

# Western District of Missouri

## Worksheet for Pretrial Services Report

<b>PACTS Client ID No:</b>	<b>Docket/Defendant No.:</b>	<b>Arrest Date:</b>	<b>Interviewing Officer:</b>	<b>Interview Date:</b>
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### CLIENT PERSONAL DATA - General

<b>Prefix:</b>	<b>Title:</b> (Dr., PhD., etc.)	<b>Court Name:</b> First                      Middle                      Last Generation		
<b>DOB:</b>	<b>Age:</b>	<b>SSN/EIN:</b>	<b>State Identification No.:</b>	<b>FBI No.:</b>
<b>Register/Marshal's No.:</b>		<b>ICE No.:</b>		<b>Driver's License No.:</b> (include state)
<b>Defense Counsel's Name:</b>		<b>AUSA's Name:</b>		<b>District Judge:</b>

### CLIENT PERSONAL DATA- Alternate Names and Ids

<input type="checkbox"/> Also Known As	<input type="checkbox"/> Maiden Name	First	Middle	Last
<input type="checkbox"/> Alternate Name	<input type="checkbox"/> True Name			
<input type="checkbox"/> Also Known As	<input type="checkbox"/> Maiden Name	First	Middle	Last
<input type="checkbox"/> Alternate Name	<input type="checkbox"/> True Name			
<input type="checkbox"/> Also Known As	<input type="checkbox"/> Maiden Name	First	Middle	Last
<input type="checkbox"/> Alternate Name	<input type="checkbox"/> True Name			
<b>Alternate IDs:</b> (List any other alien numbers, state ID numbers, SSNs, DOBs)				

### CLIENT PERSONAL DATA - Demographics

<b>Sex:</b> (Check one)	<b>Race:</b> (Check one)	<b>Hispanic:</b> (Check one)	<b>Height:</b>
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown	<b>Weight:</b>
		<b>Eye Color:</b>	<b>Hair Color:</b>
		<input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Other	<input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Red <input type="checkbox"/> White

**Distinguishing Characteristics:** (Scars, tattoos, etc.)

<b>Place of Birth:</b>	<b>Country of Birth:</b>	<b>Country of Citizenship</b> <input type="checkbox"/> Dual ?	<b>Citizenship:</b> (Check one) <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> U.S. National <input type="checkbox"/> Unknown <input type="checkbox"/> Naturalized U.S. Citizen <input type="checkbox"/> Citizen of Another Country
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<b>Do you possess a passport/ visa/ or passport card?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>Immigration Status:</b> (Check one) <input type="checkbox"/> Humanitarian Migrant (Refugee) <input type="checkbox"/> Illegal Alien <input type="checkbox"/> Permanent Resident (green card) <input type="checkbox"/> Temporary Visa (travel/student/work) <input type="checkbox"/> Unknown	<b>Date Immigrated to the U.S.:</b>
<b>Location:</b> _____	<b>Date Naturalized:</b> _____	<b>Date Entered U.S.:</b>

**Have you traveled outside the U.S.?**  
 Yes     No                      Countries: \_\_\_\_\_                      Purpose: \_\_\_\_\_

## CLIENT PERSONAL DATA - Addresses

Include in PACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No				
<b>Address Type:</b>	<b>Current Address:</b>	<b>Apt. #</b>	<b>Type of Residence:</b>	<b>Date Moved to This Address (From Date):</b>
<input type="checkbox"/> Residence <input type="checkbox"/> Legal Address <input type="checkbox"/> Mailing Address	<b>City:</b>	<b>State:</b>	<b>Zip Code:</b>	<b>COUNTY:</b>
<b>Phone (Residence)</b>	<b>Phone (Mobile):</b>		<b>Phone (Pager/Fax):</b>	<b>E-Mail</b>
<b>Time in Community of Residence:</b> (Client Personal Data/Profile)			<b>Lives with:</b>	
<b>Name on Lease/Mortgage:</b>		<b>Name on Utilities:</b>		<b>Monthly Payments:</b>

Do you own any firearms?  Yes  No  
 Are there any firearms where you live?  Yes  No  
 Any dogs or dangerous animals where you live?  Yes  No

Other/Prior Residences	Start Date	End Date	With Whom?

