

UNITED STATES PROBATION
NORTHERN DISTRICT OF IOWA

THE PRESENTENCE INVESTIGATION

Purpose: You are receiving this packet from the United States Probation Office (USPO) because you either pled guilty or were found guilty of a federal offense. In all such instances, the Court orders a Presentence Investigation Report (PSIR) to be prepared by the USPO for your sentencing hearing. The PSIR has many uses. Its primary use is to assist the Court in determining your sentence. If you are incarcerated, the PSIR also aids the Bureau of Prisons in designation, visitation, programming, and release planning. Following any term of incarceration or if you are sentenced to probation, the USPO will use the PSIR to assist with your supervision needs.

Instructions: The Worksheet for Presentence Report is a questionnaire about your personal and family history, relationships, children, health, substance abuse, education, military involvement, and employment. Thoroughly complete each section of the questionnaire. Please be advised that any information you include in this packet must be truthful. If you decline to answer any questions, it should be so noted on the form. If you need more space in a certain section, just use the last page. Next, complete the Net Worth and Monthly Cash Flow statements. Be sure to insert your name, signature, and date where highlighted. Lastly, sign and date the highlighted areas of each of the Consent for Release of Information forms. The completed packet needs to be returned to the USPO no later than one business day prior to your scheduled presentence interview. You need to make arrangements with your attorney regarding how to return the packet to the USPO. Once the USPO receives your completed packet, the USPO will meet with you, either in person or by phone. This is typically conducted within five days of your change of plea or guilty verdict.

The Presentence Interview: Pursuant to the Court's Administrative Order in this district, following your change of plea hearing or guilty verdict, your attorney has two business days to notify the USPO if he/she wishes to be present during your presentence interview. If after two business days your attorney has not made it known to the USPO that he/she wants to be present during the interview, the USPO will interview you without your attorney. This may be done in person or by phone. During the presentence interview, the USPO will review the presentence packet that you recently completed and ask additional follow-up questions, if necessary. The USPO will also contact third parties to verify portions of your background information.

Sentencing Process: Please understand that the USPO acts as an independent agent of the Court and will conduct an independent investigation of your case. After the USPO collects all of your background information, a draft of the PSIR will be prepared and electronically filed on the court docket. You and your attorney will have fourteen days to review the draft PSIR and electronically notify the USPO of any objections and/or clarifications to the report. The prosecutor will also have the opportunity to submit objections and/or clarifications to the draft PSIR. After the USPO reviews the objections and/or clarifications and any corrections are made, a final PSIR will be prepared and electronically filed on the court docket. At the time of your sentencing, the Court will make findings on any unresolved objections to the PSIR.

Disclaimer: The USPO does not, and cannot, provide legal advice to you. Any questions you have about the law should be addressed with your attorney. However, the USPO can answer any questions that you may have concerning the presentence process.

UNITED STATES PROBATION OFFICE
WORKSHEET FOR PRESENTENCE REPORT

PART A. IDENTIFYING DATA

Full Legal Name:

Maiden Name/Aliases/Birth Name/Adopted Name/Other Names Used:

Date of Birth:	Age:	Sex:	Place of Birth:
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Legal Address (for purposes of placement by the BOP in an area close to your family): <input type="checkbox"/> Rent <input type="checkbox"/> Own	City:	State:	Zip Code:
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Social Security Number:

Race: <input type="checkbox"/> American Indian <input type="checkbox"/> Asian <input type="checkbox"/> Black <input type="checkbox"/> Hispanic <input type="checkbox"/> Pacific Islander <input type="checkbox"/> White <input type="checkbox"/> Other: _____	Citizenship Status: <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Naturalized Citizen <input type="checkbox"/> Permanent Resident (Green Card holder) <input type="checkbox"/> Visa <input type="checkbox"/> Illegal
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Height:	Weight:	Eye Color:	Hair Color:
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Tattoos/Scars/Marks (i.e. tattoo of a rose):	Location on Body (i.e. right hand):

For Office Use Only

Officer Name: _____
Date of Interview: _____
Packet Submission Date: _____

PART B. PARENTS, SIBLINGS, AND UPBRINGING			
INFORMATION REGARDING YOUR FATHER:			
First and Last Name: <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive			Age:
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____ Cause of death: _____ Father's age at time of death: _____	City:	State:	Phone Number:
Father's Current Relationship Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Unknown <input type="checkbox"/> Cohabiting <input type="checkbox"/> Remarried (Name of current spouse: _____)	Occupation: _____ Or <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Unknown <input type="checkbox"/> Disabled (<input type="checkbox"/> Physical <input type="checkbox"/> Mental) Describe disability:		
Describe your current relationship with your father:			
What is the frequency of your contact with your father?			
Does your father have a history of mental or emotional health diagnoses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:			
Does your father have a history of alcohol and/or drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:			
Has your father ever been arrested, incarcerated, and/or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:			
INFORMATION REGARDING YOUR MOTHER:			
First and Last Name: <input type="checkbox"/> Biological <input type="checkbox"/> Adoptive			Age:
Maiden Name/Other Name(s) used:			
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____ Cause of death: _____ Mother's age at time of death: _____	City:	State:	Phone Number:
Mother's Current Relationship Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Unknown <input type="checkbox"/> Cohabiting <input type="checkbox"/> Remarried (Name of current spouse: _____)	Occupation: _____ Or <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Unknown <input type="checkbox"/> Disabled (<input type="checkbox"/> Physical <input type="checkbox"/> Mental) Describe disability:		
Describe your current relationship with your mother:			

