$ \_\_\_\_\_

### **EMPLOYMENT HISTORY**

ARE YOU EMPLOYED: \_\_\_ YES \_\_\_ NO LIST ALL JOBS HELD IN THE PAST FIVE (5) YEARS BEGIN WITH CURRENT JOB

EMPLOYER	ADDRESS	STREET	CITY	POSITION	RATE OF PAY	HIRE DATE	TERMINATION DATE

### **MILITARY**

ENTRY DATE: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_ BRANCH OF SERVICE: \_\_\_\_\_ HIGHEST RANK: \_\_\_\_\_

CURRENT STATUS: \_\_\_\_\_ TYPE OF DISCHARGE: \_\_\_\_\_

### **EDUCATIONAL HISTORY**

LAST GRADE COMPLETED: \_\_\_\_\_ DID YOU GRADUATE? \_\_\_ YES \_\_\_ NO YEAR GRADUATED \_\_\_\_\_

NAME OF SCHOOL: \_\_\_\_\_ CITY \_\_\_\_\_ STATE \_\_\_\_\_

COLLEGE/TRADE SCHOOL ATTENDED: \_\_\_\_\_

### **SUBSTANCE USE & SUBSTANCE TREATMENT**

HAVE YOU EVER USED DRUGS: \_\_\_ YES \_\_\_ NO IF YES, LIST ALL: \_\_\_\_\_

HAVE YOU EVER RECEIVED TREATMENT FOR ALCOHOL OR DRUG USE: \_\_\_ YES \_\_\_ NO IF YES, COMPLETE BELOW

AGENCY	ADDRESS	CITY	STATE	APPROXIMATE DATES OF TREATMENT

### **PHYSICAL HEALTH AND MENTAL HEALTH**

PHYSICAL PROBLEMS: \_\_\_ YES \_\_\_ NO IF YES, DESCRIBE: \_\_\_\_\_

MENTAL HEALTH PROBLEMS OR TREATMENT: \_\_\_ YES \_\_\_ NO IF YES, DESCRIBE: \_\_\_\_\_

**FINANCIAL INCOME & FINANCIAL ASSETS**

SOURCES OF INCOME (LIST MONTHLY AMOUNT)

LIST ALL FINANCIAL ASSETS AND VALUE OF ASSETS

ADC \$ \_\_\_\_\_  
 GENERAL ASSISTANCE \$ \_\_\_\_\_  
 SSI \$ \_\_\_\_\_  
 WORKMAN'S COMP \$ \_\_\_\_\_  
 CHILD SUPPORT \$ \_\_\_\_\_  
 SPOUSE'S INCOME \$ \_\_\_\_\_  
 SALARY/WAGES \$ \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**FINANCIAL ASSETS**

Do you have driving privileges?  YES  NO If no, suspended in which county/state: \_\_\_\_\_

How much will it cost you to get your driving privileges back? \$ \_\_\_\_\_

Do you own a motor vehicle:  YES  NO If yes: Vehicle make (Example: Chevrolet) \_\_\_\_\_ Vehicle Model (Example: Impala) \_\_\_\_\_

Vehicle Model Year: \_\_\_\_\_ License state: \_\_\_\_\_ License plate number: \_\_\_\_\_ Principle color: \_\_\_\_\_

2-tone:  Yes  No Current value of vehicle: \$ \_\_\_\_\_

**FINANCIAL DEBTS/LIABILITIES:** (Examples: rent/mortgage, credit cards, child support, medical bills):

TYPE OF DEBT	CURRENT BALANCE DUE

**CRIMINAL RECORD**

DO YOU HAVE A JUVENILE RECORD:  YES  NO COUNTY(S): \_\_\_\_\_

LIST ALL PRIOR CRIMINAL CONVICTIONS:

OFFENSE	LOCATION (COUNTY/STATE)	APPROXIMATE YEAR

