



MONTANA DEPARTMENT OF CORRECTIONS  
ADULT PROBATION & PAROLE

PRE-SENTENCE INVESTIGATION QUESTIONNAIRE

Pre-Sentence Investigation (PSI) Fee – Pursuant to §46-18-111, MCA, you shall pay to the Department of Corrections a \$50 fee at the time the PSI report is completed, unless the court determines that you are not able to pay the fee within a reasonable time. You are to submit this payment by money order to the Department of Corrections. This fee is in effect for offenses committed after July 1, 2005.

- Complete Questionnaire immediately and return to detention staff.
- Complete Questionnaire immediately and report to \_\_\_\_\_ P&P office today: \_\_\_\_\_ (date)
- Complete Questionnaire immediately and contact P&P office for further instructions: (406) \_\_\_\_\_
- Special instructions: \_\_\_\_\_

IDENTIFICATION

Name (Last, First, Middle): \_\_\_\_\_

Other Names Used: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_

Who else resides at this address? \_\_\_\_\_

Current or anticipated address (if incarcerated): \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Work #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Message #: \_\_\_\_\_

DOB: \_\_\_\_\_ Age: \_\_\_\_\_ Place of Birth: \_\_\_\_\_ SS #: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eyes: \_\_\_\_\_ Hair: \_\_\_\_\_ Handed:  Right  Left

Complexion/Skin Tone: \_\_\_\_\_ Build: \_\_\_\_\_ # of Dependents: \_\_\_\_\_

Male  Female Religious Preference: \_\_\_\_\_

US Citizen:  Yes  No If No, Country of Citizenship: \_\_\_\_\_ Immigration Status: \_\_\_\_\_

Race: \_\_\_\_\_ Tribal Affiliation/#: \_\_\_\_\_

Driver's License #: \_\_\_\_\_ State: \_\_\_\_\_

Do you wear glasses?  Yes  No Do you wear contact lenses?  Yes  No

Scars/Marks/Tattoos (Include moles, freckles, skin discoloration, birthmarks, etc.) Specify description and location.):  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Piercings (ears, nose, tongue, etc.): \_\_\_\_\_

EMERGENCY INFORMATION

Who do you wish to be notified in case of an emergency?

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_ Phone #: \_\_\_\_\_

Name: \_\_\_\_\_ Relationship: \_\_\_\_\_

Address (City, State, Zip): \_\_\_\_\_ Phone #: \_\_\_\_\_

OFFENSE INFORMATION

What are you charged with?  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Offender Signature: \_\_\_\_\_ (Sign each page)

Date of arrest: \_\_\_\_\_ Days in jail on this charge: \_\_\_\_\_ Date of release: \_\_\_\_\_

Release:  O.R.  Bond      Bond Type:  Property  Cash  Surety (bondsman)      Amount of bond: \$ \_\_\_\_\_

Did you plead "Guilty?"  Yes  No      Trial by Jury?  Yes  No      Is there a plea agreement in your case?  Yes  No

What is recommended in plea agreement? \_\_\_\_\_

To your knowledge, are there any warrants or detainers out for you?  Yes  No

Your Attorney's Name: \_\_\_\_\_  Appointed  Retained

Attorney's Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

Is there a Co-Defendant(s)?  Yes  No      If Yes, give person's name, address, and phone number.

Name (Last, First)

Address

Phone Number

<u>Name (Last, First)</u>	<u>Address</u>	<u>Phone Number</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

In your own words, what did you do to get arrested on this charge? *(Use additional paper if needed.)*

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What reason do you have for your involvement in this offense? *(Use additional paper if needed.)*

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Give your recommendation as to what you think the court should do in your case? *(Use additional paper if needed.)*

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\_\_\_\_\_

Offender Signature: \_\_\_\_\_ (Sign each page)

Have you been arrested before?  Yes  No If Yes, how many misdemeanors? \_\_\_\_\_ How many felonies? \_\_\_\_\_  
Have you ever been arrested as a juvenile?  Yes  No If Yes, for what? \_\_\_\_\_

Have you ever been on probation and/or parole as a juvenile?  Yes  No If Yes:  Probation or  Parole  
If Yes, give circumstances: \_\_\_\_\_

