

PLEA AGREEMENT

Check One:

- Written Accepted
 Oral Deferred
 No Agreement Binding

Substantial Assistance Motion:

- No Yes

Notes:

OFFENSE CONDUCT

VICTIM IMPACT

No Loss

| Victim's Name | Financial Loss | Victim's Address | Victim's Phone |
|----------------------|----------------|------------------|----------------|
| | \$ | | |
| | | | |
| | | | |
| | | | |
| Loss to All Victims: | \$ | | |

Describe any social, psychological, or medical impact upon the victim of the offense behavior.

ACCEPTANCE OF RESPONSIBILITY

Defendant's statement regarding offense:

3. DEFENDANT'S CRIMINAL HISTORY (Presentence Report Part B)

None

| Date of Arrest Prosecution Referral or Detention | Charge/ Conviction | Court City/County/State Action No. | Date Sentenced or Case Disposed | Sentenced | Defendant Represented by or Waived Counsel (Y) or (N) ↓ |
|---|-----------------------|--|--|-----------|---|
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PENDING CHARGES AND SUPERVISION STATUS

The defendant has no pending charges

| Charge(s) | Court | Docket/Action No. | Next Appearance Date |
|-----------|-------|-------------------|----------------------|
| | | | |
| | | | |
| | | | |

The defendant is not currently under supervision.
 (division, probation, supervised release or parole supervision)

The defendant is currently under criminal justice sentence. Type of Supervision:

- | | | |
|------------------------------------|--|---|
| <input type="checkbox"/> Diversion | <input type="checkbox"/> Probation | <input type="checkbox"/> Supervised Release |
| <input type="checkbox"/> Parole | <input type="checkbox"/> Escape Status | <input type="checkbox"/> In Custody |

Jurisdiction(s): _____

Supervising Officer's Name and Telephone Number: _____

4. OFFENDER CHARACTERISTICS (Presentence Report Part D)

DEFENDANT

Residential History: (List every town or city where the defendant has lived.)

PARENTS AND SIBLINGS

(List the defendant's biological parents. If defendant was reared by persons other than his natural parents, add the surrogate parent's names immediately below the space allocated to Father and Mother. After the parents, list all siblings, living or dead.)

| Name | Relationship and Age | Present Address and Telephone Number | Occupation |
|---------------|----------------------|--------------------------------------|------------|
| | Father | | |
| Current Name: | Mother | | |
| Maiden Name: | | | |
| | | | |
| | | | |
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| | | | |
| | | | |

Notes regarding family history; identify any significant problems:

MARITAL STATUS

The defendant is presently single and has no marital history.

| Spouse or Domestic Partner | Date and Place of Marriage | Status | Date of Separation | Date of Divorce | Court Where Divorce was Granted | Number of Children |
|----------------------------|----------------------------|--------|--------------------|-----------------|---------------------------------|--------------------|
| | | | | | | |
| | | | | | | |
| | | | | | | |
| | | | | | | |

Employment status of current spouse:

CHILDREN

The defendant has never had any children.

| Child's Name | Name of Other Parent of this Child | Age | Custody/ Support | Child's Address and Telephone Number (If different from defendant) |
|--------------|------------------------------------|-----|------------------|--|
| | | | | |
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Note health problems, criminal history, substance abuse or any other significant information.

DEFENDANT'S PHYSICAL CONDITION

PHYSICAL DESCRIPTION

| | | |
|-------------|----------|------------|
| Height: | Weight: | Eye Color: |
| Hair Color: | Tattoos: | Scars: |

PHYSICAL HEALTH

The defendant is healthy and has no history of health problems.

List the date(s) and nature(s) of any serious or chronic illnesses and medical conditions.

List all current prescriptions.

Provide the name, address, and telephone number of the defendant's physician.

MENTAL AND EMOTIONAL HEALTH

The defendant has no history of mental or emotional problems, and no history of treatment for such problems.

Describe any past or present mental, emotional or gambling problems. Include the diagnosis of any problems (if known) and the dates of any treatment. List the name and address of the treatment provider.

SUBSTANCE ABUSE

The defendant has no history of alcohol or drug use and no history of treatment for substance abuse.

Which of the following substances has the defendant used?

- | | |
|--|---|
| <input type="checkbox"/> Alcohol | <input type="checkbox"/> Heroin/Opiates |
| <input type="checkbox"/> Marijuana | <input type="checkbox"/> Barbiturates |
| <input type="checkbox"/> Cocaine | <input type="checkbox"/> Hallucinogens |
| <input type="checkbox"/> Crack | <input type="checkbox"/> Inhalants |
| <input type="checkbox"/> Amphetamine/ Methamphetamine | <input type="checkbox"/> Other: _____ |

When was alcohol or any controlled substance last used? _____

Which substance does the defendant prefer? _____

Which substance has caused the defendant the most problems? _____

Urine test results:

Describe in detail the defendant's history of substance abuse and treatment.
(Overdose, daily cost to support habit, frequency and quantity of use, treatment programs and dates)

EDUCATION AND VOCATIONAL SKILLS

Highest grade completed: _____

SCHOLASTIC HISTORY

| Name and location of School <small>(List most recent school first)</small> | Dates Attended | Degree, Diploma, or Certificate Received |
|---|----------------|---|
| | | |
| | | |
| | | |

Does the defendant have any specialized training or skill(s)?

Yes No If yes, what training or skill(s)?

Does the defendant have any professional license(s)?

Yes No If yes, what license(s)?

None

MILITARY

| | | | | |
|--------------------|---------------------|-------------------------|-------------|--------------------|
| Branch of Service: | Service Number: | Entered: | Discharged: | Type of Discharge: |
| Highest Rank: | Rank at Separation: | Decorations and Awards: | | VA Claim Number: |

Summarize the defendant's military service. Describe any Courts Martial or non-judicial punishments. Describe any foreign or combat service. Describe any special training or skills acquired in the service. Describe previous VA claims.

EMPLOYMENT

Defendant's usual occupation: _____

Defendant's employment status:

At the time of the offense, the defendant was (select the appropriate number from the categories below)

At present, the defendant is (select the appropriate number from the categories below)

- | | |
|---|--|
| 1. Employed full-time | 2. Employed part-time |
| 3. Unemployed temporarily, looking for work | 4. Unemployed seasonal worker |
| 5. Unemployed due to temporary disability | 6. Unemployed, history of extensive unemployment |
| 7. Unemployed due to permanent disability | 8. Incarcerated or confined |
| 9. Student | 10. Homemaker |
| 11. Retired | 12. Other (Specify): _____ |

FINANCIAL CONDITION/ABILITY TO PAY

Refer to Form 48A

Defendant has few assets and liability

EMPLOYMENT HISTORY

(Describe the defendant's employment history for the last ten years)

| Dates | Name and Address of Employer | Job, Monthly Wage, Reason for Leaving |
|-------------|------------------------------|---------------------------------------|
| From: | Phone No. | |
| To: Present | | |
| From: | | |
| To: | | |
| From: | | |
| To: | | |
| From: | | |
| To: | | |

EMPLOYMENT HISTORY (Continued)

| | | |
|-------|--|--|
| From: | | |
| To: | | |
| From: | | |
| To: | | |
| From: | | |
| To: | | |
| From: | | |
| To: | | |
| From: | | |
| To: | | |
| From: | | |
| To: | | |

Summarize any employment history over 10 years old:

NOTES: