

15th District Court Probation

301 E. Huron PO Box 48107 Ann Arbor, MI 48107
Appointments: 734.794.6761, ext 3 Fax 734.794.6762

Probationer Information

If you fail to keep a scheduled probation appointment you may be assessed \$50.00 which is due the next time you appear in court.

Please allow yourself time for the meeting as it may be difficult to find available parking. Interviews can last around an hour and if you are late there is a possibility that you will not be seen.

The pre-sentence report will include information regarding your background, family history, employment, finance and education. You will also be asked questions about any physical or mental illnesses and substance use. This report is for your sentencing judge. It is important that your judge have accurate information so she/he can determine an appropriate sentence for you.

Probation files are confidential so we cannot speak with your parents, friends or significant others about your probation.

It is your responsibility to notify the probation department if you move or change employment. We assume that your address is current and that any mail we send you will reach you.

I have read the above information:

Name

Date

Full Name: _____ Birth Date: _____

Address: _____ Birth Place: _____

City/State/Zip: _____ Telephone #: _____

With whom do you live: _____ Relationship to you: _____

Time lived at current address: ____ Years ____ Months # of times moved in last 3 yrs: _____

DLN: _____ SSN: _____

Do you own a motor vehicle: Yes No Make/Model: _____

Race: _____ Sex: _____ Ht: _____ Wt: _____ Hair: _____ Eye: _____ Age: _____

EMPLOYMENT INFORMATION:

Company Name: _____ Job Title: _____

Address _____ Hourly Wage: _____

City & Zip: _____ Date of Hire: _____

Other Monthly Income: _____ Amount: _____

EDUCATION:

Name of High School: _____ Date Graduated: _____

Name of College/Other School: _____ Degrees/Certificates: _____

MARITAL STATUS

Present Wife or Husband: _____ Address: _____

Date Married: _____ City of Marriage: _____

Children's Name & Age: 1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

Prior Marriages: _____

FAMILY BACKGROUND

Father's Name & Address: _____

Mother's Name & Address: _____

Brothers/Sisters: 1) _____ 2) _____

3) _____ 4) _____

5) _____ 6) _____

MILITARY SERVICE

Branch of Service: _____ Dates: _____

Type of Discharge: _____ Highest Rank: _____

Military Occupation: _____ Overseas Service: _____

Have you ever received treatment at the VA: Yes No Do you receive VA benefits: Yes No

PRIOR ARRESTS

Date	Place	Charge	Disposition/Sentence
1) _____	_____	_____	_____
2) _____	_____	_____	_____
3) _____	_____	_____	_____
4) _____	_____	_____	_____
5) _____	_____	_____	_____

HEALTH

Are you currently under the care of a Physician or Medical Doctor? Yes No

If yes, list reason for treatment and any prescribed medications: _____

Name of Doctor: _____ Agency: _____

Have you ever undergone psychiatric or mental health counseling? Yes No

Reason for Referral: _____ Agency: _____

Dates of attendance: _____

Have you ever attempted suicide: Yes No When: _____

Have you ever been hospitalized for psychiatric reasons: Yes No When: _____

SUBSTANCE ABUSE

Drug of Choice (Including Alcohol): _____

At what age did you first use alcohol: _____ Have you had a blackout: _____

Average number of drinks per month: _____ How many drinks each time: _____

At what age did you first use street drugs: _____ Which drugs: _____

Have you ever used IV drugs: Yes No Currently using: Yes No