Did you complete supervision satisfactorily?  Yes  No Explain: \_\_\_\_\_

Juvenile Probation/Parole Officer(s) name: \_\_\_\_\_

Probation/Parole Officer(s) Address: \_\_\_\_\_

Have you ever been placed in a state juvenile correctional facility?  Yes  No If Yes, explain: \_\_\_\_\_

Have you ever been on adult supervision before?  Yes  No If Yes:  Probation  Conditional Release  
 Parole  Misdemeanor  
If Yes, give circumstances: \_\_\_\_\_

Did you complete supervision satisfactorily?  Yes  No If your supervision was in a state other than Montana, please list any violations, dates, and disposition of violation hearing: \_\_\_\_\_

Adult Probation/Parole Officer(s) Name: \_\_\_\_\_

Probation/Parole Officer(s) Address: \_\_\_\_\_

Have you ever been incarcerated?  Yes  No If Yes, for what? \_\_\_\_\_

Please complete lines below regarding incarceration information (include prerelease placements, prison, etc.):

<u>Institution</u>	<u>Location</u>	<u>Date Entered</u>	<u>Date Released</u>	<u>Type of Release</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

List your complete criminal history below (include juvenile history): (Use additional paper if needed.)

<u>Date</u>	<u>City/State</u>	<u>Charge</u>	<u>Disposition/Sentence</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Offender Signature: \_\_\_\_\_ (Sign each page)

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**CHEMICAL DEPENDENCY**

How would you describe your alcohol use? (Check all that apply.)

- None  Rare  Social  Weekends  Heavy  Daily  Alcoholic  Recovering Alcoholic

What age did you first use alcohol regularly? \_\_\_\_\_ Type/Amount: \_\_\_\_\_

What happened? \_\_\_\_\_

Describe how your drinking has progressed since this time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When was the last time you used alcohol? \_\_\_\_\_ Type/Amount? \_\_\_\_\_

What is your preference for alcohol? \_\_\_\_\_

What is the longest time you have gone without alcohol? \_\_\_\_\_ When: \_\_\_\_\_

Please check any problems associated with your alcohol use:

- Blackouts  Marital Problems  Medical Problems  Loss of job  DUI  Financial Problems  
 Divorce  Other Arrests  Other: \_\_\_\_\_

How would you describe your drug use? (Check all that apply.)

- None  Rare  Social  Weekends  Heavy  Daily  Addict  Recovering Addict

What age did you first use drugs? \_\_\_\_\_ Drug Type/Amount: \_\_\_\_\_

What happened? \_\_\_\_\_

Describe how your drug use has progressed since this time: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

When was the last time you used drugs? \_\_\_\_\_ Type/Amount: \_\_\_\_\_

Are drugs readily available in your neighborhood? (If you are/were living in a shelter or a correctional facility, please consider your prior neighborhood.)  No, generally not available  Yes, somewhat available  Yes, easily available

What is your drug(s) of choice? \_\_\_\_\_

What is the longest time you have gone without drugs? \_\_\_\_\_ When: \_\_\_\_\_

What type of drugs have you used in the past? How many times? And last use? Please list:

\_\_\_\_\_

Please check any problems associated with your drug use:

- Blackouts  Marital Problems  Medical Problems  Loss of job  DUI  Financial Problems  
 Divorce  Flash Backs  Other Arrests  Other: \_\_\_\_\_

Offender Signature: \_\_\_\_\_ (Sign each page)

Have you ever used any drugs intravenously (*with a needle*)?  Yes  No Frequency: \_\_\_\_\_

Drug(s) injected: \_\_\_\_\_ Date of last intravenous use: \_\_\_\_\_

If your drug use is prescription drugs, is this your prescription or someone else's? \_\_\_\_\_

How did you obtain the prescription? \_\_\_\_\_

Was it obtained under false pretenses?  Yes  No Please explain: \_\_\_\_\_

Were you using alcohol or illegal drugs at the time of the current offense?  Yes  No If Yes, describe type of substance(s), amount(s) used and how alcohol or drugs were involved: \_\_\_\_\_

Have you ever received Chemical Dependency counseling or treatment?  Yes  No If Yes, list below:

