

# PRESENTENCE INVESTIGATION PERSONAL DATA INFORMATION

Date: \_\_\_\_\_ Name: \_\_\_\_\_

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

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Citizenship: \_\_\_\_\_

Marital Status: \_\_\_\_\_ No. of Dependent Children: \_\_\_\_\_

Religious Preference: \_\_\_\_\_

## CRIMINAL HISTORY:

Do you have a criminal history: \_\_\_\_\_ Yes \_\_\_\_\_ No

If yes: Number of adjudications: \_\_\_\_\_ Number of Convictions: \_\_\_\_\_  
Number of Arrests: \_\_\_\_\_ Number of Probations: \_\_\_\_\_

Has the defendant served time in \_\_\_\_\_ jail \_\_\_\_\_ prison \_\_\_\_\_ state jail \_\_\_\_\_ SAFP?

Were you on \_\_\_\_\_ community supervision, \_\_\_\_\_ parole, or \_\_\_\_\_ bond supervision at the time of this offense?

Age at first conviction: \_\_\_\_\_

## MEDICAL HISTORY:

Have you ever been treated at a psychiatric hospital?:  Yes  No Where?: \_\_\_\_\_

At an MHMR Facility?:  Yes  No Where?: \_\_\_\_\_

List any physical/medical impairments: \_\_\_\_\_

Are you taking any medications, including psychotropic?:  Yes  No

If Yes, list: \_\_\_\_\_

Have you ever attempted suicide?:  Yes  No If yes, date of last attempt: \_\_\_\_\_

## EDUCATION/JOB SKILLS:

High School Diploma:  Yes  No GED:  Yes  No

List any special classes you were in while in school: \_\_\_\_\_

Have you attended some college?:  Yes  No College Graduate:  Yes  No

Vocational training:  Yes  No Type: \_\_\_\_\_

Job skills: \_\_\_\_\_ Principal Language: \_\_\_\_\_ Can you read?:  Yes  No

