

VIRGINIA DEPARTMENT OF CORRECTIONS
PRESENTENCE INVESTIGATION REPORT
OFFENDER INFORMATION

DISTRICT NUMBER 24
DATE OF SENTENCING _____

PREPARED BY _____
DATE TYPED _____

| | | | | | | | |
|--|-------|---|------------------------|--|--------------------|---|--|
| OFFENDER SUMMARY | | OFFENDER'S NAME (Last, First, Middle) | | | | | |
| NICKNAME/STREET NAME | | | ALIAS (AKA) | | | MAIDEN NAME | |
| RACE | SEX | PLACE OF BIRTH (City or County) | | LOC | STATE | AGE | DATE OF BIRTH (mm/dd/yy) |
| SOCIAL SECURITY NUMBER | | | STATE ID NUMBER (CCRE) | | | FBI NUMBER | |
| PERMANENT ADDRESS | | | | | | | |
| LOCAL ADDRESS (if different) | | | | | | | |
| COURT INFORMATION | | COURT | | | JUDGE HONORABLE | | |
| PROSECUTING ATTORNEY | | | DEFENSE ATTORNEY | | | TYPE OF COUNSEL COURT APPOINTED <input type="checkbox"/> RETAINED <input type="checkbox"/> | |
| DATE OF CONVICTION (mm/dd/yy) | | METHOD OF ADJUDICATION GUILTY PLEA <input type="checkbox"/> 1 JUDGE <input type="checkbox"/> 2 JURY <input type="checkbox"/> 3 | | PRETRIAL STATUS ON OWN BOND <input type="checkbox"/> 1 RECOGNIZANCE <input type="checkbox"/> 2 CONFINEMENT <input type="checkbox"/> 3 RELEASE <input type="checkbox"/> 4 | | | THIRD PARTY RELEASE <input type="checkbox"/> 4 |
| PRETRIAL STATUS (mm/dd/yy) FROM _____ TO _____ FROM _____ TO _____ | | N/A <input type="checkbox"/> | | SOURCE OF BOND PERSONAL <input type="checkbox"/> 1 FAMILY <input type="checkbox"/> 2 OTHER <input type="checkbox"/> 3 BONDSMAN <input type="checkbox"/> 4 N/A <input type="checkbox"/> | | | POST TRIAL STATUS CONFINED <input type="checkbox"/> NOT CONFINED <input type="checkbox"/> |
| OFFENSE INFORMATION | | | | | | | |
| DOCKET NUMBER | | OFFENSE AT INDICTMENT | | | OFFENSE CODE (VCC) | | PLEA PER OFFENSE |
| 1. | _____ | _____ | | | _____ | | _____ |
| 2. | _____ | _____ | | | _____ | | _____ |
| 3. | _____ | _____ | | | _____ | | _____ |
| 4. | _____ | _____ | | | _____ | | _____ |
| 5. | _____ | _____ | | | _____ | | _____ |
| OFFENSE AT CONVICTION | | OFFENSE CODE (VCC) | | | PLEA AGREEMENT | | VIRGINIA CODE SECTION |
| 1. | _____ | _____ | | | _____ | | _____ |
| 2. | _____ | _____ | | | _____ | | _____ |
| 3. | _____ | _____ | | | _____ | | _____ |
| 4. | _____ | _____ | | | _____ | | _____ |
| 5. | _____ | _____ | | | _____ | | _____ |
| CODEFENDANTS | | NAME(S) (Last, First, Middle) | | | DISPOSITION | | |
| 1. | _____ | | | _____ | | | |
| 2. | _____ | | | _____ | | | |
| 3. | _____ | | | _____ | | | |
| 4. | _____ | | | _____ | | | |

