

41-A DISTRICT COURT PROBATION DEPARTMENT

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BASIC INFORMATION PACKET

Instructions: Fill out this packet completely PRIOR to your appointment with the Probation Department. If you feel a question does not apply to you, leave it blank. If you need additional space, please use a separate piece of paper. Your answers will be reviewed with you at your interview. You may email this completed form to Probation@sterling-heights.net

BACKGROUND INFORMATION			
Full Name:	D.O.B. ____/____/____	Age:	Gender:
Have you ever been known by another name? If so, what?		Preferred pronouns:	<ul style="list-style-type: none"> • He/Him • She/her • They/Them • Other
Driver's License Number:	Is your license valid?	SSN: XXX-XX-_____	
Current Address:		Length of time at current address:	
Where did you live before? (Address)		Do you plan to move soon? YES / NO	
Phone Number:	With whom do you live now?		
Email Address:			
SOCIAL HISTORY			
What race do you consider yourself?	In what city were you born / raised?		
How would you describe your childhood?	Do you maintain contact with your family?		
What is your primary language?			
Mother's name	Mother's Address / Phone		
Father's name	Father's Address / Phone		
Please list any siblings, their age, and the cities in which they live:			
Marital Status (circle all that apply): SINGLE MARRIED LIVING TOGETHER DIVORCED WIDOWED OTHER	How many times have you been married?	Who is your current partner?	
Number of Children	Name(s) of Child(ren) - Boy/Girl? - Age - Address		
Do you have any other dependents who rely on you for support? If yes, list here:			
Do you have (a) pending Friend of the Court case(s)? YES / NO			
Do you pay/receive child support? YES / NO If yes , how much: _____ Weekly / Monthly / Yearly			

EDUCATION		
What is the highest-grade level you completed?	Average GPA	
What year did you graduate from high school?	What year did you earn a G.E.D.?	
List the last three schools you attended:	1) _____ 2) _____ 3) _____	
Did you have any problems in school (i.e. fights, learning disabilities, expulsions or suspensions)? If so, please describe:	_____	
Have you taken or completed any college, vocational, or technical classes? If so, please describe:	_____	
EMPLOYMENT & ECONOMICS		
Are you currently employed? Y / N	Current Job Title	
Current Employer's Name	Employer's Address / Phone	
Date started	Shift / hours per week	Salary / Wage
Past Employment (List most recent first)	Name of company – Location – Dates Worked – Reason for Leaving	
	1) _____ 2) _____ 3) _____	
Have you ever been fired from a job?	If so, why?	
List any job skills you have that were not previously mentioned.		
What is your take-home pay? <small>I am paid: Weekly / Bi-Weekly / Monthly</small>	Does a spouse or other family member contribute to the household? If yes, how much?	
List the monthly bills you have here:	List the bill, total amount owed, and payment amount (i.e. rent, car loan, car insurance, cell phone) _____ _____	
Are you receiving any form(s) of assistance? (SSI, SSD, Unemployment, food stamps, etc.)	If yes, list the amount:	

MILITARY		
Are you a veteran of the U.S. Armed Forces?	Branch:	
Date of Enlistment / Discharge	Honorable / Dishonorable / Other	Combat Veteran? Y / N
PHYSICAL AND PSYCHOLOGICAL HEALTH		
How would you describe your current health? EXCELLENT / GOOD / FAIR / POOR		
Do you have health insurance?	Y / N	If yes, what kind?
List any current health issues:		
List ALL current medications:		
Have you ever sought out treatment for a mental health condition?		
When and from whom?	Did you complete the program(s)?	
SUBSTANCE USE HISTORY		
Do you feel you have a problem with alcohol?	Do you feel you have a problem with any drug?	
Alcohol Use History	Alcohol: Age of first drink: _____ Date of last drink: _____ How often do you drink? _____ How much? _____	
Drug Use History (List one drug per line. If you need additional room, please attach a separate sheet. If this does not apply to you, write N/A.)	Marijuana: Age of first use: _____ Date of last use: _____ How often did/do you use? _____ How much? _____ _____: Age of first use: _____ Date of last use: _____ How often did/do you use? _____ How much? _____ _____: Age of first use: _____ Date of last use: _____ How often did/do you use? _____ How much? _____	
Have you ever abused prescription medications, such as Vicodin, Oxycotin, etc? (i.e. taking more pills than prescribed at one time, taking pills that were not prescribed to you)		
Have you attended treatment in the past for substance abuse? If so, please list when, where, and whether you completed it.		
Are you currently attending therapy for substance abuse, mental health, or other reasons? If so, list the name and address of your counselor, and frequency of your visits.		

LEGAL HISTORY

Criminal Convictions	Juvenile		Are you currently on probation / parole?	List current probation / parole officer information:
	Misdemeanors			
	Felonies			

Do you have any pending cases? If so, where?

Had you ever been arrested for drunk driving prior to this incident?

How many of the above arrests/offenses occurred while you were drinking/using?

DEFENDANT'S STATEMENT

Tell us your version of what happened on the date of your arrest for **this current charge**:

Signature: _____ Date: _____

What vehicle were you operating at the time of your arrest? Year/Make/Model: _____

Did you feel impaired at the time of the instant offense? _____

Do you feel you have a problem with alcohol/drug(s)? Why or why not? _____

Transportation to/from employment and/or treatment: OWN / PUBLIC / FRIENDS & FAMILY / OTHER

Please use this space to provide any additional information (additional concerns, contact persons, or organization memberships) that you feel would assist the judge at the time of your sentencing:

For Probation Department Use Only

MAST/MF SCORE: _____

Interview date: _____

Interview conducted by: _____