



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)

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)

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:

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:

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

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.

Are you currently in therapy? Yes No Therapist Name: _____

Reason: _____

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

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? \$ _____

Do you own vehicles? Yes No If Yes, list them below:

<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)

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): _____

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:** _____
