

# COUNTY OF PIKE PROBATION OFFICE

**Adult Probation/Parole Department**  
Phone: (570) 296-7412  
Fax: (570) 296-3560



**Juvenile Probation Department**  
Phone (570) 296-7412  
Fax: (570) 296-3560

As part of the Pre-Sentence Investigation (PSI) process, the Probation Office has prepared this questionnaire. Defendants are expected to accurately, legibly, and completely complete this questionnaire and return it to the Pike County Probation Office in person, by mail, or via fax at least 2 business days prior to their scheduled PSI interview appointment. Failure to do so will significantly increase the amount of time you will need to spend in the Probation Office at the time of your scheduled PSI interview.

## PRE-SENTENCE INVESTIGATION QUESTIONNAIRE

*Please print clearly (in ink) and return to the Probation Department PRIOR to your scheduled interview date*

Full name: \_\_\_\_\_

Aliases used and/or maiden name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Home Phone #: \_\_\_\_\_ Cell #: \_\_\_\_\_ Work #: \_\_\_\_\_

Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair Color: \_\_\_\_\_ Eye Color: \_\_\_\_\_

Current physical address: \_\_\_\_\_

Current Mailing Address  
(if different than above) \_\_\_\_\_

Do you (Check One)  Own  Rent  Other: \_\_\_\_\_  
(specify, i.e. Live with parent)

Monthly Housing Cost: \$ \_\_\_\_\_

**List prior addresses to which you have lived over the past 10 years:**  
(include incarcerations and inpatient rehabilitations greater than 3 months)

	<b>Address</b>	<b>From (month/Year)</b>	<b>To (month/year)</b>
1:	_____ _____	_____	_____
2:	_____ _____	_____	_____
3:	_____ _____	_____	_____
4:	_____ _____	_____	_____
5:	_____ _____	_____	_____

Give the names, dates of birth, contact number, and relationship for each person that resides with you:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

Give the names, dates of birth, contact number, relationship and address for the following relatives unless they are listed above: Biological Parents, Adoptive/Step-parent(s), Sibling(s), Half-Sibling(s), Past Spouse(s), Child(ren.) If deceased, please indicate the year of their death.

1. (Mother)

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2. (Father)

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3. ( )

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4. ( )

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5. ( )

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6. ( )

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7. ( )

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8. ( )

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Current Marital Status?  Married  Single  Divorced  Widow(er)

Are you (Check one)       Employed       Unemployed       Retired       Disabled

If employed: Provide the name of your employer, address, phone number, job title, supervisor's name, & hourly pay (salary if a salaried employee)

How long have you been employed with this company (provide date)? \_\_\_\_\_

What is your present average net monthly pay? \_\_\_\_\_

If disabled: Provide monthly income: \_\_\_\_\_

Provide any additional monthly income information: \_\_\_\_\_

List what employments you have held over the past 10 years: Include employer/company name, city & state, date started and left the employment, reason for separation from the employer, and wage at time of separation.

- 1: \_\_\_\_\_  
\_\_\_\_\_
- 2: \_\_\_\_\_  
\_\_\_\_\_
- 3: \_\_\_\_\_  
\_\_\_\_\_
- 4: \_\_\_\_\_  
\_\_\_\_\_
- 5: \_\_\_\_\_  
\_\_\_\_\_

Give the names of schools you have attended, dates of attendance, and for college/other the degree:  
(If you did not complete high school, provide the last grade completed)

High School	From	To
_____	_____	_____
College		
_____	_____	_____
Other		
_____	_____	_____

Scars/Tattoos/Piercings (list location(s) and description(s))

Place of birth (city, state): \_\_\_\_\_

US Citizen:  Yes  No

Do you have a valid driver's license?  Yes  No License # and state: \_\_\_\_\_

Below, list year, make, model, color, and plate number and include state of all vehicle you regularly drive. If not the owner list the name of the individual or business which owns the vehicle.

Vehicle 1: \_\_\_\_\_

Vehicle 2: \_\_\_\_\_

Vehicle 3: \_\_\_\_\_

Do you have any weapons in your home?  Yes  No

If yes, list what kind: \_\_\_\_\_

Do you have a firearms carry permit?  Yes  No

State your Military Status (check one)  Veteran  Non-Veteran

If a Veteran, are you eligible for VA services?  Yes  No (if not certain, call 1-877-222-VETS)

If you have been in the military, state which branch, years of service and type of discharge:

Branch: \_\_\_\_\_ Years: \_\_\_\_\_

Discharge (check one)  Honorable  Dishonorable  Other

If dishonorable or other please explain:

If you are a Veteran, it is your responsibility to provide your DD214 (member copy 4) along with this application.