CURRENT OFFENSE INFORMATION

REF.: _____

| | | | | |
|---|----------------------------|--|--|---|
| MOST SERIOUS OFFENSE INFORMATION | | Most serious offense charge at indictment | | Offense Code (VCC) |
| Date of Offense (mm/dd/yy) | No. of codefendants | Resisting arrest charge No <input type="checkbox"/> Yes <input type="checkbox"/> | Type of offense Person <input type="checkbox"/> 1 Property <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 | |
| Legal status at the time of offense Escape <input type="checkbox"/> 0 Inmate <input type="checkbox"/> 1 Mandatory Parole <input type="checkbox"/> 2 Discretionary Parole <input type="checkbox"/> 3 Probation <input type="checkbox"/> 4 Bond <input type="checkbox"/> 5 Released Summons <input type="checkbox"/> 6 Released Recognizance <input type="checkbox"/> 7 Other <input type="checkbox"/> 8 None <input type="checkbox"/> 9 | | | | |
| Weapon Use Used to Injure <input type="checkbox"/> 2 Threaten <input type="checkbox"/> 3 None <input type="checkbox"/> 1 | | Weapon Type Firearm <input type="checkbox"/> 1 Knife <input type="checkbox"/> 2 Explosive <input type="checkbox"/> 3 Simulated Weapon <input type="checkbox"/> 4 Other <input type="checkbox"/> 5 N/A <input type="checkbox"/> | | |
| Offender's role in offense Alone <input type="checkbox"/> 1 Leader <input type="checkbox"/> 2 Accomplice <input type="checkbox"/> 3 Not determined <input type="checkbox"/> 4 | | | Current Arrest Date (mm/dd/yy) | |
| Most serious offense victim information (Crime against person) N/A <input type="checkbox"/> | | Injury to victim Serious Death <input type="checkbox"/> 1 Physical <input type="checkbox"/> 2 Physical <input type="checkbox"/> 3 Emotional <input type="checkbox"/> 4 Threatened <input type="checkbox"/> 5 N/A <input type="checkbox"/> 6 | | |
| Victim relationship to offender None <input type="checkbox"/> 1 Friend <input type="checkbox"/> 2 Family <input type="checkbox"/> 3 Police officer <input type="checkbox"/> 4 | | Physically handicapped victim No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 Unknown <input type="checkbox"/> | | Victim information Sex _____ Race _____ Age _____ |
| Victim impact statement requested (If yes, attach to last page of PSI) No <input type="checkbox"/> Yes <input type="checkbox"/> | | Alcohol/Drug use at time of offense None <input type="checkbox"/> 1 Both <input type="checkbox"/> 2 Alcohol <input type="checkbox"/> 3 Drug <input type="checkbox"/> 4 Unknown <input type="checkbox"/> 5 | | |
| Drug Offenses | | | | |
| Primary drug: _____ | | Secondary drug: _____ | | |
| Amount: _____ | | Amount: _____ | | |

Narrative of Current Offense

REF: _____

ADULT CRIMINAL HISTORY SUMMARY

REF.: _____

| | | | |
|--|--|---|--|
| ADULT RECORD | PRIOR ADULT RECORD YES <input type="checkbox"/> 1 NO <input type="checkbox"/> 2 UNKNOWN <input type="checkbox"/> | NO. OF PRIOR FELONY SENTENCING EVENTS | NO. PRIOR FELONY CONVICTIONS FOR CRIMES AGAINST PERSON PROPERTY CRIMES DRUG CRIMES OTHER |
| NO. PRIOR FELONY CONVICTIONS FOR INSTANT OFFENSE AT CONVICTION | | NO. OF PREVIOUS FELON COMMITMENTS VIRGINIA OUT-OF-STATE | |
| MOST RECENT AND SERIOUS PRIOR CRIMINAL ADULT CONVICTIONS | | | |
| DESCRIPTION | | OFFENSE CODE (VCC) | |
| 1. | _____ | 1. | _____ |
| 2. | _____ | 2. | _____ |
| 3. | _____ | 3. | _____ |
| 4. | _____ | 4. | _____ |
| 5. | _____ | 5. | _____ |
| NO. OF PRIOR PROBATIONS Completed _ Revoked _ | | NO. OF PRIOR PAROLES Completed _ Revoked _ | |
| NO. OF PRIOR INCARCERATIONS RECEIVED Under 1 Year _ 1 Year or More _ | | | |
| LAST PREVIOUS ARREST DATE (mm/dd/yy) | | NO. PRIOR MISDEMEANANT CONVICTIONS Criminal _ Criminal Traffic _ | |

