

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

SENTENCE DATE: \_\_\_\_\_  
CHARGE:

# **BUTLER COUNTY SENTENCING QUESTIONNAIRE**

NAME: \_\_\_\_\_ Date of Report: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

RESIDENCE (IF DIFFERENT THAN ADDRESS) \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Place of Birth \_\_\_\_\_

Sex: M / F Race \_\_\_\_\_ Citizenship \_\_\_\_\_ Education \_\_\_\_\_

Social Security Number :

### Marital History:

Single      Married      Separated      Divorced      Widowed      Cohabiting  
Spouse's Name (maiden name): \_\_\_\_\_  
Number of previous marriages: \_\_\_\_\_      Number of Children: \_\_\_\_\_

## Employment:

Employed full/part time      Pension      Public Assistance      Unemployment Comp.  
Alimony/Child Support      Other

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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:**

**Health:** Height \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair Color: \_\_\_\_\_

Tattoo/Scars: \_\_\_\_\_

Under Doctor's care: \_\_\_\_\_ If SC, DR, name: \_\_\_\_\_

Condition/ Medications: —

Any Psychiatric/Psychological counselling      Yes      No

If so, which/where? \_\_\_\_\_

Any Drug/Alcohol Counseling? Yes No

**Arrest History: (List all prior arrest including arrest for which you received A.R.D. and/or an expungement)**

Defendant's Version of Present DUI Offense: (Give your brief version of the DUI)

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

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## Witness

Date