### CLIENT PERSONAL DATA – Collateral Contacts (Family, Friends, Other Frequent Contacts)

(Check box if living with defendant)

Name/Age	Relationship	Frequency of Contact	Address/Phone No.	Misc. Notes/ Occupation
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

**Potential Bond Consigners:**

### MARITAL HISTORY (Including Cohabitation)

(Check box if living with defendant)

**Current Marital Status:**     Cohabiting     Divorced     Married     Separated     Single     Widowed     Unknown  
 (Current Personal Data/Profile)

Name	Dates of Marriage	Address/ Telephone No.	Spouse's Employment/ Income (week/mth/yr)
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			
<input type="checkbox"/>			

### CHILDREN

Name/Age of Children (Check if living w/ defendant)	Children Live With Whom?	Address/ Telephone No.	Frequency of Contact	Support?
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				
<input type="checkbox"/>				

### CURRENT EMPLOYMENT/UNEMPLOYMENT (Client Personal Data – Employment/Unemployment)

Is the defendant currently unemployed? <input type="checkbox"/> Yes <input type="checkbox"/> No  Start Date of Unemployment: _____  Not Excused? <input type="checkbox"/>  Excused? <input type="checkbox"/>		Reasons for Unemployment: (Code as excused in PACTS)  <input type="checkbox"/> Caregiver <input type="checkbox"/> Long-Term Treatment <input type="checkbox"/> Court Order <input type="checkbox"/> Retired <input type="checkbox"/> Disabled <input type="checkbox"/> Student <input type="checkbox"/> Homemaker <input type="checkbox"/> Other: <input type="checkbox"/> Looking for Work (Code as not excused in PACTS)		
Start Date:	Company Name:	Address (Street):		
Phone No.:	City:	State:	Zip Code:	
		County:		
<input type="checkbox"/> Self-Employed?  <input type="checkbox"/> Under-Employed?	Hours Per Week:	Gross Income for This Employment: \$ _____ <input type="checkbox"/> Hourly <input type="checkbox"/> Semi-Monthly <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Biweekly <input type="checkbox"/> Yearly		
Occupation:		Job Title/Position:	How Long Employed:	
Supervisor's Name:		Supervisor's Title:	Supervisor's Phone No.:	

**Receiving Employee Benefits(s)?** (check all that apply)

- Company Bonuses
- Employer/Employee Sponsored Retirement Plan
- Life Insurance
- Pre-Tax Benefits
- Dental Insurance
- Employer-Sponsored Health/Medical Plan
- On-site Child Care
- Transportation Benefits
- Disability Insurance
- Employee Stock Ownership Plan (profit sharing/stock options)
- Other
- Unemployment and Workman's Compensation Insurance
- Paid Leave

**Does your employer know about your arrest?**

- Yes  No  Unknown

**Can your employer be contacted?**

- Yes  No  Unknown

**PREVIOUS EMPLOYMENT/UNEMPLOYMENT**

Start and End Dates	Name of Employer/ Unemployed	Address of Employer	Nature of Work, Hours Per Week, Salary, Reason for Leaving

**MILITARY HISTORY**

<b>Branch of Service:</b>	<b>Dates of Service:</b>	<b>Type of Discharge:</b>	Were you court-martialed? <input type="checkbox"/> Yes <input type="checkbox"/> No
			Was any disciplinary action taken?

**EDUCATION**

**Education Level:** (Client Personal Data/Profile)

- No High School Diploma/GED
- High School Diploma
- Master's Degree
- Some College
- Graduate Equivalency
- Associate's Degree
- Doctorate
- Vocational/Apprentice Graduate
- Bachelor's Degree
- Unknown

<b>Date Education Obtained/ Last Year Attended:</b>	<b>Name/Location of Current School:</b>	<b>Grade Completed:</b>	<b>Certificates/Degrees:</b>

**English Language Skills:** (Client Personal Data/Profile)

- Fluent in English as Primary Language
- Mute – Fluent in International Sign Language
- Fluent in English as Secondary Language
- Mute – Limited or No Fluency in International Sign Language
- Limited Fluency in English
- Unknown
- No Fluency in English