NARRATIVE OF ADULT CRIMINAL HISTORY SUMMARY

REF.: _____

FAMILY/ENVIRONMENTAL INFORMATION

REF.: _____

| | | | | |
|--|--|--|---|--|
| MARITAL/RESIDENTIAL STABILITY | NUMBER OF DEPENDENTS | MARITAL STATUS Single/ Never Married <input type="checkbox"/> 1 Married <input type="checkbox"/> 2 Separated <input type="checkbox"/> 3 Divorced <input type="checkbox"/> 4 Widow/ Widower <input type="checkbox"/> 5 Divorced/ Remarried <input type="checkbox"/> 6 Widowed/ Remarried <input type="checkbox"/> 7 Other <input type="checkbox"/> 8 Unknown <input type="checkbox"/> | | |
| LIVING STATUS Alone <input type="checkbox"/> 1 Single parent/Head household <input type="checkbox"/> 2 With spouse <input type="checkbox"/> 3 With parent/Other relative <input type="checkbox"/> 4 Other <input type="checkbox"/> 5 | | | | |
| LENGTH OF RESIDENCE AT CURRENT ADDRESS Years _____ Months _____ | LENGTH OF RESIDENCE IN LOCAL AREA Years _____ Months _____ | LENGTH OF RESIDENCE APART FROM PARENTS Years _____ Months _____ | HAS ANY MEMBER OF OFFENDER'S FAMILY EVER BEEN CONVICTED OF A FELONY No <input type="checkbox"/> 1 Yes <input type="checkbox"/> 2 Unknown <input type="checkbox"/> | |
| SPOUSE NAME/ADDRESS | | | | |

NARRATIVE OF FAMILY/ENVIRONMENTAL INFORMATION

REF.: _____

OFFENDER PERSONAL HISTORY

REF.: _____

| | | |
|------------------|---|---|
| EDUCATION | HIGHEST EDUCATION ACHIEVEMENT YEARS <input type="checkbox"/> 1 <input type="checkbox"/> 2 <input type="checkbox"/> 3 <input type="checkbox"/> 4 <input type="checkbox"/> 5 <input type="checkbox"/> 6 <input type="checkbox"/> 7 <input type="checkbox"/> 8 <input type="checkbox"/> 9 <input type="checkbox"/> 10 <input type="checkbox"/> 11 <input type="checkbox"/> 12 <input type="checkbox"/> 13 <input type="checkbox"/> 14 <input type="checkbox"/> 15 <input type="checkbox"/> 16 <input type="checkbox"/> 17 | NAME/LOCATION OF LAST SCHOOL ATTENDED _____ _____ _____ |
|------------------|---|---|

EDUCATION NARRATIVE

| | | |
|---|--|--|
| Military History N/A <input type="checkbox"/> | Current military status None <input type="checkbox"/> 1 Reserve <input type="checkbox"/> 2 Active <input type="checkbox"/> 3 | Length of service Years _____ Months _____ |
|---|--|--|

| | |
|---|---|
| Dates of service _____ to _____ (mm/dd/yy) (mm/dd/yy) | Type of discharge Unknown <input type="checkbox"/> Honorable <input type="checkbox"/> 1 Medical <input type="checkbox"/> 2 General <input type="checkbox"/> 3 Undesirable <input type="checkbox"/> 4 Bad conduct <input type="checkbox"/> 5 Dishonorable <input type="checkbox"/> 6 Member at time of offense <input type="checkbox"/> 7 None <input type="checkbox"/> 8 |
|---|---|

MILITARY HISTORY NARRATIVE

| | |
|------------------------------------|---|
| Social/Religious Activities | Social Activities None Specified <input type="checkbox"/> 1 Constructive <input type="checkbox"/> 2 Non-constructive <input type="checkbox"/> 3 |
|------------------------------------|---|

| | |
|--|--|
| Religion Active <input type="checkbox"/> 1 Inactive <input type="checkbox"/> 2 None <input type="checkbox"/> 3 | Religious Preference Protestant <input type="checkbox"/> 1 Catholic <input type="checkbox"/> 2 Jewish <input type="checkbox"/> 3 Other <input type="checkbox"/> 4 Moslem <input type="checkbox"/> 5 Muslim <input type="checkbox"/> 6 No Preference <input type="checkbox"/> 7 Unknown <input type="checkbox"/> |
|--|--|