What is the frequency of your contact with your mother?	
Does your mother have a history of mental or emotional health diagnoses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:	
Does your mother have a history of alcohol and/or drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:	
Has your mother ever been arrested, incarcerated, and/or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:	
Are your parents divorced? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, what age were you when they divorced/separated: _____	
What was your living arrangement following the divorce/separation?	
<i>If you were raised by anyone other than your biological parents, please complete the information below.</i>	
First and Last Name: _____ Address: _____ Phone Number: _____ Occupation: _____ Explain why this person was involved in your upbringing:	Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Relative <input type="checkbox"/> Caregiver <input type="checkbox"/> Foster parent <input type="checkbox"/> Other: _____
First and Last Name: _____ Address: _____ Phone Number: _____ Occupation: _____ Explain why this person was involved in your upbringing:	Relationship: <input type="checkbox"/> Stepparent <input type="checkbox"/> Relative <input type="checkbox"/> Caregiver <input type="checkbox"/> Foster parent <input type="checkbox"/> Other: _____
Do any of the other caregivers listed above have a history of mental or emotional health diagnoses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who: _____ Explain:	
Do any of the other caregivers listed above a history of alcohol and/or drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who: _____ Explain:	
Have any of the other caregivers listed above ever been arrested, incarcerated, and/or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who: _____ Explain:	

If you lived in a group or foster home:

Name of facility/home: _____
Location: _____
Your approximate age at the time of placement: _____
How long did you reside there? _____
Why were you placed at this group/foster home?

Name of facility/home: _____
Location: _____
Your approximate age at the time of placement: _____
How long did you reside there? _____
Why were you placed at this group/foster home?

Other information about your upbringing:

How would you describe your childhood?

Please provide any other information about your upbringing that you would like the Court to know about:

Have any of your immediate family members been a victim of physical, sexual, and/or verbal abuse? Yes No
If Yes, who: _____
Approximately when did it occur? _____
What type of abuse? _____
Was it reported? Yes No
Explain what happened and why it ended:

Please provide specific examples:

Have you ever been a victim of physical, sexual, and/or verbal abuse? Yes No
Approximately when did it occur? _____
What type of abuse? _____
Was it reported? Yes No
Explain what happened and why it ended:

Please provide specific examples:

SIBLINGS <i>(Include deceased siblings)</i>			
Full Name	Relationship	Contact Information	Occupation
<input type="checkbox"/> Deceased	<input type="checkbox"/> Full sibling <input type="checkbox"/> Half sibling <input type="checkbox"/> Stepsibling	City: State:	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Full sibling <input type="checkbox"/> Half sibling <input type="checkbox"/> Stepsibling	City: State:	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Full sibling <input type="checkbox"/> Half sibling <input type="checkbox"/> Stepsibling	City: State:	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Full sibling <input type="checkbox"/> Half sibling <input type="checkbox"/> Stepsibling	City: State:	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Full sibling <input type="checkbox"/> Half sibling <input type="checkbox"/> Stepsibling	City: State:	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Full sibling <input type="checkbox"/> Half sibling <input type="checkbox"/> Stepsibling	City: State:	
<input type="checkbox"/> Deceased	<input type="checkbox"/> Full sibling <input type="checkbox"/> Half sibling <input type="checkbox"/> Stepsibling	City: State:	
Do any of your siblings have a history of mental or emotional health diagnoses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who: _____ Explain: _____			
Do any of your siblings have a history of alcohol and/or drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who: _____ Explain: _____			
Have any of your siblings ever been arrested, incarcerated, and/or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who: _____ Explain: _____			
Describe your current relationship with your siblings and how often you have contact with them:			

PART C. MARITAL STATUS		
Current Marital Status: <input type="checkbox"/> Cohabiting/significant relationship <input type="checkbox"/> Divorced <input type="checkbox"/> Married <input type="checkbox"/> Separated <input type="checkbox"/> Single <input type="checkbox"/> Widowed <input type="checkbox"/> I am single and have never been married (skip to Part D.)		
Full Name of Current Spouse/Domestic Partner:		Address (if different than your address):
Maiden Name/Other Name(s) used:		
Deceased? <input type="checkbox"/> Yes <input type="checkbox"/> No Year: _____ Cause of death: _____ His/her age at time of death: _____	Occupation: _____ Or <input type="checkbox"/> Unemployed <input type="checkbox"/> Retired <input type="checkbox"/> Unknown <input type="checkbox"/> Disabled (<input type="checkbox"/> Physical <input type="checkbox"/> Mental) Describe disability:	Length of relationship: Phone Number:
Does your spouse/partner have a history of mental or emotional health diagnoses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:		
Does your spouse/partner have any serious medical condition(s)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:		
Does your spouse/partner have a history of alcohol and/or drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:		
Has your spouse/partner ever been arrested, incarcerated, and/or placed on probation? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:		
Have you ever had any periods of separation from your spouse/partner? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When and Why:		
Has your relationship with your spouse/partner ever involved domestic violence? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:		
Does your spouse/partner have children from a previous relationship? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, how many? _____ Who do they live with?		
Summarize your relationship with your spouse/partner and the frequency of contact:		
Name of previous spouse or significant other	Approximate dates of relationship:	Why did this relationship end?

