



# COMMON PLEAS COURT

## GENERAL DIVISION

Richard E. Berens, Judge  
David A. Trimmer, Judge

### **FAIRFIELD COUNTY COMMON PLEAS COURT**

#### **Pre-Sentence Investigation Packet**

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.

If necessary, a Pre-Sentence Investigator will review this form with you (in the presence of your attorney or with your attorney's consent) and may ask additional questions or request additional information at a later date prior to sentencing.

You may return this form in any of the following ways:

1. Deliver in-person to: Pre-Sentence Investigator Keshia Sanders  
224 E. Main Street, 1<sup>st</sup> Floor  
Lancaster, OH 43130
2. E-mail to: [keshia.sanders@fairfieldcountyohio.gov](mailto:keshia.sanders@fairfieldcountyohio.gov)  
[angel.sanderson@fairfieldcountyohio.gov](mailto:angel.sanderson@fairfieldcountyohio.gov)
3. Mail to: Fairfield County Common Pleas Court  
ATTN: CC Department  
224 E. Main Street, 1<sup>st</sup> Floor  
Lancaster, OH 43130

**Fairfield County Common Pleas Court, General Division**  
*Authorization for Release of Information*

I, (Name) \_\_\_\_\_ (DOB) \_\_\_\_\_ (SSN) \_\_\_\_\_, 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, Lancaster Recovery Services, Mid-Ohio Counseling Services, New Horizons Mental Health Services, Mended Reeds Services, Integrated Services for Behavioral Health, Ohio Guidestone, Phoenix Center, Adams Recovery Center, Appalachian Behavioral Healthcare, Fairfield County Child Support Enforcement Agency, The Social Security Administration, and the following additional agencies:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Purpose or need for disclosure: (1) to provide information to the Court and Community Control Department for the purpose of obtaining information that will be useful in determining whether I am a repeat offender and/or eligible for community control, and/or (2) to provide information on program participation, evaluation of social, medical, psychological problems, and reports on evaluations, findings, prognosis, and recommendations for treatment. This is a 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 \_\_\_\_\_

PRE-SENTENCE INVESTIGATION PACKET

Please answer all questions completely and accurately.

GENERAL	
Full Name:	Age:
Date of Birth:	SSN:
E-Mail Address:	Phone:
Address:	
I ( <i>check one</i> ) <input type="checkbox"/> own my residence <input type="checkbox"/> rent my residence <input type="checkbox"/> stay at this residence for free	
How long have you lived at this address?	
Who lives with you? <i>Include name and relation to you:</i>	
Place of Birth:	Are you a U.S. Citizen? <input type="checkbox"/> Yes <input type="checkbox"/> No
Race:	Gender:
Height:	Weight:
Hair:	Eyes:
Highest Level of Education Completed:	
School(s) Attended:	

CRIMINAL HISTORY		
List all of your previous felony convictions		
Year	County	Offense(s)
List any misdemeanor offenses for which you've been convicted in the past 10 years <i>Include past OVIs, but not other traffic cases</i>		
Year	County	Offense(s)
List any open or active cases that are currently pending against you		
Year	County	Offense(s)
Have you ever been affiliated with a gang? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If yes, list type of affiliation:</i>		

# PRE-SENTENCE INVESTIGATION PACKET

FAMILY		
Marital Status: <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separate <input type="checkbox"/> Widowed <input type="checkbox"/> Single <input type="checkbox"/> Engaged		
Significant Other's Name:		Age:
Address:		Phone:
Occupation:		
Is your Significant Other currently on Bond, Probation, or APA Supervision? <input type="checkbox"/> Yes <input type="checkbox"/> No If so, with what court/department and for what offense?		
Does your Significant Other have any past felony criminal convictions? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please complete the information about those convictions below</i>		
Year	County	Offense(s)
Are any of your immediate family members (siblings, parents, children) currently on bond, probation, APA supervision, in prison, or in jail? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, complete the information below</i>		
Name	Relation to You	Reason on probation / in jail
Do you have any children? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please complete the information below</i>		
Name	Age	Does child reside with you?

