

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

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: _____

Email address: _____

DLN: _____ last 4 of SSN: _____

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

Race: American Indian/Alaskan Native Asian Black/African American Hispanic/Latino
 Native Hawaiian/Other Pacific Islander Two or More White Other Unknown

Gender: _____ 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: _____ Prior Marriages: _____

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

3) _____ 4) _____

FAMILY BACKGROUND

Father's Name & Address: _____

Mother's Name & Address: _____

Brothers/Sisters: 1) _____ 2) _____

3) _____ 4) _____

MILITARY SERVICE

Branch of Service: _____ Dates: _____

Type of Discharge: _____ Highest Rank: _____

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)			

HEALTHAre 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**

SUBSTANCE	AGE AT 1 ST USE	TYPICAL USE PATTERN	DATE OF LAST USE
ALCOHOL			
MARIJUANA/KRATOM			
COCAINE			
OPIATES/HEROIN/FENTANYL			
METHAMPHETAMINE			
BENZODIAZEPINE			
OTHER/PRESCRIPTION DRUGS			

Are you currently on probation/parole: Yes No Probation/Parole Officer: _____

Agency: _____ Phone# _____

Do you have cases pending: Yes No Offense: _____

Next Court Date: _____ Type of Hearing: _____

Have you spent time in jail on this case: Yes No How many days: _____

Present Offense: _____ Attorney: _____

Name of co-defendants: _____

Describe the offense in your own words. Explain the events leading up to it, what part each person played, what happened, exactly what you did and what you gained by doing it. Explain any other information you want the Judge to be aware of regarding this offense.

Comment on what your sentence should be and why:

STATE OF MICHIGAN	FINANCIAL STATEMENT	CASE NO.			
Court address		Court telephone no.			
PERSONAL INFORMATION					
Name (last, first, middle)		Date of birth	SSN (last 4 digits)		
Address	<input type="checkbox"/> house	<input type="checkbox"/> apartment	<input type="checkbox"/> lot no.	City	Zip
Home phone no.	Work phone no.	Cellular phone no.	Driver's license no.	State	E-mail address
Mailing address (if different than above)		Marital status <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced If divorced, date final _____			
Name and address of nearest living relative		Relationship		Phone no.	
Names of dependents		Dates of birth	Student (Yes/No)	College/University	
Employer 1 (Company name and address)		Length of employment			
Employer 2 (Company name and address)		Length of employment			
If self-employed, type of business/trade		If unemployed, source of support <input type="checkbox"/> General assistance <input type="checkbox"/> SSI <input type="checkbox"/> Food stamps <input type="checkbox"/> AFDC			
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		If yes, date filed _____ Date completed _____			
ASSETS					
Vehicle #1 Year / Make					Present value \$
Vehicle #2 Year / Make					Present value \$
Bank/Financial account no.	Name and address of financial institution				Present balance \$
Investment/Brokerage account no.	Name and address of financial institution				Present balance \$
Other property such as real estate, boats, snowmobiles (describe)					Value \$
					TOTAL ASSETS \$
MONTHLY INCOME			MONTHLY EXPENSES		
Gross monthly income (self) \$			Mortgage or rent \$		
Gross monthly income (spouse) \$			Utilities \$		
Unemployment benefits \$			Vehicle payments \$		
Social security \$			Insurance (vehicle/health/life) \$		
Retirement/Pension benefits \$			Other loan payments \$		
Child support \$			Child support/Alimony \$		
Alimony/Maintenance \$			Medical payments \$		
Disability \$			Court payments \$		
Veteran's benefits \$			Other: \$		
Interest/Dividends \$					
Other (cash): \$					
TOTAL INCOME \$			TOTAL EXPENSES \$		

Financial Report Authorization: I authorize the court, the court's funding unit, and their employees or agents to obtain a consumer credit report and other financial information about me from a consumer credit reporting agency or any other entity.

I certify under penalty of perjury that this financial statement is a complete and accurate statement of my income, assets, and expenses, and that I have no other additional income. I will provide supporting documentation of income and debts upon request.

Date _____

Signature _____