PART D: CHILDREN <i>(If you don't have children, skip to Part E.)</i>			
Child	Name of other parent	Residence	Who does he/she reside with/custody arrangement
Name: Age: Occupation/School: <input type="checkbox"/> Biological <input type="checkbox"/> Stepchild <input type="checkbox"/> Other		City: State:	
Name: Age: Occupation/School: <input type="checkbox"/> Biological <input type="checkbox"/> Stepchild <input type="checkbox"/> Other		City: State:	
Name: Age: Occupation/School: <input type="checkbox"/> Biological <input type="checkbox"/> Stepchild <input type="checkbox"/> Other		City: State:	
Name: Age: Occupation/School: <input type="checkbox"/> Biological <input type="checkbox"/> Stepchild <input type="checkbox"/> Other		City: State:	
Name: Age: Occupation/School: <input type="checkbox"/> Biological <input type="checkbox"/> Stepchild <input type="checkbox"/> Other		City: State:	
Name: Age: Occupation/School: <input type="checkbox"/> Biological <input type="checkbox"/> Stepchild <input type="checkbox"/> Other		City: State:	
Describe your relationship with your children and frequency of contact:			
Has social services ever been involved with you and/or your children? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, When and Why:			
Do any of your children have a history of physical or mental/emotional health diagnoses? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who: _____ Explain:			
Do any of your children have a history of alcohol and/or drug abuse? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who: _____ Explain:			
Have any of your children ever been arrested? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Who: _____ Explain:			

Are you ordered to pay child support? Yes No Amount: \$ _____
 Which Court has ordered child support? County/State: _____
 Are you current with your child support? Yes No If No, How much are you behind? \$ _____
 When did you make your last payment?

If you become incarcerated, what are the custody plans for your children?

PART E. RESIDENTIAL HISTORY
List every city/state where you have lived, beginning with birth and up to the time of your arrest for the instant federal offense. Include residences outside of the United States.

Approximate Age	Location	Reason for moving	Who did you live with?
From: Birth To:	City: State:		
From: To:	City: State:		
From: To:	City: State:		
From: To:	City: State:		
From: To:	City: State:		
From: To:	City: State:		
From: To:	City: State:		

Future Release Plans:
 City: _____ State: _____
 Who would you live with? _____
 Any additional details: _____

Immigration Information (List all entries into the United States and all removals/deportations, including voluntary removals/returns to your native country):

Approximate Age/Date at Entry	Place of Entry	Age/Date at time of Removal/Deportation	Why did you come to the United States?

Affiliation(s)

Have you ever had any affiliation/membership(s) with a threat group? (i.e. gangs, cartels, terrorist organizations)
 Yes No

If Yes, which one(s): _____
Ages of involvement: _____
Position held/level of involvement: _____

How did you get involved? _____

Did you disassociate? Yes No
If Yes, why, how, and when did you disassociate? _____

PART F: HEALTH

Physical health status:
 I do not have a current or past physical health condition. (Skip to mental health status section)

List all physical health issues in chronological order:

Diagnosis/physical health issue	Approximate dates	Status	Medication(s) prescribed	Name/Address of agency who treated or is treating this condition
	From: To:	<input type="checkbox"/> Resolved <input type="checkbox"/> Treating <input type="checkbox"/> Untreated <input type="checkbox"/> Ongoing		
	From: To:	<input type="checkbox"/> Resolved <input type="checkbox"/> Treating <input type="checkbox"/> Untreated <input type="checkbox"/> Ongoing		
	From: To:	<input type="checkbox"/> Resolved <input type="checkbox"/> Treating <input type="checkbox"/> Untreated <input type="checkbox"/> Ongoing		
	From: To:	<input type="checkbox"/> Resolved <input type="checkbox"/> Treating <input type="checkbox"/> Untreated <input type="checkbox"/> Ongoing		
	From: To:	<input type="checkbox"/> Resolved <input type="checkbox"/> Treating <input type="checkbox"/> Untreated <input type="checkbox"/> Ongoing		

Details you would like to share about any of these diagnoses/issues:

Mental health status: <input type="checkbox"/> I do not have a current or past mental health condition. (Skip to Part G.)				
<i>List all mental health issues in chronological order:</i>				
Diagnosis/mental health issue	Approximate dates	Status	Medication(s) Prescribed	Name/Address of agency who treated or is treating this condition
	From: To:	<input type="checkbox"/> Resolved <input type="checkbox"/> Treating <input type="checkbox"/> Untreated <input type="checkbox"/> Ongoing		
	From: To:	<input type="checkbox"/> Resolved <input type="checkbox"/> Treating <input type="checkbox"/> Untreated <input type="checkbox"/> Ongoing		
	From: To:	<input type="checkbox"/> Resolved <input type="checkbox"/> Treating <input type="checkbox"/> Untreated <input type="checkbox"/> Ongoing		
	From: To:	<input type="checkbox"/> Resolved <input type="checkbox"/> Treating <input type="checkbox"/> Untreated <input type="checkbox"/> Ongoing		
	From: To:	<input type="checkbox"/> Resolved <input type="checkbox"/> Treating <input type="checkbox"/> Untreated <input type="checkbox"/> Ongoing		
How did you treat the above mental health conditions? <input type="checkbox"/> Therapy: What issue/condition was addressed: _____ <input type="checkbox"/> Medication Management: What issue/condition was addressed: _____ <input type="checkbox"/> Other: _____ What issue/condition was addressed: _____				
Do you think the mental health treatment you obtained was effective? <input type="checkbox"/> Yes <input type="checkbox"/> No Explain:				
How are you doing currently?				
Details you would like to share about any of these diagnoses/issues:				
Have you ever been hospitalized for mental/emotional issues? <input type="checkbox"/> Yes <input type="checkbox"/> No If yes, when and where?				

Have you ever thought of or attempted suicide? Yes No
If yes, when and what method was used or thought of:

Do you gamble? Yes No

If yes, what type: _____

Age when you began: _____

When did you last gamble: _____

How much do you typically spend? _____

How often do you gamble? _____

It is/was a problem? Yes No

If Yes, Explain:

PART G. SUBSTANCE ABUSE

I have never used alcohol or drugs and have never attended a treatment program. (Skip to Part H.)

Substance	Age of First Use	Age of Last Use	Describe how often you used the drug per week/month/year and at what age. Include periods of sobriety.
Alcohol			
Marijuana			
Methamphetamine			
Cocaine/Crack			
Heroin/Opiates			
Prescription pills (i.e. Adderall, Xanax, Hydrocodone, etc.)			
Other (i.e. K2, ecstasy, inhalants, LSD, mushrooms, codeine, etc.)			

Substance Abuse Treatment			
Dates of Treatment	Name & Location of Treatment Provider	What were you being treated for?	Did you complete successfully?
From: To: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		Referred by: <input type="checkbox"/> Self <input type="checkbox"/> Court <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, why?
From: To: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		Referred by: <input type="checkbox"/> Self <input type="checkbox"/> Court <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, why?
From: To: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		Referred by: <input type="checkbox"/> Self <input type="checkbox"/> Court <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, why?
From: To: <input type="checkbox"/> Inpatient <input type="checkbox"/> Outpatient		Referred by: <input type="checkbox"/> Self <input type="checkbox"/> Court <input type="checkbox"/> Other	<input type="checkbox"/> Yes <input type="checkbox"/> No If No, why?
Has your alcohol and/or drug use impacted your life, work, or home? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:			
How are you currently doing?			
Do you need additional substance abuse treatment? <input type="checkbox"/> Yes <input type="checkbox"/> No			
H. EDUCATION HISTORY			
High School			
Name of High School: _____ Location (City/State): _____ Dates you attended this school: _____ Year of graduation: _____			
If you earned a GED, name of school attended: _____ Location: (City/State) _____ Year earned: _____			
If you did not graduate from high school or earn a GED, what was the last grade you completed? _____ Why didn't you finish school?			
Have you ever been expelled or suspended from school? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:			
Have you ever been diagnosed with a learning disability or participated in a specialized program related to reading, writing, or a behavioral disorder? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, Explain:			

College, Technical, or Vocational School

Name of School: _____
Location (City/State): _____
Dates you attended this school: _____
Degree Earned: [] Master's Degree [] Bachelor's Degree [] Associate's Degree [] Vocational Certificate [] Other
Major: _____ and/or Certification: _____

Name of School: _____
Location (City/State): _____
Dates you attended this school: _____
Degree Earned: [] Master's Degree [] Bachelor's Degree [] Associate's Degree [] Vocational Certificate [] Other
Major: _____ and/or Certification: _____

If incarcerated, would you like to participate in one or more of these vocational training programs? [] Yes [] No
[] Baker/Cook/Culinary Arts [] Carpenter [] Dental Assistant [] Drafting [] Electrician
[] Horticulture Worker [] HVAC [] Office Automation [] Plumber [] Welder

PART I. MILITARY SERVICE

Branch of Service: [] Army [] Navy [] Air Force [] Marines [] Coast Guard
[] _____ Reserve [] _____ National Guard []
Other: _____

Date Entered: _____ Date Discharged: _____ Highest Rank: _____ Type of Discharge: _____

Decorations and Awards:

Were you ever court-martialed? [] Yes [] No
[] Summary Court-Martial [] Special Court-Martial [] General Court-Martial
If Yes, Explain:
What type of punishment did you receive?

Describe any foreign or combat service. Describe any special training or skills acquired in the service. Describe any current veteran's benefits and any previous veteran's affairs claims.