Primary Language (if not English): \_\_\_\_\_

**Vocational/Training Skills:** (Check All That Apply) (Client Personal Data/Profile)

- Architecture And Engineering
- Finance
- Military Service
- Arts, Design, Entertainment And Media
- Food/Lodging Services
- Office/Clerical/Administrative Service
- Child/Adult Care
- Healthcare
- Production/Assembly
- Community And Social Services
- Janitorial/Cleaning Service
- Sales
- Computers And Mathematics
- Laborer
- Tradesman (Electrician/Plumber/Mechanic)
- Construction And Extraction
- Landscape/Ground Maintenance
- Transportation And Material Moving
- Cosmetology/Barber
- Legal
- Other
- Data Processing – Education, Training  
Library Science
- Life, Physical, And Social Science
- Farming, Fishing, Forestry
- Management

## FINANCIAL INFORMATION

**Other Source of Income:** (Client Personal Data/Employment)

Alimony	\$ _____	Payback on Loans	\$ _____
Child Support	\$ _____	Rental Income	\$ _____
Disability Insurance/ Employee Benefit	\$ _____	Retirement Pension	\$ _____
Dividend	\$ _____	Severance Pay	\$ _____
Family Support	\$ _____	Trust	\$ _____
Food Stamps	\$ _____	Unemployment Comp.	\$ _____
Investments	\$ _____	Other	\$ _____
Lawsuit Payout	\$ _____	Social Security	\$ _____
		Social Security (disability)	\$ _____

ASSETS	LIABILITIES	BALANCE	MONTHLY PAYMENT
Cash	\$ _____	Rent or Mortgage Payment	
Savings Account	\$ _____	Other Mortgage	
Checking Account	\$ _____	Past Due/Pending	
Stocks/Bonds/Retirement Accounts?	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
Describe:	\$ _____	Utilities	
		Groceries	
		Child Care	
		Child Support (Ordered or Voluntary?)	
Other Accounts	\$ _____	Alimony	
	\$ _____	Personal Loans	
	\$ _____	Business Liabilities	
Valuable Property (collections, jewelry, etc.)	\$ _____		
Business Assets			
<b>Motor Vehicles – Ownership</b>		<b>Motor Vehicles – Loans/Leases</b>	
<b>Year</b>	<b>Make</b>	<b>Model</b>	<b>Amount</b>
			<b>Creditor</b>
Real Estate:		Auto Insurance	
Date Purchased:		Total Credit Card Debt	
Address:		School Loans	
Current Market Value \$		Outstanding Medical Bills	
Equity \$		Outstanding Taxes/Fines/Restitution	
Down Payment \$		Other Debts/Monthly Expenses	
Have you ever filed for bankruptcy? <input type="checkbox"/> Yes <input type="checkbox"/> No		Type of Bankruptcy Filed: _____	
Location of Court:		Year Filed: _____ Amount Discharged: _____	

### ADDITIONAL NOTES

## HEALTH

### Physical Health

**Brief Description:**
**Physical Health Status:** (Client Personal Data/Profile)

- |   |   |
|---|---|
| <input type="checkbox"/> Minor Medical Problems Only<br><input type="checkbox"/> Significant Medical Disorder (Under control but follow-up care required)<br><input type="checkbox"/> One or More Chronic or Recurrent Medical Problems<br><input type="checkbox"/> Uncontrolled Significant Disorder | <input type="checkbox"/> Diagnostic Evaluation or Specific Treatment in Progress<br><input type="checkbox"/> None<br><input type="checkbox"/> Unknown |
|---|---|

**Names of Medication and Reason(s) for Use:**

### Mental Health

**Current Mental Health Status:** (Check all that apply)(Client Personal Data/Profile)

- No evidence of a current or past mental health condition.
- History of a mental health condition. No active symptoms.
- Mental health condition requiring ongoing treatment.
- Has been in therapy within the last 12 months for a mental health condition.
- Currently taking medication for a mental health condition (psychotropic drug).
- Has seen a physician within the last 12 months for a mental health condition.
- Has been hospitalized within the last 24 months for a mental health condition.

**Mental Health Diagnosis:** (Check all that apply if diagnosis provided by evaluation)

- |  |   |
|--|---|
| <input type="checkbox"/> Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence<br><input type="checkbox"/> Delirium, Dementia, and Amnesic and Other Cognitive Disorders<br><input type="checkbox"/> Substance-Related Disorders<br><input type="checkbox"/> Schizophrenia and Other Psychotic Disorders<br><input type="checkbox"/> Mood Disorders<br><input type="checkbox"/> Anxiety Disorders<br><input type="checkbox"/> Somatoform Disorders | <input type="checkbox"/> Sexual and Gender Identity Disorders<br><input type="checkbox"/> Eating Disorders<br><input type="checkbox"/> Sleep Disorders<br><input type="checkbox"/> Impulse-Control Disorders<br><input type="checkbox"/> Adjustment Disorders<br><input type="checkbox"/> Personality Disorders |
|--|---|

Have you ever seen a doctor for any emotional or psychiatric problems?    Yes    No    Unknown      If yes, when, where, and last visit?

