**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 [ ]  YesWhy:        |
| 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 |
|       |       |       |       |
|       |       |       |       |
| 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 [ ]  NoDo 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 [ ]  NoNumber 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 [ ]  NoIn 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 [ ]  NoType 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 [ ]  NoHave you ever had a plan to commit suicide? [ ]  Yes [ ]  NoHave you ever attempted suicide? [ ]  Yes [ ]  NoAre 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 [ ]  NoHave 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 |
|       |       |       |       |
|       |       |       |       |
| 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 violenceHave 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 [ ]  NoConvulsions or seizures? [ ]  Yes [ ]  NoWere 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 |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| 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 |
|       |       |       |
|       |       |       |
|       |       |       |
| 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 [ ]  NoDid you consume alcohol before or during the offense? [ ]  Yes [ ]  NoDid you ingest/inject drugs before or during the offense? [ ]  Yes [ ]  NoWas a weapon(s) involved in the offense? [ ]  Yes [ ]  NoWere 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 |
|       |       |       |       |
|       |       |       |       |
|       |       |       |       |
| 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 [ ] NoDid you ever escape from a correctional facility? [ ]  Yes [ ]  NoWere 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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