PART J. SOCIAL SECURITY DISABILITY

[] I am currently receiving disability benefits
[] I have filed an application for benefits and am currently waiting for a determination

Date of disability: _____ Monthly benefit amount: \$ _____

Reason for disability: ([] Physical [] Mental)
Describe disability: _____

PART K. EMPLOYMENT HISTORY			
Unemployment			
Are you currently unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No	Start date of your unemployment:	Do you receive unemployment benefits? <input type="checkbox"/> Yes <input type="checkbox"/> No	Unemployment benefit: \$ _____
Unemployment reason: <input type="checkbox"/> Caregiver <input type="checkbox"/> Disabled <input type="checkbox"/> Homemaker <input type="checkbox"/> Long-Term Treatment <input type="checkbox"/> Job seeking <input type="checkbox"/> Retired <input type="checkbox"/> Student <input type="checkbox"/> Other: _____			
Prior Employment			
<i>List all of your current and previous employment for the past 10 years, starting with the most recent:</i>			
Start & End Dates	Name & address of employer	Hours, Job Title, Salary, Reason for Leaving	
From:		Average hours per week: _____	
To:		Salary/Wage: \$ _____	
		Per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	
		Job Title/Position: _____	
		Reason for Leaving: _____	
From:		Average hours per week: _____	
To:		Salary/Wage: \$ _____	
		Per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	
		Job Title/Position: _____	
		Reason for Leaving: _____	
From:		Average hours per week: _____	
To:		Salary/Wage: \$ _____	
		Per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	
		Job Title/Position: _____	
		Reason for Leaving: _____	
From:		Average hours per week: _____	
To:		Salary/Wage: \$ _____	
		Per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	
		Job Title/Position: _____	
		Reason for Leaving: _____	
From:		Average hours per week: _____	
To:		Salary/Wage: \$ _____	
		Per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	
		Job Title/Position: _____	
		Reason for Leaving: _____	
From:		Average hours per week: _____	
To:		Salary/Wage: \$ _____	
		Per: <input type="checkbox"/> Hour <input type="checkbox"/> Day <input type="checkbox"/> Week <input type="checkbox"/> Bi-Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Yearly <input type="checkbox"/> Other: _____	
		Job Title/Position: _____	
		Reason for Leaving: _____	

Summarize any previous employment experience not reflected above:

Do you have any specialized training or skills?

Have you ever performed community work, regularly volunteered, belonged to any clubs, etc? (do not list any court ordered community service work) Yes No If Yes, describe:

Please provide two personal contacts we can contact to verify information provided:

Name	Phone Number	Relationship to you	How long have you known him/her?

Any other information you want the Court to know:

DECLARATION OF DEFENDANT OR OFFENDER NET WORTH & CASH FLOW STATEMENTS

I, _____, residing at _____,
in the city (or county) of _____, in the state of _____,
have completed the attached Net Worth Statement (Prob. Form 48) or Net Worth Short Form Statement (Prob. Form 48EZ) and/or Cash Flow Statement (Prob. Form 48B) that fully describe my financial resources, including a complete listing of all assets owned or controlled by me as of this date and any transfers or sales of assets since my arrest. The Cash Flow Statement (Prob. Form 48B) also includes my financial needs and earning ability and the financial needs and earning ability of my spouse (or significant other) and my dependent(s) living at home.

Net Worth Statement (Total pages, including additional pages _____)
Net Worth Short Form Statement (Total pages, including additional pages _____)
Cash Flow Statement (Total pages, including additional pages _____)

I declare under penalty of perjury that the foregoing is true and correct.

False statements may result in revocation of supervision, in addition to possible prosecution under the provisions of 18 U.S.C. § 1001, which carries a term of imprisonment of up to 5 years and a fine of up to \$250,000, or both.

SIGN HERE 

(Defendant Signature)

DATE



Executed on _____ day of _____, _____.

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Net Worth Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Statement in its entirety. You must answer “None” to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Net Worth Statement Financial Records (Prob. 48A)). Initial and date each page (including any attached pages). Also, sign, date, and attach the Declaration of Defendant or Offender Net Worth & Cash Flow Statements (Prob. 48D).

Last Name - _____

NET WORTH STATEMENT

NOTE: I = Individual J = Joint S = Spouse/Significant Other D = Dependent

ASSETS								
BANK ACCOUNTS (Include all personal and businesses checking and savings accounts, credit unions, money markets, certificates of deposit, IRA and KEOGH accounts, ROTH IRA's, Thrift Savings, 401K, etc.)								
Section A	I/J S/D	Name of Institution	Address	Type of Account	Account Number	Personal or Commercial	Balance	
SECURITIES (Include all stocks in public corporations, stocks in businesses you own or have an interest in, bonds, mutual funds, U.S. Government securities, etc.)								
Section B	I/J S/D	Name and Kind of Security	Location of Security	Number of Units	Fair Market Value			
MONEY OWED TO YOU BY OTHERS (Include all money owed to you by any person or entity.)								
Section C	I/J S/D	Name and Address of Debtor	Amount Owed to You	Reason Owed to You	Date Money Loaned	Relationship to Debtor (if any)	Monthly Payment or Date Full Payment Expected	Is Debt Collectible ?