Have you ever been hospitalized for emotional problems?    Yes    No    Unknown      If yes, when and where?

Have you ever thought of or attempted suicide?    Yes    No    Unknown      If yes, when, and what method was used or thought of?

Have you ever been prescribed medication for emotional or psychiatric problems?    Yes    No    Unknown  
 If yes, name of medication(s) and how long you used it:

Do you have current thoughts of suicide, hearing voices, or seeing things?    Yes    No    Unknown      If yes, explain.

Do you have a history of gambling?    Yes    No    Unknown  
 If yes, describe the type of gambling activities, frequency, and amount:

Do you have a history of domestic violence?    Yes    No    Unknown

Mental Health Treatment					
Dates	Name of Program	Location	Purpose	Inpatient/ Outpatient	Completed? If no, why?

**SUBSTANCE ABUSE HISTORY (Client Personal Data/Profile)**

**Substance Abuse Status:**

- No Substance Abuse/Dependence History     
  Actively Abusing Substances     
 Age Drug Use Began \_\_\_\_  
 Sustained Remission     
  Actively Dependent on Substances  
 Early Remission

Drug Use	Current	History of	Indicate Drugs of 1 <sup>st</sup> , 2 <sup>nd</sup> , and 3 <sup>rd</sup> Choice	Age Use Began	Last Used	Frequency Used
Alcohol    Social Only <input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
Amphetamines	<input type="checkbox"/>	<input type="checkbox"/>				
Benzodiazepines	<input type="checkbox"/>	<input type="checkbox"/>				
Cannabinoids	<input type="checkbox"/>	<input type="checkbox"/>				
Club/Designer Drugs	<input type="checkbox"/>	<input type="checkbox"/>				
Cocaine	<input type="checkbox"/>	<input type="checkbox"/>				
Hallucinogens (PCP, LSD)	<input type="checkbox"/>	<input type="checkbox"/>				
Heroin	<input type="checkbox"/>	<input type="checkbox"/>				
Methamphetamines	<input type="checkbox"/>	<input type="checkbox"/>				
Prescription Opiates	<input type="checkbox"/>	<input type="checkbox"/>				
Other	<input type="checkbox"/>	<input type="checkbox"/>				

**Substance Abuse Treatment**

Substance Abuse Treatment History (Check all that apply)	Current	History of	Notes
Inpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Help (AA/NA)	<input type="checkbox"/>	<input type="checkbox"/>	
Confined Treatment Program (BOP)	<input type="checkbox"/>	<input type="checkbox"/>	

Dates	Name of Program	Location	Purpose	Inpatient/ Outpatient	Type of Discharge (Satisfactory/Unsatisfactory)

If a drug test were taken today, would it reveal any illegal substance or medications?       Yes    No    Unknown

If so, what illegal drugs/medications?

Would you like to receive treatment?    Yes    No

**SELF-REPORTED CRIMINAL HISTORY (including juvenile adjudications)**

Date Arrested/Age	Agency/Location	Offense Charged	Bail	Disposition or Next Court Date

Probation/Parole History? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	Any violations?
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Probation/Parole Officer's Name, Address, and Telephone No.: \_\_\_\_\_

Are you a member of, or have you ever been in a gang?    Yes    No

Gang Name	Initiation Date	When did you get out?

Will this information bring harm to you or your family?    Yes    No

<b>Arrest Date:</b>	<b>Time:</b>	<b>Arresting Agency:</b>
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<b>Place:</b>	<b>Comments: (Armed/Resist/Injury)</b>
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**ADDITIONAL INFORMATION**