<u>Program Title</u>	<u>Therapist Name</u>	<u>In-Patient/</u>		<u>Date Started</u>	<u>Date Completed</u>
		<u>Out-Patient</u>			
_____	_____	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____	_____
_____	_____	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____	_____
_____	_____	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____	_____
_____	_____	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____	_____
_____	_____	<input type="checkbox"/> In	<input type="checkbox"/> Out	_____	_____

Please describe past or present gambling problems, including the type of gambling you like to do and your biggest wins and biggest losses: \_\_\_\_\_

### HEALTH INFORMATION

How would you rate your health?  Good  Fair  Poor If female, are you pregnant?  Yes  No

Date of your last physical: \_\_\_\_\_ Where? \_\_\_\_\_

Physician's Name: \_\_\_\_\_ Address: \_\_\_\_\_

Are you currently under treatment for any medical or dental problem?  Yes  No

Please describe your current general health status including any physical or other disabilities: \_\_\_\_\_

Does your disability or any other physical or emotional condition that you have require an accommodation, such as lifting restrictions, activity restrictions, or assistance in ambulating, etc.?  Yes  No Have reasonable accommodations been made for you in the past?  Yes  No Is there anything that would limit your ability to participate fully in any correctional setting such as prerelease, treatment, community supervision, prison?  Yes  No If Yes to any of these questions, please explain: \_\_\_\_\_

Are you currently taking medication?  Yes  No If Yes, list medication(s) and what you are taking it for: \_\_\_\_\_

Offender Signature: \_\_\_\_\_ (Sign each page)

List the date(s) and nature of any prior serious or chronic illnesses and medical conditions:

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Are you currently receiving Medicaid benefits?  Yes  No If Yes, amount: \$ \_\_\_\_\_

Are you currently receiving Social Security Benefits?  Yes  No If Yes, amount: \$ \_\_\_\_\_

Are you currently receiving any other disability income?  Yes  No If Yes, amount: \$ \_\_\_\_\_

Do you have private medical insurance?  Yes  No If Yes, please provide the insurance company name and policy number: \_\_\_\_\_

Have you ever visited a psychiatrist, psychologist, counselor, or any mental health provider?  Yes  No

If Yes, please list below:

<u>Program Title</u>	<u>Therapist Name</u>	<u>In-Patient/ Out-Patient</u>	<u>Date Started</u>	<u>Date Completed</u>
_____	_____	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
_____	_____	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
_____	_____	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
_____	_____	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____
_____	_____	<input type="checkbox"/> In <input type="checkbox"/> Out	_____	_____

Have you ever been diagnosed with a mental illness?  Yes  No If Yes, please describe:

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Are you on any medication for a mental health concern?  Yes  No If Yes, list medication, dosage, and purpose:

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Have you ever been on any medication for a mental health concern in the past?  Yes  No If Yes, list medication and indicate the reason you stopped taking the medication.

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Are you currently in therapy?  Yes  No Therapist Name: \_\_\_\_\_

Reason: \_\_\_\_\_

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Have you ever attempted suicide?  Yes  No If Yes, explain where and when and the circumstances:

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### FAMILY AND SOCIAL HISTORY

Father's Name (*Last, First, Middle*): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother's Name (*Last, First, Middle, Maiden*): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Offender Signature: \_\_\_\_\_ (Sign each page)

List brothers and sisters chronologically by age – oldest first. (Use additional paper if needed.)

<u>Name (First/Last)</u>	<u>Age/DOB</u>	<u>Relationship</u>	<u>Occupation/Address</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Marital Status:  Single  Married  Separated  Divorced  Common Law  Committed/Cohabiting

# of Previous Marriages: \_\_\_\_\_

Current Spouse/Significant Other (Last, First, Middle): \_\_\_\_\_

Address: \_\_\_\_\_

Phone #: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Date of Marriage: \_\_\_\_\_ Number of children born to this marriage (List below): \_\_\_\_\_

Were any other children involved (i.e. step-children)?  Yes  No If Yes, list name and relationship: \_\_\_\_\_

List Children's Name(s), Current Ages, Occupation, and Addresses:

<u>Name (First, Last)</u>	<u>Age/DOB</u>	<u>Occupation/Address</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Are you required to pay child support?  Yes  No From what state(s)? \_\_\_\_\_