Initials _____ Date _____

Last Name -								
Section D	LIFE INSURANCE (Include type of policy [whole life, variable, or term], face amount [the stated amount of coverage] and cash surrender value [the value of the investment portion of a whole life or variable policy.])							
	I/J S/D	Name and Address of Company and Name of Beneficiary	Policy Number	Type of Policy	Face Amount	Cash Surrender Value	Amount Borrowed	Amount You Can Borrow
Section E	SAFE DEPOSIT BOXES OR STORAGE SPACE FACILITY (Include all safe deposit boxes or storage space you rent or places you have access to in which others are holding assets or items belonging to you.)							
	I/J S/D	Name and Address of Box or Facility Location	Box Number or Space	Contents	Fair Market Value			
Section F	MOTOR VEHICLES (Include all cars, trucks, mobile homes, motorcycles, all terrain vehicles, boats, airplanes, etc.)							
	I/J S/D	Year, Make & License Number/Vehicle Identification Number	Mileage	Loan/Lease Balance (if any)	Date Loan/Lease Will be Paid Off or Ends	Monthly Payment	Fair Market Value	
Section G	REAL ESTATE (Include property, parcels, lots, timeshares, and developed land with buildings.)							
	I/J S/D	Real Estate Address (include county and state)/ Mortgage Company or Lien Holder	Purchase Date	Purchase Price	Mortgage Balance (if any)	Date Mortgage Will be Paid Off	Monthly Payment	Fair Market Value
Section H	MORTGAGE LOANS OWED TO YOU (Include name, address, and relationship [if any] to the mortgagee [the party that bought the real estate you sold and is making payments to you].)							
	I/J S/D	Mortgagee (name & address)/ Relationship to Mortgagee	Mortgage Balance	Date Mortgage Will be Paid Off	Balloon Payment? If Yes, Date?	Monthly Payment	Is Debt Collectible?	

Last Name -								
Section I	OTHER ASSETS (Include any cash on hand, jewelry, art, paintings, coin collections, stamp collections, musical instruments, collectibles, antiques, home furnishings, copyrights, patents, etc.)							
	I/J S/D	Description	Loan Balance (if any)	Date Loan Will be Paid Off	Monthly Payment	Where is Asset Located?	Fair Market Value	
Section J	ANTICIPATED ASSETS (Include any assets you expect to receive or control from lawsuits for compensation or damages, profit sharing, pension plans, inheritance, wills, or as an executor or administrator of any succession or estate.)							
	I/J S/D	Amount Received or Expected to Receive	Date Expected to Receive	Reason You Expect This	Name and Address of Person or Company That Can Verify This (e.g., attorney, financial institution, executor)			
Section K	TRUST ASSETS (Include all trusts in which you are a grantor or donor [the person who establishes the trust], the trustee or fiduciary [who controls the trust assets and income or the beneficiary who has or will receive benefits from the trust].)							
	I/J S/D	Name of Trust/ Taxpayer ID#	Value of Trust	Your Annual Income From Trust	Your Interest in Trust Assets			
Section K	BUSINESS HOLDINGS (Include all businesses in which you have an ownership interest or with which you had an affiliation within the last three years; e.g., self-employed sole proprietor, officer, shareholder, board member, partner, associate, etc.) Complete Section N (attach additional pages, if necessary).							
	I/J S/D	Name and Address of Business/ Taxpayer I.D.#	Type of Business Entity	Industry of Business	Date Business Started	Capital Investment to Start	Your Ownership Interest Percentage	Sale Price or Fair Market Value of Your Interest

Initials _____ Date _____

Last Name -

Section L	INCOME TAX RETURNS		
	Type of Income Tax Return Filed	Last Filing Year	Years of Last 5 Income Tax Returns You Will Submit to the Probation Officer
	Individual (Form 1040)		
	Partnership/Limited Liability Company (Form 1065)		
	Corporation (Form 1120)		
	S Corporation (Form 1120S)		

Section M	TRANSFER OF ASSETS (Include any assets you have transferred or sold since the date of your arrest with a cost or fair market value of more than \$1,000.00. Also list any assets that someone else is holding on your behalf.)						
	I/J S/D	Description of Asset/ Reason Transferred/Sold	Date of Transfer/Sale	Original Cost	Amount You Received, if Any	Name of Purchaser or Person Holding the Asset	Sale Price or Fair Market Value at Transfer

Section N	NAMES OF SHAREHOLDERS OR PARTNERS (Include all shareholders, officers, and/or partners, indicating each respective ownership interest.)		
	Name of Business	Names of Shareholders/Partners	Ownership Interest Percentage

Last Name -

ASSETS YOU WILL LIQUIDATE (Include all assets you intend to liquidate to satisfy any criminal monetary penalties that may be imposed.)			
Asset Description	Estimated Value of Asset	Date You Will Liquidate	Current Location of Asset (if real property, county and state)

Section P	PROSPECT OF INCREASE IN ASSETS (Give a general statement of the prospective increase of the value of any asset you own.)

