**INTAKE/PRE-SENTENCE REPORT**

**INFORMATION SHEET**

DOC number:

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| **PERSONAL** | | | | | | | | |
|  | Last | | | Middle | | First | | Suffix |
| True name |  | | |  | |  | |  |
| Alias/other name used |  | | |  | |  | |  |
| Maiden name |  | | |  | |  | |  |
| Convicted name |  | | |  | |  | |  |
| Date of birth | Sex  M  F  X | | Identify as:  Transgender man  Transgender woman  Non-binary | | | | | |
| Race | | Complexion | | Religious preference | | | | |
| Hair | Eyes | | | Height | | Weight | | |
| US citizen  Yes  No | Hispanic origin  Yes  No | | | Speak Spanish  Yes  No | Understand English  Yes  No | | | |
| Social Security number | FBI number | | | Place of birth (City/State/Country) | | | | |
| Scars, marks, tattoos | | | | | | | Gang affiliation | |

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| **VEHICLE** | | | | | |
| Driver’s license number | | State issued | | Expired  No  Yes | Expiration date |
| Vehicle make | Model | | Color | Year | Issuing state |
| Auto insurance  Yes  No | Insurer name | | | Policy number | |

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| **RESIDENCE** | | | | | | | | | |
| Street address (Proposed, if in custody) | | | Apt. # | City | | State | | | Zip |
| Mailing address (If different than above) | | | | | | | | | Homeless  No  Yes |
| Home number | Cell number | | | Work number | | | Pager number | | |
| Types of pets in residence | | Email address | | | | | # of moves in past year | | |
| Emergency contact name | | Relationship | | | Phone number | | | Alternate number | |

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| Name of other resident | Relationship | Age |
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| **FAMILY** | | | | | |
| Father name | Address | | | | |
| Home number | Work number | | | Alternate number | Occupation |
| Mother name | Address | | | | |
| Home number | Work number | | | Alternate number | Occupation |
| Raised by:  Natural parent(s)  Foster parent(s)  Other caregiver  Institution(s) | | | | | |
| Sibling name | | Age | Address | | Phone number |
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| Family with criminal record, if any (e.g., parent, sibling, aunt, uncle, grandparent) | | |
| Name | Relationship | Address (City, State) |
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| **RELATIONSHIPS/CHILDREN** | | | | |
| Never married  Married  State Registered Domestic Partnership  Cohabitation  Widowed  Divorced/Partnership dissolved  Separated/when:       Number of prior marriages:  Current spouse/State Registered Domestic Partner/significant other: | | | | |
| Prior spouse/State Registered Domestic Partner/significant other: | | | | |
| Name | Address | Divorce/dissolution date | | Place |
| Child(ren): | | | | |
| Name | Relationship | Age | Supported by | |
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| **EDUCATION** | | | | |
| High school/college attended | Ever suspended or expelled?  No  Yes  Why: | | | |
| Name | Address (City, State) | Date entered | Date left | Grade completed |
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| **EDUCATION** (cont.) | | | |
| Vocational school | | | |
| Name | Address (City, State) | Date entered | Date left |
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| Vocational certificate received?  Yes  No Date: | | | |
| DVR benefits received for training?  Yes  No | | | |
| Long term education/training goals: | | | |

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| **MILITARY** |
| Have you served in the military?  Yes  No If Yes, what branch -  Army  Navy  Marines  Air Force  Coast Guard  Other  How long did you serve?       Received an honorable discharge?  Yes  No  Do you have copy of your DD 214 Certificate of Release or Discharge from Active Duty?  Yes  No |

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| **EMPLOYMENT** | | | | | | | |
| Employed at time of arrest?  Yes  No Fired as result of arrest?  Yes  No  Number of months employed in last year: | | | | | | | |
| Current employer | | Job title | | Date started | | Wage/salary  $ | |
| List employers for the last 5 years (Use additional pages, if necessary) | | | | | | | |
| Employer | Job title | | Start date | | End date | | Quit or fired? |
|  |  | |  | |  | | Yes  No |
|  |  | |  | |  | | Yes  No |
|  |  | |  | |  | | Yes  No |
|  |  | |  | |  | | Yes  No |
|  |  | |  | |  | | Yes  No |

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| **FINANCIAL**  Long term goals for employment | | | | | | | | | | | | | |
| Dependent(s) financially responsible for: | | | | | | | | | | | | | |
| Name | | | | | Name | | | | | | Name | | |
| Total court ordered child support amount: $ | | | | | | | | | | | Amount paid: $ | | |
| If unemployed, what is your source of financial support? | | | | | | | | | | | | | |
| In the last 12 months have you received or are receiving:  Public assistance, disability payments, or unemployment compensation  Yes  No | | | | | | | | | | | | | |
| Dates received | | | | | Amount received  $ | | | Reason | | | | | |
| **SUBSTANCE USE HISTORY** | | | | | | | | | | | | | |
| Have you consumed or presently consume alcoholic beverages?  Yes  No | | | | | | | | | | | | | |
| How often | How much | | | | | | Age began consuming | | | | Preferred alcoholic beverage | | |
| Preferred time and place to consume alcoholic beverages:  Do you believe you currently have a problem with alcohol?  Yes  No  In the last 12 months, has alcohol caused problems for you in any of the following areas:  Law violations  Marital/Family  Medical  School/Work  Other: | | | | | | | | | | | | | |
| Have you ever used the following substances? | | | | | | | | | | | | | |
| Type | | Yes | | No | | Frequency | | | | Age used | | Type of reaction(s) | |
| Amphetamines (speed) | |  | |  | |  | | | |  | |  | |
| Barbiturates (downers) | |  | |  | |  | | | |  | |  | |
| Cocaine | |  | |  | |  | | | |  | |  | |
| Hallucinogens | |  | |  | |  | | | |  | |  | |
| Heroin | |  | |  | |  | | | |  | |  | |
| LSD | |  | |  | |  | | | |  | |  | |
| Marijuana | |  | |  | |  | | | |  | |  | |
| Methamphetamine | |  | |  | |  | | | |  | |  | |
| Morphine | |  | |  | |  | | | |  | |  | |
| PCP | |  | |  | |  | | | |  | |  | |
| Other: | |  | |  | |  | | | |  | |  | |
| Are you or have you been addicted to drugs?  Yes  No  Type of drug(s): | | | | | | | | | | | | | |
| In the last 12 months, has drug use caused problems for you in any of the following areas?  Law violations  Marital/Family  Medical  School/Work  Other: | | | | | | | | | | | | | |
| Have you received treatment/counseling for your drug/alcohol use?  Yes  No | | | | | | | | | | | | | |
| Where | | | | | Date(s) | | | | | | Counselor | | |
| Do you have a family member with a history of drug/alcohol abuse?  Yes  No | | | | | | | | | | | | | |
| Who/Relationship | | | Treatment facility | | | | | | Date(s) | | | | Counselor |

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| **MENTAL HEALTH** | | |
| Have you ever seen a mental health professional?  Yes  No | | |
| Where | When | Counselor |
| Have you ever been diagnosed as suffering from severe mental illness?  Yes  No  Have you ever had a plan to commit suicide?  Yes  No  Have you ever attempted suicide?  Yes  No  Are you thinking about killing yourself at this time?  Yes  No | | |

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| **MENTAL HEALTH** (cont.) | | | | | |
| Have you ever been to a hospital for mental health reasons?  Yes  No | | | | | |
| Name of mental health institution | | | Address | | |
| Are you currently involved in mental health treatment?  Yes  No  Have you ever been prescribed medication for mental illness?  Yes  No | | | | | |
| Are you taking mental health medications at this time?  Yes  No | | | | | |
| Medication | | How long | Medication | | How long |
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| Does a family member(s) suffer from mental health issues?  Yes  No | | | | | |
| Name | Relationship | | Name | Relationship | |
| Have you ever had problems/experiences with the following:  Assaultive behavior  Domestic violence  Have you ever participated in:  Domestic violence treatment  Anger management | | | | | |

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| **MEDICAL** | | | |
| Are you currently under the care of a doctor?  Yes  No | | | |
| Doctor name | Address | | |
| Have you ever had any serious illnesses or accidents?  Yes  No  Convulsions or seizures?  Yes  No  Were you hospitalized?  Yes  No | | | |
| When | Where | | |
| Are you on a special diet?  Yes  No Type: | | | |
| Are you taking any medications? | | | |
| Medication | How long | Medication | How long |
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| What is your current state of health? | | | |

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| **ACTIVITIES/INTERESTS** | | | | | | |
| What kinds of free time activities have you participated in the past year? | | | | | | |
| Activity | | How often | | With whom | | |
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| Are you a member of any organization?  Yes  No | | Name of organization | | Name of organization | | |
| Do you have any experience using a computer/software? | | | | | | |
| Type of computer | Type of computer | | Software | | Software | |
| **REFERENCES**  Relatives and Friends | | | | | | |
| Name | Address | | | Phone number | | Relationship |
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| **CURRENT OFFENSE** | | | | | | | | |
| Date of arrest | | Date of crime | | Charge | | | | Count of conviction |
| Agency arrested by | | Days spent in jail | | Date plea/trail completed | | | | Date released |
| Was physical force involved?  Yes  No  Did you consume alcohol before or during the offense?  Yes  No  Did you ingest/inject drugs before or during the offense?  Yes  No  Was a weapon(s) involved in the offense?  Yes  No  Were drugs involved in the offense?  Yes  No | | | | | | | | |
| Relationship to victim  Known  Stranger | Explain | | | | Age | Physical/mental condition of victim | | |
| Relationship to victim  Known  Stranger | Explain | | | | Age | Physical/mental condition of victim | | |
| Threat of violence present?  Yes  No | | | To whom | | | | To whom | |
| Guilt determined by:  Court trial  Guilty plea | | | | | | | | |
| Method of attorney retention:  Hired  Court appointed  Public defender  Waived attorney | | | | | | | | |
| Name of attorney | | | Address | | | | | |
| Phone number | | Cell phone number | | Alternate number | | | | Fax number |

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| **CRIMINAL HISTORY**  Adult and Juvenile | | | | | | | | |
| List your juvenile and adult arrests and convictions below (Use additional pages, if necessary) | | | | | | | | |
| Date | Offense | | | Place (City, State) | | | | Disposition |
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| Was physical force involved?  Yes  No Was a weapon(s) involved in the offense?  Yes  No | | | | | | | | |
| If yes, explain: | | | | | | | | |
| **CRIMINAL HISTORY** (cont.) | | | | | | | | |
| Relationship to victim  Known  Stranger | | Explain | | | Age | Physical/mental condition of victim | | |
| Relationship to victim  Known  Stranger | | Explain | | | Age | Physical/mental condition of victim | | |
| Threat of violence present?  Yes  No | | | To whom | | | | To whom | |
| Did you ever violate your probation, parole, community supervision, or community placement?  Yes No  Did you ever escape from a correctional facility?  Yes  No  Were you ever punished for institutional misconduct?  Yes  No | | | | | | | | |

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| **CRIME ASSOCIATES** | | |
| Name | Residing where | Status of charge (e.g., guilty, not guilty, pending) |
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| Do you own or control a gun or firearm?  Yes  No |

Provide a complete description of your offense (e.g., how and why it happened). Use additional pages, if necessary.

Name Signature Date

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