<b>PACTS #</b>	<b>NAME</b>			
<b>INTAKE – Opening Tab</b>				
<b>Type of Case: (Intake Type)</b> <input type="checkbox"/> Diversion <input type="checkbox"/> Material Witness <input type="checkbox"/> Pretrial Services	<b>Case Activation Date:</b>	<b>Juvenile?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Sealed?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No
	<b>Referral Type:</b> <input type="checkbox"/> Arrest <input type="checkbox"/> Summons <input type="checkbox"/> Verbal Notice <input type="checkbox"/> Writ – Release <span style="margin-left: 150px;">Not Possible</span>		<b>Arrest Date:</b>	
<b>Courtesy In?</b> <input type="checkbox"/> Yes (Transfer district information not required)	<b>Rule 20 Transfer In?</b> <input type="checkbox"/>		<b>Rule 5 Transfer In?</b> <input type="checkbox"/>	
<b>Charging Document:</b> <input type="checkbox"/> Citation <input type="checkbox"/> Complaint <input type="checkbox"/> Indictment <input type="checkbox"/> Superseding? <input type="checkbox"/> Information <input type="checkbox"/> Not Applicable <input type="checkbox"/> Violation Petition	<b>Was case diverted post-charge?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No		<b>Assigned Officer:</b>	
	<b>Was The Instant Offense Committed While Under The Criminal Justice System?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			
<b>Transfer District:</b>	<b>Transfer District Docket No.:</b>		<b>Transfer District PACTS No.:</b>	
<b>INTAKE – Interview/Report Tab</b>				
<b>Interview Status:</b> <input type="checkbox"/> Interviewed <input type="checkbox"/> Refused Interview <input type="checkbox"/> Unable to Interview <input type="checkbox"/> Not Applicable	<b>Date:</b>	<b>Report Type:</b> <input type="checkbox"/> Full <input type="checkbox"/> Modified <input type="checkbox"/> Addendum (Rule 5) <input type="checkbox"/> None	<b>When was a bail report submitted?</b> (N/A if Report Type = None) <input type="checkbox"/> Pre-Initial Hearing <input type="checkbox"/> Pre-Detention Hearing <input type="checkbox"/> Post-Release	
<b>How was the bail reported submitted?</b> (N/A if Report Type = None) <input type="checkbox"/> Written <input type="checkbox"/> N/A		<b>PSO Recommendations:</b> <input type="checkbox"/> Detention <input type="checkbox"/> Release with Supervision <input type="checkbox"/> Release without Supervision		<b>AUSA Recommendations:</b> <input type="checkbox"/> Detention <input type="checkbox"/> Release with Supervision <input type="checkbox"/> Release without Supervision
<b>INTAKE – Offense Tab/Charged Offense</b>				
<b>Offense Classification:</b>		<b>Offense Category:</b>		<b>Offense Subcategory:</b>
<b>Class of Offense:</b> <input type="checkbox"/> Infraction <input type="checkbox"/> Misdemeanor-Class _____ <input type="checkbox"/> Felony-Class _____				
<b>CITATION:</b> (In CM/ECF format)				

<b>INTAKE – Prior Tab</b>				
<b>Prior Record</b>	<b>Charges (No.)</b>	<b>Convictions (No.)</b>	<b>Drugs (No.)</b>	<b>Violent (No.)</b>
<b>Misdemeanors</b>				
<b>Felonies</b>				
<b>Prior Failures to Appear:</b>			<b>Pending Misdemeanor(s):</b>	
<b>Prior Escape(s):</b>			<b>Pending Felony(s):</b>	
<b>Prior Absconding(s):</b>				

**RELEASE/DETENTION ORDERS**

Order Date	Hearing	Release/Detention Outcome	Detained Due to/ Judge Issuing Order	Type of Bond (if released)	Release Date
	Initial	<input type="checkbox"/> Released <input type="checkbox"/> Detained	Judge:  <input type="checkbox"/> Held for Detention Hearing <input type="checkbox"/> Consent to Detention <input type="checkbox"/> Temporary Detention	<input type="checkbox"/> Collateral Bond <input type="checkbox"/> Percentage Bond <input type="checkbox"/> Personal Recognizance <input type="checkbox"/> Surety Bond <input type="checkbox"/> Unsecured Bond	
	Detention (if held)	<input type="checkbox"/> Released <input type="checkbox"/> Detained	Judge:  <input type="checkbox"/> Preventive Detention <input type="checkbox"/> Flight <input type="checkbox"/> Danger <input type="checkbox"/> Both <input type="checkbox"/> Consent to Detention	<input type="checkbox"/> Collateral Bond <input type="checkbox"/> Percentage Bond <input type="checkbox"/> Personal Recognizance <input type="checkbox"/> Surety Bond <input type="checkbox"/> Unsecured Bond	