SOCIAL/RELIGIOUS ACTIVITIES NARRATIVE

PERSONAL HISTORY CONTINUED

REF: _____

| | | | | | |
|------------------------------------|--------------------------------------|--------------------------------------|---|--------------------------------------|---|
| Employment History | Employment at time of offense | | | | |
| | Full time <input type="checkbox"/> 1 | Part time <input type="checkbox"/> 2 | Full-time student <input type="checkbox"/> 3 | Housewife <input type="checkbox"/> 4 | Retired/Disabled <input type="checkbox"/> 5 |
| Type of Employment | | | Description of Occupation | Occupation Code | |
| Skilled <input type="checkbox"/> 1 | | | Semi-skilled <input type="checkbox"/> 2 | Unskilled <input type="checkbox"/> 3 | Student <input type="checkbox"/> 4 |
| Length of longest employment | | | Longest employment period within past two years | | |
| Years _____ Months _____ | | | Years _____ Months _____ | | |

Employment record over past two years

Regular, few changes 1 Regular, many changes 2 Irregular 3 Odd jobs only 4 No work record 5

EMPLOYMENT HISTORY NARRATIVE

| | | | | |
|--------------------|---|--|--|------------------------------|
| Financial Status | Residence | Checking Account | Savings Account | Gross monthly income claimed |
| | Own <input type="checkbox"/> 1 Rent <input type="checkbox"/> 2 Other <input type="checkbox"/> 3 | No Yes <input type="checkbox"/> | No <input type="checkbox"/> Yes <input type="checkbox"/> | \$ _____ |
| Total indebtedness | Total monthly payment claimed | Source of subsistence | | |
| \$ _____ | \$ _____ | Job <input type="checkbox"/> 1 Assistance <input type="checkbox"/> 2 Spouse <input type="checkbox"/> 3 Family <input type="checkbox"/> 4 Other <input type="checkbox"/> 5 None <input type="checkbox"/> 6 | | |

FINANCIAL STATUS NARRATIVE

PERSONAL HISTORY CONTINUED

REF: _____

| | | | | |
|--|---|--|--|---|
| Health information | Physical health condition Good <input type="checkbox"/> 1 Fair <input type="checkbox"/> 2 Poor <input type="checkbox"/> 3 | Physical handicaps No <input type="checkbox"/> Yes <input type="checkbox"/> | Mental health treatment No <input type="checkbox"/> Yes <input type="checkbox"/> | Mental health commitment No <input type="checkbox"/> Yes <input type="checkbox"/> |
| Type of mental health treatment Inpatient <input type="checkbox"/> 1 Outpatient <input type="checkbox"/> 2 N/A <input type="checkbox"/> | | Type of mental health commitment Involuntary <input type="checkbox"/> 1 Court ordered evaluation <input type="checkbox"/> 2 Voluntary <input type="checkbox"/> 3 N/A <input type="checkbox"/> | | |
| Drug use claimed Not used <input type="checkbox"/> (No) Heavy use <input type="checkbox"/> (Y1) Moderate use <input type="checkbox"/> (Y2) Occasional use <input type="checkbox"/> (Y3) Extent unknown <input type="checkbox"/> (Y4) | | | | |
| Drug use apparent No <input type="checkbox"/> Yes <input type="checkbox"/> | | Drug treatment No <input type="checkbox"/> Yes <input type="checkbox"/> | | |
| Type of substance claimed Not used <input type="checkbox"/> (No) Hallucinogens <input type="checkbox"/> (Y1) Heroin <input type="checkbox"/> (Y2) Opium <input type="checkbox"/> (Y3) Cocaine <input type="checkbox"/> (Y4) Synthetic narcotics <input type="checkbox"/> (Y5) Marijuana <input type="checkbox"/> (Y6) Amphetamines <input type="checkbox"/> (Y7) Barbiturates <input type="checkbox"/> (Y8) Drug type unknown (e.g. hypnotic, sedative) <input type="checkbox"/> (Y9) Not available <input type="checkbox"/> (NA) | | | | |
| Alcohol use claimed Not used <input type="checkbox"/> (No) Heavy use <input type="checkbox"/> (Y1) Moderate use <input type="checkbox"/> (Y2) Occasional use <input type="checkbox"/> (Y3) Extent unknown <input type="checkbox"/> (Y4) | | | | |
| Alcohol abuse apparent No <input type="checkbox"/> Yes <input type="checkbox"/> | | Alcohol treatment No <input type="checkbox"/> Yes <input type="checkbox"/> | | |
| Height _____ ft. _____ in. | Weight | Color eyes Black <input type="checkbox"/> (BLK) Blue <input type="checkbox"/> (BLU) Brown <input type="checkbox"/> (BRO) Grey <input type="checkbox"/> (GRY) Green <input type="checkbox"/> (GRN) Hazel <input type="checkbox"/> (HAZ) Pink <input type="checkbox"/> (PNK) Mismatched <input type="checkbox"/> (MIS) | | |
| Color hair Black <input type="checkbox"/> (BLK) Brown <input type="checkbox"/> (BRO) Blonde <input type="checkbox"/> (BLN) Red <input type="checkbox"/> (RED) White <input type="checkbox"/> (WHI) Grey <input type="checkbox"/> (GRY) Sandy <input type="checkbox"/> (SNY) Bald <input type="checkbox"/> (BAL) Auburn <input type="checkbox"/> (AUB) | | | | |
| Scars, Marks, Tattoos | | | | |

