**Standard Presentence Investigation Report**

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**To:** (**Superior Judge)** Click or tap here to enter text.

**State’s Attorney:** Click or tap here to enter text.

**Defense Attorney:** Click or tap here to enter text.

**Defendant:** Click or tap here to enter text.

**DOB:** Click or tap to enter a date.

**POB:** Click or tap here to enter text.

**Current Residence:** Click or tap here to enter text.

**If Incarcerated, Most**

**Recent Community Residence:** Click or tap here to enter text.

**Mailing Address:** Click or tap here to enter text.

**Email Address:** Click or tap here to enter text.

**Telephone No.:** Click or tap here to enter text.

**Docket No. (s):** Click or tap here to enter text.

**Offense(s):** Click or tap here to enter text.

**Submitted by:** Click or tap here to enter text.

**Date Ordered:** Click or tap here to enter text.

**Date Due:** Click or tap to enter a date.

**Sentencing Date:** Click or tap to enter a date.

**Plea:** Click or tap here to enter text.

**Choose One:** Choose an item.

**Complaint:** Copy the State’s Attorney Information, including statutory penalty (attach plea agreement):Click or tap here to enter text.

**Per section 32, Subsection C.5 of Rules of Criminal Procedure (Rules of Evidence)**

Any copies of the pre-sentence investigation report made available to the defendant or his attorney and the attorney for the State shall be returned to the Probation Officer immediately following the imposition or deferment of sentence or the granting of probation. Copies of the pre-sentence investigation report shall not be made by the defendant, his counsel, or the attorney for the State.

**Current Information**

**Criminal History:**

1. Prior adult convictions? [ ] Yes [ ] No

1a. If Yes, add each date, and 1-line description of event:

 Click or tap here to enter text.

2. Prior incarcerations? [ ] Yes [ ] No

2a. If Yes, add each set of dates, and 1-line description of event:

Click or tap here to enter text.

3. Escape Convictions? [ ] Yes [ ] No

3a. If Yes, add each date, and 1-line description of event:

Click or tap here to enter text.

4. Record of Listed Offense in VT Convictions? [ ] Yes [ ] No

4a. If Yes, add each date, and 1-line description of event:

Click or tap here to enter text.

5. Any record of Violence? [ ] Yes [ ] No

5a. If Yes, add each date, and 1-line description of event:

Click or tap here to enter text.

6. Failures to appear [ ] Yes [ ] No

6a. If Yes, add each date, and 1-line description of event:

Click or tap here to enter text.

7. Out-of-State convictions? [ ] Yes [ ] No

7a. If Yes, add each date, and 1-line description of event:

Click or tap here to enter text.

**Supervision History:**

1. Charged while under supervision? [ ] Yes [ ] No

1a. If Yes, add each date, and 1-line description of event:

Click or tap here to enter text.

2. Violations of Probation? [ ] Yes [ ] No

2a. If Yes, add each date, and 1-line description of event:

Click or tap here to enter text.

3. Parole Rescission ? [ ] Yes [ ] No

3a. If Yes, add each date, and 1-line description of event:

Click or tap here to enter text.

4. Furlough Revocations/Interrupts? [ ] Yes [ ] No

4a. If Yes, add each date, and 1-line description of event:

Click or tap here to enter text.

5. Facility Major Disciplinary Infractions [ ] Yes [ ] No

5a. If Yes, add each date, and 1-line description of event:

 Click or tap here to enter text.

**Education:**

1. Last Grade Completed: Click or tap here to enter text.
2. GED: **Yes/No/NA**
3. College Credits: Click or tap here to enter text.
4. Degree: Click or tap here to enter text.
5. Vocational Training/Certificates: Click or tap here to enter text.

[ ] Special Education [ ] IEP [ ] Learning Disability

**Please Note:** Vermont statute requires all offenders under 22 years of age who

have not completed secondary education to participate in an

 educational assessment and course of instruction.

**Financial:**

Source of Income: (Check all that apply)

 [ ] Employment [ ] SSI / SSDI [ ] Medicaid [ ] ANFC

 [ ] VA Benefits [ ] Voc. Rehab

 [ ]  Other (specify): Click or tap here to enter text.

Approximate Annual Income: Click or tap here to enter text.

Outstanding Debts/Restitution: Click or tap here to enter text.

**Employment:**

1. Employed [ ] Yes [ ] No

If Yes:

1a. Job Title: Click or tap here to enter text.

1b. Employer Contact Information: Click or tap here to enter text.

1c. Physical Place of Employment: Click or tap here to enter text.

1d. Does Employer Support Supervision: [ ] Yes [ ] No

2. Additional Employment Information Click or tap here to enter text.

**Dependents (complete for each custodial relationship):**

1. Name: Click or tap here to enter text.
2. Defendant’s relationship to dependent: Click or tap here to enter text.
3. Legal custody: Click or tap here to enter text.
4. Financial obligations: Click or tap here to enter text.
5. Physical custody: Click or tap here to enter text.

**Defendant Statement/Attorney Response:**

1. Accepts responsibility for the behavior as charged: [ ] Yes [ ] No

2. Agrees that the behavior, as charged, warrants response: [ ] Yes [ ] No

3. Agrees to follow parameters of supervision [ ] Yes [ ] No

4. Response received from Attorney: [ ] Yes [ ] No

**Narrative**

**Offense Summary:** This is a concise and factual summary of the affidavit. In many cases, it may be important to contact the State’s Attorney to determine whether the affidavit has been redacted at the time of the change of plea.

1. Brief details of offense – Provide 1 paragraph (max) description of offense:

Click or tap here to enter text.

2. Please attach/insert Victim’s statement.

Click or tap here to enter text.

3. Please attach/insert written statement from Defendant, if applicable.

Click or tap here to enter text.

4. Please provide a summary findings/recommendations of court-ordered clinical assessments.

Click or tap here to enter text.

1. Results of Assessments – Provide the risk level of all relevant risk instruments/assessment tools.

Click or tap here to enter text.

**Ohio Risk Assessment System – Community Supervision Tool**

Risk level:Click or tap here to enter text.

Identified Criminogenic Risk/Needs Areas: Click or tap here to enter text.

**Domestic Violence Screening Instrument - Revised**

“Applicable” or “N/A”

Risk level:Click or tap here to enter text.

**Simple Screening Instrument for Substance Abuse**

Recommend for Additional Evaluation: Yes/No

6. Program Options

Click or tap here to enter text.

7. Conditions

Insert here or attach

Click or tap here to enter text.

Click or tap here to enter text.Click or tap here to enter text.

Probation & Parole Officer: Day / Month/ Year

Click or tap here to enter text. Click or tap here to enter text.

Reviewing Supervisor: Day / Month/ Year

Click or tap here to enter text.Click or tap here to enter text.

Approved by: Day / Month/ Year