Last Name - _____

LIABILITIES							
Section A	CHARGE ACCOUNTS AND LINES OF CREDIT (Include all bank credit cards, lines of credit, revolving charge accounts, etc.)						
	I/J S/D	Type of Account or Card	Name and Address of Creditor	Credit Limit	Amount Owed	Credit Available	Minimum Monthly Payment
Section B	OTHER DEBTS (Include mortgage loans, notes payable, delinquent taxes, and child support.)						
	I/J S/D	Owed To	Address	Relationship (if any)	Amount Owed	Reason Owed	Monthly Payment
Section C	PARTY TO CIVIL SUIT (Include any civil lawsuits you have ever been a party to.)						
	I/J S/D	Name of Plaintiff in the Case	Court of Jurisdiction and County	Case Number	Date of Suit Filed	Date of Judgment	Judgment Amount/ Unpaid Balance
Section D	BANKRUPTCY FILINGS (Include information requested for any Chapter 7, 11, or 13 bankruptcy filings you have ever been a party to as an individual or as a business entity.)						
	I/J S/D	Type of Bankruptcy (Voluntary or Involuntary)/ Name and Address of Trustee	Bankruptcy Case Number	Bankruptcy Court of Jurisdiction	County and State of Discharge	Date Filed	Date of Discharge

SIGN & DATE → Signature _____ Date _____

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Monthly Cash Flow Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer a statement fully describing your financial resources, including a complete listing of all monthly cash inflows and outflows.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your spouse, significant others, or dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Your Cash Flow Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Monthly Cash Flow Statement in its entirety. You must answer “None” to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Cash Flow Statement Financial Records (Prob. 48C)). Initial and date each page (including any attached pages) and sign and date the last page of the Cash Flow Statement.

Last Name -		
MONTHLY CASH FLOW STATEMENT		
Monthly Cash Inflows		
Defendant	Gross	Net
Your Salary/Wages (List both monthly gross earnings and take-home pay after payroll deductions.)		
Your Cash Advances (List all payroll advances or other advances from work.)		
Your Cash Bonuses (List all payments from work in addition to your salary that are not an advance.)		
Commissions (List all non-employee earnings as an independent contractor.)		
Business Income (List both monthly gross income and net income after deducting expenses.)		
Interest (List all interest earned each month.)		
Dividends (List all dividends earned each month.)		
Rental Income (List all monthly income received from real estate properties owned.)		
Trust Income (List all trust income earned each month.)		
Alimony/Child Support (List all alimony or child support payments received each month.)		
Social Security (List all payments received from Social Security.)		
Other Government Benefits (List all amounts received from the government not yet reported (e.g., Food stamps and unemployment compensation))		
Pensions/Annuities (List all funds received from pensions and annuities each month.)		
Allowances-Housing/Auto/Travel (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
Gratuities/Tips (List all gratuities and tips received each month from any and all sources.)		
Spouse/Significant Other Salary/Wages (List all gross and net monthly salary and wages received by your spouse or significant other.)		
Other Joint Spousal Income (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]).		
Income of Other In-House (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
Gifts from Family (List all amounts received as gifts from family members each month.)		
Gifts from Others (List all gifts received from any sources not yet reported.)		
Loans from Your Business (List all loan amounts received each month from all businesses owned or controlled by you.)		
Mortgage Loans (List all amounts received each month from mortgage loans owed to you.)		
Other Loans (List all other loan amounts received each month not yet reported.)		
Other (specify) (List all other amounts received each month not yet reported.)		
TOTALS		

Last Name -	
Necessary Monthly Cash Outflows	
	Amount
Rent or Mortgage (List monthly rental payment or mortgage payment.)	
Groceries (List the total monthly amount paid for groceries and number of people in your household.) #	
Utilities (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)	
Electric	
Heating Oil/Gas	
Water/Sewer	
Telephone	
Basic Cable (no premium channels)	
Public Transportation (List monthly amount paid for public transportation.)	
Car Payments (List all payments made to purchase or lease vehicles.)	
Commuting Expenses (List monthly amount paid for gasoline, tolls etc.)	
Auto Insurance (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)	
Health Insurance (List the monthly amount paid for homeowner/rental.)	
Homeowner/Rental Insurance (List the monthly amount paid for homeowner/rental insurance.)	
Clothing (List the monthly amount actually paid for clothing.)	
Loan Payments (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)	
Credit Card Payments (List all minimum monthly credit card or charge card payments.)	
Medical (List all expenses not covered by insurance.)	
Alimony/Child Support (List all alimony or child support payments made each month.)	
Criminal Monetary Penalty (List all monthly payments for court-ordered criminal monetary penalties.)	
Court-ordered Costs (List the total monthly payments made for location monitoring and drug and mental health treatment.)	
Other (specify) (List all other necessary monthly amounts paid each month not yet reported.)	
Other Factors That May Affect Monthly Cash Flow (Describe)	
TOTAL	
NET MONTHLY CASH FLOW: \$ (CASH INFLOWS LESS NECESSARY CASH OUTFLOWS)	
MONTHLY CRIMINAL MONETARY PENALTY PAYMENT: \$	
PROSPECT OF INCREASE IN CASH INFLOWS (Give a general statement of the prospective increase of the value of any cash inflows reported.)	

SIGN & DATE  Signature _____

Date _____

(Rev 05/21)

PRESENTENCE REPORT INVESTIGATION AUTHORIZATION TO RELEASE INFORMATION

Name: _____ DOB: _____ SSN: _____

LEAVE BLANK → I authorize: _____ to release my protected confidential

record(s) to: **United States Probation Office, Northern District of Iowa**. The information to be released will be used for the preparation of a presentence report.