HEALTH INFORMATION NARRATIVE

COMMUNITY SUPERVISION PLAN AND SUMMARY

REF: _____

| | |
|----------------------------|--|
| Community Supervision Plan | Residence Plan |
| | Alone <input type="checkbox"/> 1 Parents <input type="checkbox"/> 2 Spouse <input type="checkbox"/> 3 Spouse and dependents <input type="checkbox"/> 4 Other relatives <input type="checkbox"/> 5 Employer <input type="checkbox"/> 6 Other <input type="checkbox"/> 7 |

| Residence | Employment |
|------------------------|------------------------|
| Name _____ | Name _____ |
| Address _____ | Address _____ |
| Telephone () _____ | Telephone () _____ |

OFFENDER'S PLAN OF RESTITUTION

OFFENDER'S COMMUNITY PLAN TO HELP SELF

COMMUNITY RESOURCES PROPOSED FOR OFFENDER ASSISTANCE

RECOMMENDATION

PROBATION 1 COMMUNITY PLAN 2 INCARCERATION 3 OTHER 4 NO RECOMMENDATION 5

RECOMMENDATION SUMMARY

Respectfully submitted,

Probation and Parole Officer

**Presentence Report
Criminal History Attachment**

Ref: _____

| | | | | | |
|----------------------------------|-------------------|------|-----|---------------|------------------------|
| Prior Record | Offender's Name | | | | FBI Number |
| State ID Number (CCRE) VA | Local P.D. Number | Race | Sex | Date of Birth | Social Security Number |

Criminal History Narrative - (Include arrest, conviction and sentencing dates when available; probation and parole openings, closings with adjustments, and revocations; and any pending charges including instant offense.)

| Date | Jurisdiction | Charged Offense | Convicted Offense | Sentencing Date | Sentencing Information |
|------|--------------|-----------------|-------------------|-----------------|------------------------|
|------|--------------|-----------------|-------------------|-----------------|------------------------|

**Presentence Report
Criminal History Attachment**

Page: 10A

Ref: _____

| | | | | | |
|----------------------------------|-------------------|------|-----|---------------|------------------------|
| Prior Record | Offender's Name | | | | FBI Number |
| State ID Number (CCRE) VA | Local P.D. Number | Race | Sex | Date of Birth | Social Security Number |

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| Date | Jurisdiction | Charged Offense | Convicted Offense | Sentencing Date | Sentencing Information |
|------|--------------|-----------------|-------------------|-----------------|------------------------|
|------|--------------|-----------------|-------------------|-----------------|------------------------|