MILITARY			
Have you ever been involved with the military? <input type="checkbox"/> Yes <input type="checkbox"/> No <i>If so, please complete the information below</i>			
Branch of Service	Dates of Service	Type of Discharge	Rank at Discharge

EMPLOYMENT	
Current Employment Status: <input type="checkbox"/> Employed <input type="checkbox"/> Unemployed <input type="checkbox"/> SSI <input type="checkbox"/> SSD <input type="checkbox"/> N/A (In Jail)	
Current Employer:	Type of Work:
Job Title:	Time with Employer:

PRE-SENTENCE INVESTIGATION PACKET

Past Employment History <i>List all employment history for last 5 years</i>			
Employer	Job Title	Dates Employed	Reason for Leaving

MEDICAL, PSYCHIATRIC, & PSYCHOLOGICAL HISTORY			
Current Physical Health Self-Assessment: <input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Current Mental Health Self-Assessment: <input type="checkbox"/> Great <input type="checkbox"/> Good <input type="checkbox"/> Fair <input type="checkbox"/> Poor			
Have you ever attempted suicide? <input type="checkbox"/> Yes <input type="checkbox"/> No			
<i>If so, complete the information below</i>			
Date of Attempt		Method of Attempt	
Have you ever received a clinical diagnoses from a licensed practitioner for any of the following? (Check all that apply) <input type="checkbox"/> Major Depression <input type="checkbox"/> Borderline Personality Disorder <input type="checkbox"/> PTSD <input type="checkbox"/> Schizophrenia <input type="checkbox"/> Schizoaffective Disorder <input type="checkbox"/> Anxiety <input type="checkbox"/> Bipolar Disorder <input type="checkbox"/> Tuberculosis <input type="checkbox"/> HIV/AIDS <input type="checkbox"/> MRSA <input type="checkbox"/> Sexually Transmitted Disease			
Medical History <i>List any significant physical or mental health conditions that affect your daily life</i>			
Medical Condition		Date Condition Began	
Medication Information <i>List all medications that you currently take</i>			
Name of Medication	Dosage	Do you have a current valid prescription for it?	Prescribing Doctor
Substance Abuse Information			
Do you believe you currently have a substance abuse problem?			<input type="checkbox"/> Yes <input type="checkbox"/> No
Has a friend or family member ever asked you to get help with substance abuse?			<input type="checkbox"/> Yes <input type="checkbox"/> No
<i>Please complete the chart on the next page regarding your past and current substance use.</i>			

PRE-SENTENCE INVESTIGATION PACKET

Substance	When Did You Use?			How Often Did You Use?	Method(s) of Use	Were you actively using this substance at the time of your alleged offense?
	<i>Age of First Use</i>	<i>Date of First Use</i>	<i>Date of Last Use</i>	<i>How often did you use during the height of your addiction?</i>	<i>(For example: smoking, snorting, by needle)</i>	<i>Yes / No</i>
Alcohol						
Marijuana						
Ecstasy						
LSD						
Cocaine (Powder)						
Cocaine (Crack)						
Methamphetamine						
Heroin						
Inhalants						
Bath Salts						
K2						
Fentanyl						
Kratom						
Tramadol						
Amphetamine						
Opiates						
Suboxone						
Other <i>Specify Below:</i>						

PRE-SENTENCE INVESTIGATION PACKET

**COUNSELING & TREATMENT HISTORY**

Have you ever engaged in counseling/treatment (including Medication-Assisted Treatment services) for substance abuse or mental health reasons? ☐ Yes ☐ No

*If so, complete the information below*

Name of Agency	Type of Treatment (for example: Drug, Mental Health, Medication-Assisted Treatment)	Dates Attended	Level of Care (for example: inpatient, outpatient, emergency hospitalization)	Results / Reason for Discharge

**FUTURE EXPECTATIONS**

In your opinion, why should the Court order you to be placed on Community Control (Probation) instead of imposing a jail or prison sentence?

What specific areas of your life need attention or help that you believe the Court or Community Control (Probation) Department can provide to you?

**ONLY ANSWER THE QUESTION ON THE NEXT PAGE IF YOU HAVE PLED GUILTY OR BEEN FOUND GUILTY IN YOUR CASE.**

*If you have not yet pled guilty or been found guilty in your case, do NOT answer the last question.*

PRE-SENTENCE INVESTIGATION PACKET

Describe, in your own words, your crime or offense. Include any reason you had for doing what you did and how you feel about it.

**END OF PRE-SENTENCE INVESTIGATION PACKET**

*The Court's Pre-Sentence Investigator will contact you and/or your attorney if any follow-up information is required.*