State and/or federal law specifically requires that any disclosure or redisclosure of substance abuse (alcohol or drug), mental health, HIV/AIDS-related information must be accompanied by the following written statement: *This information has been disclosed to you from records protected by federal confidentiality rules (42 CFR Part 2). Federal rules prohibit you from making any further disclosure of this information unless further disclosure is expressly permitted by the written consent of the person to whom it pertains or as otherwise permitted by 42 CFR, Part 2. A general authorization for the release of medical or other information is not sufficient for this purpose. Federal rules restrict any use of the information to criminally investigate or prosecute an alcohol or drug abuse patient.* See also Chapter 228 of the Iowa Code.

Regarding protected health information, I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law. I understand that I may review the disclosed information or ask questions by contacting the Director of Health Information Management at the address listed below. Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

LEAVE BLANK →

Name of Person or Organization:	
Address:	

Regarding protected health information, I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information.

I acknowledge that information to be released may include material that is protected by state and/or federal law applicable to substance abuse, mental health, HIV-related information, or Juvenile Court. I specifically authorize the release of confidential information by INITIALING the following:

** Only client, regardless of age, can authorize release of Substance Abuse and HIV - Related information.*

I hereby authorize the release of the information as indicated below. I understand that I have a right to inspect the disclosed information at any time. I acknowledge that I may receive a copy of this document if requested.

INITIAL THESE LINES →

INITIAL BELOW (Authorizing Person)

INITIAL THESE LINES

- | | |
|--|---|
| _____ Employment
_____ Substance Abuse*
_____ Mental Health
_____ Medical | _____ Education
_____ Juvenile Court Records
_____ HIV - Related*
_____ Court and Government Records |
|--|---|

SIGN & DATE →

Signature: _____ Date: _____
(Authorizing Person)

Signature: _____ Date: _____
(Probation Officer)

AUTHORIZATION TO RELEASE CREDIT INFORMATION
(PRIVATE PERSON OR ORGANIZATION)
TO PROBATION OFFICER

TO WHOM IT MAY CONCERN:

I, _____, the undersigned, hereby authorize the United States Probation Office for the Northern District of Iowa or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain information pertaining to my credit history from any credit reporting agency.

I hereby direct you to release such information. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use.

I hereby release you, as custodian of such records, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

The information hereby obtained by the aforementioned probation office is to be used only for the purpose of presentence investigation and report and, if applicable, for supervision.

Most Recent Address:

← COMPLETE THIS SECTION

Date of Birth:

← INCLUDE YOUR DATE OF BIRTH

Social Security Number:

← INSERT SOCIAL SECURITY NUMBER

SIGN ↓



PRINT NAME ↓



DATE ↓



(Authorizing Signature - Full Name)

(Full Name - Printed or Typed)

(Date)

Consent for Release of Information

You must complete all required fields. We will not honor your request unless all required fields are completed. (*signifies a required field).

TO: Social Security Administration

*My Full Name

*My Date of Birth
(MM/DD/YYYY)

*My Social Security Number

I authorize the Social Security Administration to release information or records about me to:

*NAME OF PERSON OR ORGANIZATION:

*ADDRESS OF PERSON OR ORGANIZATION:

United States Probation

111 Seventh Avenue SE, Box 14, Cedar Rapids, Iowa 52401

Northern District of Iowa

320 Sixth Street, Suite 200, Sioux City, Iowa 51101

*I want this information released because: Presentence Investigation Report

We may charge a fee to release information for non-program purposes.

***Please release the following information selected from the list below:**

You must specify the records you are requesting by checking at least one box. We will not honor a request for "any and all records" or "my entire file." Also, we will not disclose records unless you include the applicable date ranges where requested.

- 1. Social Security Number
- 2. Current monthly Social Security benefit amount
- 3. Current monthly Supplemental Security Income payment amount
- 4. My benefit/payment amounts from date _____ to date _____
- 5. My Medicare entitlement from date _____ to date _____
- 6. Medical records from my claims folder(s) from date _____ to date _____
If you want us to release a minor child's medical records, do not use this form. Instead, contact your local Social Security office.
- 7. Complete medical records from my claims folder(s)
- 8. Other record(s) from my file (**you must specify the records you are requesting, e.g., doctor report, application, determination or questionnaire**)
SEQY for the past ten years

SIGN

I am the individual, to whom the requested information or record applies, or the parent or legal guardian of a minor, or the legal guardian of a legally incompetent adult. I declare under penalty of perjury (28 CFR § 16.41(d)(2004)) that I have examined all the information on this form, and any accompanying statements or forms, and it is true and correct to the best of my knowledge. I understand that anyone who knowingly or willfully seeks or obtain access to records about another person under false pretenses is punishable by a fine of up to \$5,000. I also understand that I must pay all applicable fees for requesting information for a non-program-related purpose.

*Signature: _____

DATE

*Date: _____

*Address: _____

Relationship (if not the subject of the record): _____

*Daytime Phone: _____

Witnesses must sign this form ONLY if the above signature is by mark (X). If signed by mark (X), two witnesses to the signing who know the signee must sign below and provide their full addresses. Please print the signee's name next to the mark (X) on the signature line above.

1. Signature of witness

2. Signature of witness

Address(Number and street, City, State, and Zip Code)

Address(Number and street, City, State, and Zip Code)