

COURT OF COMMON PLEAS FAIRFIELD COUNTY, OHIO
GENERAL DIVISION
COMMUNITY CONTROL APPLICATION
PRE-SENTENCE INVESTIGATION
INTERVIEW QUESTIONNAIRE

ATTENTION : _____
(NAME)

In order to prepare its pre-sentence investigation, the Fairfield County Community Control Department is requesting information about you, your case, and your background. Please fill out this questionnaire as completely and honestly as possible. The information you provide will be verified to determine if it is truthful and accurate. A Pre-Sentence Investigator will review this form with you, and may ask additional questions or request additional information at a later time, prior to sentencing.

An interview has been scheduled for you on _____, at _____.
(Date) (Time)

This interview will be with _____.
(Disregard above if a date and time are not indicated hereon)

Honorable Richard E. Berens Honorable David A. Trimmer

Fairfield County Common Pleas Court:

224 E. Main Street Room #101 - Lancaster, Ohio 43130

Revised 01/13/17

PLEASE PRINT WITH BLUE OR BLACK INK.

Name: _____

Address: _____

Phone Number: _____

Race: White Asian Black/African American

(Check One) American Indian Bi-Racial

Hawaiian/Pacific Islander

(For record keeping purposes only)

DOB: _____

Age: _____

SSN: _____

Sex: Male Female

Height: _____ Weight: _____

Eyes: _____ Hair: _____

Scars/Marks/Tattoos/Piercings:

Highest Grade Completed: _____

School Attended: _____

Are You a US Citizen: Yes No

If No, Country of Citizenship: _____

Place of Birth (City, State): _____

Criminal History

List any previous charges/convictions:

<u>Date</u>	<u>Charge</u>	<u>Court</u>	<u>Disposition</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been on probation/community control? Yes No

If yes, please give the details of the offense.

<u>Date</u>	<u>Charge</u>	<u>Violations</u>	<u>Successful Completion Y/N</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Are there any pending (outstanding) criminal charges against you at this time for which you have not been sentenced? If so, list:

Social History

Marital Status: Married Divorced Separated Widowed
 Single

Significant Others Name: _____

Age: _____ Occupation: _____

Address: _____

Phone: _____

Criminal History: Yes No

If Yes, list charges/convictions:

Father's Name: _____

Age: _____ Occupation: _____

Address: _____

Phone: _____

Criminal History: Yes No

If Yes, list charges/convictions:

Mother's Name: _____

Age: _____ Occupation: _____

Address: _____

Phone: _____

Criminal History: Yes No

If Yes, list charges/convictions:

Siblings Name: _____
Age: _____ Occupation: _____
Address: _____

Phone: _____

Criminal History: Yes No

If Yes, list charges/convictions:

Siblings Name: _____

Age: _____ Occupation: _____

Address: _____

Phone: _____

Criminal History: Yes No

If Yes, list charges/convictions:

Siblings Name: _____

Age: _____ Occupation: _____

Address: _____

Phone: _____

Criminal History: Yes No

If Yes, list charges/convictions:

Siblings Name: _____

Age: _____ Occupation: _____

Address: _____

Phone: _____

Criminal History: Yes No

If Yes, list charges/convictions:

Children:

Name Age Reside with you (Y/N)

Are you now, or have you been, affiliated with a gang? Yes No

If Yes, list type of affiliation:

With whom do you live? Self Family Friends Roommates

Other: _____

Do You? Rent Own Rent Free

Military History: Yes No

Branch of Service: _____

Length of Service: _____

Type of Discharge: _____

Rank at Discharge: _____

Employment

(Time of Offense)

Employment Status: _____

Employer: _____

Wage: _____

Time with Employer: _____

(Current)

Employment Status: _____

Employer: _____

Wage: _____

Time with Employer: _____

If you are unemployed, what is the reason?

Past Employment:

<u>Type of Employment</u>	<u>Reason for Leaving</u>	<u>Time Period</u>	<u>Wage</u>
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Medical History:

Current Mental/Physical Status: Good Fair Poor Disabled

<u>Medical Conditions</u>	<u>Condition Began (Date)</u>
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Medications:

<u>Name of Medicine</u>	<u>Dosage</u>	<u>How Often</u>	<u>Doctor</u>
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Have you ever attempted suicide? Yes No (if no continue to next section)

<u>Date of attempt</u>	<u>Method Attempted</u>
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Counseling:

Have you ever undergone counseling for Drug or Alcohol Addiction and/or abuse or dependency or for Mental Health?

Yes No Currently in Counseling

Please detail the type of counseling received, location obtained, and the results of the counseling.

Please check all illnesses you have received a clinical diagnoses from a licensed practitioner.

- Major Depression Borderline Personality Disorder Post-Traumatic Stress Disorder
 Schizophrenia Bipolar Disorder Anxiety Disorder Schizoaffective Disorder
 HIV/Aids Hepatitis A, B, or C MRSA Tuberculosis Sexually Transmitted Diseases
 Other _____ None

Substance Abuse:

Do you feel that you currently have a problem with substance abuse?

Yes No

Do you feel that you need help with substance abuse?

Yes No

Has a friend or family member ever asked you to get help with your substance abuse? Yes No


Substance	Age 1st Use	Frequency			Method(s) of Use	Date of Last Use	Use at time of Offense (Y/N)
		Past	Current	Heaviest			
Alcohol							
Marijuana							
Ecstasy							
LSD							
Cocaine (Powder)							
Cocaine (Crack)							
Methamphetamine							
Heroin							
Inhalants							
Bath Salts							
K2							
Others							

Prescriptions- Only indicate if abused							
Tramadol							
Amphetamine							
Opiates							
Suboxone							
Other							

Community Control Expectations:

In your opinion, why should the court order that your sentence be suspended and that you be placed on Community Control?

What specific areas of your life need attention or help that community control can provide to you?

 **Stop here if you have not plead guilty or been found guilty in your case, and proceed to page 11 of the application and complete the Authorization for Release of Information.**

Fairfield County Common Pleas Court
General Division
224 E. Main St.
Lancaster, Ohio 43130

Authorization for Release of Information

I, _____, Date of Birth, _____,
Social Security Number _____, hereby give my consent to an
investigation of my background and current circumstances conducted by Community
Control Officers of the Fairfield County Common Pleas Court. In addition, I hereby
authorize the release of any/all records, including, but not limited to, records held by
Juvenile Court (including any sealed records), Children's Services, Department of Job
and Family Services, The Recovery Center, Mid-Ohio Counseling Center, New Horizons
Youth and Family Center, Buckeye Counseling Services, The Community Transitions
Center, Fairfield County Child Support Enforcement Agency, The Social Security
Administration, and the following additional agencies:

Purpose or need for disclosure: To provide information to the court for the purpose of
obtaining information that will be useful in determining whether I am a repeat offender
and/or eligible for community control, or: To provide information on program
participation, evaluation of social, medical, psychological problems, and reports on
evaluations, findings, prognosis, and recommendations for treatment. This is reciprocal
release allows the Fairfield County Common Pleas Court Community Control
Department to release information to the above mentioned parties.

By consenting to this investigation (for Community Control Application Only) and
authorizing release of records, I do not admit guilt or waive any rights. I fully
understand, however, that any report prepared as a result of this investigation will be
submitted to the Court.

This consent to disclose may be revoked by me at any time except to the extent that
action has been taken in reliance thereon. This consent (unless expressly revoked earlier)
expires upon the completion of client/patient's term of probation on _____.

I hereby state that I have read and fully understand the above.

X _____
(Signature of Client or Person Authorized to Consent)

Witness _____

Date Signed _____