

YOU HAVE ENTERED A PLEA OF GUILTY.

THE JUDGE HAS REQUESTED THAT ALL PERSONS PLEADING GUILTY FILL OUT THE ATTACHED QUESTIONNAIRE. THE INFORMATION ON THESE FORMS WILL BE HELPFUL IN DETERMINING YOUR SENTENCE AND MUST BE FILLED IN COMPLETELY. PLEASE ANSWER EVERY QUESTION.

PLEASE PRINT LEGIBLY SO THAT THE JUDGE AND THE PROBATION OFFICERS CAN READ THIS REPORT. BE SURE TO FILL OUT THE SECOND PAGE AND INCLUDE PRIOR OFFENSES AND YOUR EXPLANATION OF WHAT HAPPENED. ON THE TOP OF THE FORM PLEASE NOTE THE DATE YOU ARE SCHEDULED FOR SENTENCING AND THE OFFENSE.

IF THIS OFFENSE WAS DRIVING UNDER THE INFLUENCE (DUI), YOU MUST HAVE A C.R.N. (COURT REPORTING NETWORK) EVALUATION. THIS IS AN ALCOHOL EVALUATION WHICH CAN BE DONE AT BUTLER ALCOHOL COUNTERMEASURES, 222 W. CUNNINGHAM ST., BUTLER, PA. PHONE: 724-287-8952.

PLEASE **PRINT CLEARLY** AND FILL IN ALL BLANKS.

SENTENCE DATE:

CHARGE:

BUTLER COUNTY SENTENCING QUESTIONNAIRE

NAME: _____ Date of Report: _____
Last _____ First _____ Mid. Init. _____
Alias/maiden name: _____ Phone: _____ CELL: _____

Address: _____
No. Street City State Zip Code
Residence (If different than address.)

Age: _____ Date of Birth _____ Place of Birth _____

Sex: M/F Race Citizenship Education

S.S.#

Marital History:

Single Married Separated Divorced Widowed Cohabiting

Spouse's Name (maiden name): _____

Number of previous marriages: _____ No. of Children: _____

EMPLOYMENT: Employed full/part time Pension Public Assistance

Unemployment Comp. Alimony/Child Support Other

Total Income Last Year: _____ Employed By: _____
Take Home Pay: _____ per _____

Financial Condition:

Assets: (List Home, autos, savings accounts or other assets). _____

Debts: (List all payments or monies owed at this time). _____

Military Service:

(Dates) (Branch) (Type Discharge)

Health: Height: _____ Weight _____ Eye Color: _____ Hair Color _____

Tattoos: _____ Scars: _____

Under doctor's care? If so, Dr. name:

Condition/medications:

Any Psychiatric/Psychological counseling? Yes No

If so, when/where? _____

Any Drug/Alcohol Counseling? Yes No

If so, when/where? _____

ARREST HISTORY: (List all prior arrests including arrests for which you received A.R.D. and/or an expungement)

<u>Date</u>	<u>Place of Arrest</u>	<u>Charge</u>	<u>Sentence</u>
-------------	------------------------	---------------	-----------------

Defendant's Version of Present Offense: (Give your brief version of the offense you have plead guilty to today).

I verify that the information in this statement is true and correct to the best of my knowledge and belief. I understand that false statements herein are made subject to the penalties of 18PA. C.A. 4904 relating to unsworn falsification to authorities.

Signed

Date

Witness

Date