**PSA SUPERVISION**

<b>Date Released to Pretrial Supervision:</b>	<b>Supervising Officer:</b>	<b>Courtesy Pretrial Services Out?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No	<b>District Providing Courtesy Pretrial Services or Courtesy Diversion Supervision</b>
<b>PTD Months:</b>	<b>PTD Expiration Date:</b>		

**COURT-ORDERED RELEASE CONDITIONS**

<p>***CONDITIONS***</p> <ul style="list-style-type: none"> <li><input type="checkbox"/> Alcohol Abstinence</li> <li><input type="checkbox"/> Alcohol Treatment Only</li> <li><input type="checkbox"/> Association Restrictions</li> <li><input type="checkbox"/> Community Service</li> <li><input type="checkbox"/> Computer Search</li> <li><input type="checkbox"/> Computer/Internet Restrictions</li> <li><input type="checkbox"/> Cosigned By</li> <li><input type="checkbox"/> DNA Testing</li> <li><input type="checkbox"/> Drug Treatment</li> <li><input type="checkbox"/> Education/Training Requirements</li> <li><input type="checkbox"/> Employment Requirements/Restrictions</li> <li><input type="checkbox"/> Life Skills Counseling</li> <li><input type="checkbox"/> Mental Health Evaluation</li> <li><input type="checkbox"/> Mental Health Treatment</li> <li><input type="checkbox"/> No Contact with Minors</li> <li><input type="checkbox"/> No Contact with Victim/Witness</li> <li><input type="checkbox"/> No Possession of Pornographic Materials</li> <li><input type="checkbox"/> No Excessive Alcohol Use</li> <li><input type="checkbox"/> No Illegal Use of Controlled Substances</li> <li><input type="checkbox"/> No Tampering w/ Substance Abuse Testing</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Obtain &amp; Maintain Employment</li> <li><input type="checkbox"/> Obtain No New Passport</li> <li><input type="checkbox"/> Other Conditions</li> <li><input type="checkbox"/> Other Financial Obligations</li> <li><input type="checkbox"/> Other Location/Employment/Association Restrictions</li> <li><input type="checkbox"/> Other Service Obligations</li> <li><input type="checkbox"/> Other Treatment/Training/Education</li> <li><input type="checkbox"/> Personal Reporting Frequency _____</li> <li><input type="checkbox"/> Reentry Center – Full Time</li> <li><input type="checkbox"/> Reentry Center – Part Time</li> <li><input type="checkbox"/> Report Contact with Law Enforcement</li> <li><input type="checkbox"/> Report to Law Enforcement</li> <li><input type="checkbox"/> Residential Requirements/Restrictions</li> <li><input type="checkbox"/> Restitution</li> <li><input type="checkbox"/> Search/Seizure</li> <li><input type="checkbox"/> Sex Offender Assessment</li> <li><input type="checkbox"/> Sex Offender Treatment</li> <li><input type="checkbox"/> Stand Alone Monitoring</li> </ul>	<ul style="list-style-type: none"> <li><input type="checkbox"/> Substance Abuse Evaluation</li> <li><input type="checkbox"/> Substance Abuse Testing</li> <li><input type="checkbox"/> Surrender Passport</li> <li><input type="checkbox"/> Telephone Reporting Frequency _____</li> <li><input type="checkbox"/> Third-Party Custodian</li> <li><input type="checkbox"/> Travel Restrictions</li> <li><input type="checkbox"/> Weapons Restrictions</li> <li><input type="checkbox"/> Work Release from Secure Facility</li>   <li><input type="checkbox"/> Location Monitoring - Other</li> <li><input type="checkbox"/> Location Monitoring Program</li>   <li>Type:    <input type="checkbox"/> Curfew</li> <li>          <input type="checkbox"/> Home Detention</li> <li>          <input type="checkbox"/> Home Incarceration</li> <li>          <input type="checkbox"/> GPS Surveillance</li> <li>          <input type="checkbox"/> Not Specified</li>   <li>Method: <input type="checkbox"/> Voice Verification</li> <li>          <input type="checkbox"/> Radio Frequency (RF)</li> <li>          <input type="checkbox"/> Passive GPS</li> <li>          <input type="checkbox"/> Active GPS</li> <li>          <input type="checkbox"/> RF/GPS Combination</li> </ul>
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