

# 15<sup>th</sup> 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:

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Name

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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: \_\_\_\_\_

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**EMPLOYMENT INFORMATION:**

Company Name: \_\_\_\_\_ Job Title: \_\_\_\_\_  
Address \_\_\_\_\_ Hourly Wage: \_\_\_\_\_  
City & Zip: \_\_\_\_\_ Date of Hire: \_\_\_\_\_  
Other Monthly Income: \_\_\_\_\_ Amount: \_\_\_\_\_

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**EDUCATION:**

Name of High School: \_\_\_\_\_ Date Graduated: \_\_\_\_\_  
Name of College/Other School: \_\_\_\_\_ Degrees/Certificates: \_\_\_\_\_

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**MARITAL STATUS**

Present Wife or Husband: \_\_\_\_\_ Address: \_\_\_\_\_  
Date Married: \_\_\_\_\_ Prior Marriages: \_\_\_\_\_  
Children's Name & Age: 1) \_\_\_\_\_ 2) \_\_\_\_\_  
3) \_\_\_\_\_ 4) \_\_\_\_\_

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**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) _____			

**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**

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

Probation/Parole Officer: \_\_\_\_\_

Phone# \_\_\_\_\_

Offense: \_\_\_\_\_

Type of Hearing:\_\_\_\_\_

How many days: \_\_\_\_\_

Attorney: \_\_\_\_\_

Name of co-defendants: \_\_\_\_\_

[illegible]

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<b>STATE OF MICHIGAN</b>	<b>FINANCIAL STATEMENT</b>	<b>CASE NO.</b>
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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
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	
						\$	
<b>TOTAL ASSETS</b>						<b>\$</b>	

MONTHLY INCOME	
Gross monthly income (self)	\$
Gross monthly income (spouse)	\$
Unemployment benefits	\$
Social security	\$
Retirement/Pension benefits	\$
Child support	\$
Alimony/Maintenance	\$
Disability	\$
Veteran's benefits	\$
Interest/Dividends	\$
Other (cash):	\$
<b>TOTAL INCOME</b>	<b>\$</b>

MONTHLY EXPENSES	
Mortgage or rent	\$
Utilities	\$
Vehicle payments	\$
Insurance (vehicle/health/life)	\$
Other loan payments	\$
Child support/Alimony	\$
Medical payments	\$
Court payments	\$
Other:	\$
<b>TOTAL EXPENSES</b>	<b>\$</b>

**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