

**23<sup>RD</sup> JUDICIAL CIRCUIT PRESENTENCE INVESTIGATION QUESTIONNAIRE**  
**PART 1**

Name (First, Middle Initial, Last): \_\_\_\_\_ Date of Birth: \_\_\_\_\_  
Maiden Name: \_\_\_\_\_  
Alias/Nickname: \_\_\_\_\_

Address: \_\_\_\_\_ Apt #: \_\_\_\_\_ Town/Zip: \_\_\_\_\_  
How long have you resided at this residence: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Previous Address:

\_\_\_\_\_

How long did you reside at this residence: Years: \_\_\_\_\_ Months: \_\_\_\_\_

Town/State Born In: \_\_\_\_\_ US Citizen?:  Yes  No

Home Phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_  
Email Address: \_\_\_\_\_

Race: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_  
Sex:  Male  Female Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ Valid?:  Yes  No  
If it is not valid, why?  Never had one  Revoked  Suspended

Any Tattoos/Scars/Piercings/Birthmarks? Please describe in detail (what/where?)

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

**FAMILY INFORMATION**

**Biological Parents**

Mother's name/DOB:

Address:

Last Seen:

Criminal History?  Yes  No

Alcohol/Drug Use?  Yes  No

Father's name/DOB:

Address:

Last Seen:

Criminal History?  Yes  No

Alcohol/Drug Use?  Yes  No

**Step Parents**

Name/DOB:  
Address:  
Last Seen:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

Name/DOB:  
Address:  
Last Seen:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

**Siblings**

Name/DOB:  
Address:  
Last Seen:  
Criminal History? Yes No  
Full sibling Half Step

Name/DOB:  
Address:  
Last Seen:  
Criminal History? Yes No  
Full sibling Half Step

Name/DOB:  
Address:  
Last Seen:  
Criminal History? Yes No  
Full sibling Half Step

Name/DOB:  
Address:  
Last Seen:  
Criminal History? Yes No  
Full sibling Half Step

Name/DOB:  
Address:  
Last Seen:  
Criminal History? Yes No  
Full sibling Half Step

Name/DOB:  
Address:  
Last Seen:  
Criminal History? Yes No  
Full sibling Half Step

Name/DOB:  
Address:  
Last Seen:  
Criminal History? Yes No  
Full sibling Half Step

Name/DOB:  
Address:  
Last Seen:  
Criminal History? Yes No  
Full sibling Half Step

**Spouse**

Name/Date of Birth:  
Date/Place Marriage:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

**Significant Other**

Name/Date of Birth:  
Together How Long:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

**Ex-Spouse**

Name/Date of Birth:  
Date/Place Marriage:  
Date/Place Divorce:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

**Ex-Spouse**

Name/Date of Birth:  
Date/Place Marriage:  
Date/Place Divorce:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

**Children**

Name/Date of Birth:  
Mother/Father:  
Last Seen:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

Name/Date of Birth:  
Mother/Father:  
Last Seen:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

Name/Date of Birth:  
Mother/Father:  
Last Seen:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

Name/Date of Birth:  
Mother/Father:  
Last Seen:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

Name/Date of Birth:  
Mother/Father:  
Last Seen:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

Name/Date of Birth:  
Mother/Father:  
Last Seen:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

Name/Date of Birth:  
Mother/Father:  
Last Seen:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

Name/Date of Birth:  
Mother/Father:  
Last Seen:  
Criminal History? Yes No  
Alcohol/Drug Use? Yes No

**EDUCATION INFORMATION**

What is the highest-grade level you completed? \_\_\_\_\_

Did you graduate? Yes No What year? \_\_\_\_\_

What high school did you attend? \_\_\_\_\_

If you did not graduate, did you obtain a GED? Yes No

If yes, where? \_\_\_\_\_ Year? \_\_\_\_\_

College attended? \_\_\_\_\_

Graduated? Yes No If yes, what year? \_\_\_\_\_

Other/Trade schools? \_\_\_\_\_

Graduated? Yes No If yes, what year? \_\_\_\_\_

**EMPLOYMENT INFORMATION**

Are you currently employed? Yes No

**Present**

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Wages: \_\_\_\_\_  Company Check  Cash

Duties: \_\_\_\_\_

**Past**

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Wages: \_\_\_\_\_  Company Check  Cash

Duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_

Address of Employer: \_\_\_\_\_

Employment Dates: \_\_\_\_\_

Wages: \_\_\_\_\_  Company Check  Cash

Duties: \_\_\_\_\_

Name of Employer: \_\_\_\_\_  
Address of Employer: \_\_\_\_\_  
Employment Dates: \_\_\_\_\_  
Wages: \_\_\_\_\_  Company Check  Cash  
Duties: \_\_\_\_\_

**MILITARY HISTORY**

\_\_\_\_\_ No military experience

Method of Entry: \_\_\_\_\_  
Dates of Service: \_\_\_\_\_  
Type of Discharge: \_\_\_\_\_  
Branch of Service: \_\_\_\_\_  
Locations Served: \_\_\_\_\_  
Duties: \_\_\_\_\_

**MENTAL HEALTH INFORMATION**

Have you ever been diagnosed with a mental health condition?  Yes  No

If yes, what is your diagnosis? \_\_\_\_\_  
\_\_\_\_\_

Have you ever been hospitalized due to a mental health condition?  Yes  No

If yes, where:

Agency/Hospital: \_\_\_\_\_ Location: \_\_\_\_\_  
Date: \_\_\_\_\_  
Reason for hospitalization \_\_\_\_\_

Agency/Hospital: \_\_\_\_\_ Location: \_\_\_\_\_  
Date: \_\_\_\_\_  
Reason for hospitalization \_\_\_\_\_

Are you prescribed medications for a mental health condition? If yes, what are they?

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

Have you ever been involved with a counseling agency? Yes No

If yes, where:

Name of Agency \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Name of Agency \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Name of Agency \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

**SUBSTANCE ABUSE INFORMATION**

Have you ever been involved with substance abuse services? Yes No

If yes, where:

Name of Agency \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Name of Agency \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

Name of Agency \_\_\_\_\_

Location: \_\_\_\_\_

Dates of Service: \_\_\_\_\_

**PHYSICAL HEALTH INFORMATION**

7a. Over the past 5 years, have you had any physical health problems or handicaps?  
(Surgeries, Hospitalizations, Diagnoses, Illnesses) Yes No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

