

## **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>
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**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