If Yes, give the amount of support for each child: \$ \_\_\_\_\_

Are you current?  Yes  No If No, how delinquent are you? \$ \_\_\_\_\_

Who is your best friend? \_\_\_\_\_ How long have you known each other? \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

How many close friends do you have? \_\_\_\_\_

What percentage of your close friends have been in trouble with the law? \_\_\_\_\_ %

Do you or have you ever belonged to any clubs or social organizations?  Yes  No If Yes, please explain: \_\_\_\_\_

### EDUCATIONAL AND VOCATIONAL HISTORY

Highest level completed:  some high school  high school  some college  college  graduate school

If you didn't graduate from high school, do you have a GED/HiSET?  Yes  No

Have you received any type of Vocational Training?  Yes  No If Yes, what type of training? \_\_\_\_\_

Do you have any professional license(s)?  Yes  No If Yes, please list: \_\_\_\_\_

### EMPLOYMENT

Are you currently employed?  Yes  No If Yes, complete lines below.

Name of Employer: \_\_\_\_\_ Supervisor's Name: \_\_\_\_\_

Address: \_\_\_\_\_ Phone #: \_\_\_\_\_

What is your salary (take home pay per month)? \$ \_\_\_\_\_ Date you started work: \_\_\_\_\_

Offender Signature: \_\_\_\_\_ (Sign each page)

Job Title: \_\_\_\_\_  Full Time  Part-Time # hours per week: \_\_\_\_\_

Does your employer know about the current charges against you?  Yes  No

Has this affected your employment?  Yes  No If Yes, explain how: \_\_\_\_\_

**FINANCIAL STATUS**

Total Monthly Net Income: \$ \_\_\_\_\_ Please indicate monthly income source:

Employment  Workers Compensation  AFDC  Family  General Assistance  Retirement  SSI  
 Other (please explain): \_\_\_\_\_

Are you currently receiving welfare, food stamps, housing assistance or utility assistance?  Yes  No If Yes, please list the amounts:

Welfare: \$ \_\_\_\_\_ Food Stamps: \$ \_\_\_\_\_ Housing Assistance: \$ \_\_\_\_\_ Utilities: \$ \_\_\_\_\_ Other: \$ \_\_\_\_\_

How much cash do you have on hand? \$ \_\_\_\_\_

Do you have a checking account?  Yes  No  
If Yes, where: \_\_\_\_\_ How much? \$ \_\_\_\_\_

Do you have a savings account?  Yes  No  
If Yes, where: \_\_\_\_\_ How much? \$ \_\_\_\_\_

Do you have an IRA?  Yes  No \$ \_\_\_\_\_ Stocks/Bonds?  Yes  No \$ \_\_\_\_\_

Does anyone else contribute to your income?  Yes  No  
If Yes, who and how much take home per month? \_\_\_\_\_ \$ \_\_\_\_\_

Do you  Own  Rent your residence? Monthly Payment/Rent? \$ \_\_\_\_\_ Monthly Utilities: \$ \_\_\_\_\_  
If you own your home, what could you sell it for today? \$ \_\_\_\_\_  
How much do you owe on your home? \$ \_\_\_\_\_

<u>Year/Make/Model</u>	<u>Value</u>	<u>Financed With?</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Assets: List all Personal Property (household items, guns, jewelry, collections, sporting equipment, real estate, etc.):

<u>Description</u>	<u>Value</u>
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Debts: List all loans (vehicle, mortgage, personal loans), credit cards, charge accounts, child support, alimony, medical bills, etc.:

<u>Type of Debt</u>	<u>Creditor's Name</u>	<u>Balance Owed</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Offender Signature: \_\_\_\_\_ (Sign each page)



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**MILITARY HISTORY**

Have you ever served in the U.S. Military?  Yes  No

Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_

Did you enlist:  Yes  No

Military Service #: \_\_\_\_\_ VA Claim # (if applicable): \_\_\_\_\_

Date of Discharge: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_

Highest Rank Achieved: \_\_\_\_\_ Rank at Discharge (Attach copy of your DD-214): \_\_\_\_\_

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**DISCLAIMER:**

I understand the above questions and have answered truthfully and to the best of my knowledge. I hold harmless the State of Montana and the Montana Department of Corrections for failure on my part to disclose information.

**OFFENDER SIGNATURE:** \_\_\_\_\_ **DATE:** \_\_\_\_\_

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