

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

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

CHARGE: \_\_\_\_\_

**BUTLER COUNTY SENTENCING QUESTIONNAIRE**

NAME: \_\_\_\_\_ Date of Report: \_\_\_\_\_  
LAST FIRST MI

ADDRESS: \_\_\_\_\_  
NO. STREET CITY STATE ZIP

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  
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: \_\_\_\_\_  
(DATE) BRANCH (TYPE OF DISCHARGE)

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

Tattoo/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 arrest including arrest for which you received A.R.D. and/or an expungement)**

Date	Place of Arrest	Charge	Sentence

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

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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 \_\_\_\_\_

