Western District of Missouri

Worksheet for Pretrial Services Report

PACTS Client ID No:	Docket/Defendant No.:	Arrest Date:	Interviewing Officer:	Interview Date:

CLIENT PERSONAL DATA – General

PTRA Category

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

CLIENT PERSONAL DATA- Alternate Names and Ids

□ Also Known As □ Alternate Name	□ Maiden Name □ True Name	First	Middle	Last
□ Also Known As □ Alternate Name	□ Maiden Name □ True Name	First	Middle	Last
□ Also Known As □ Alternate Name	□ Maiden Name □ True Name	First	Middle	Last

Alternate IDs: (List any other alien numbers, state ID numbers, SSNs, DOBs)

CLIENT PERSONAL DATA - Demographics

Sex: (Check one)

□ Female
□ Male
□ Unknown

Race: (Check one)

□ American Indian or Alaska Native
□ Asian
□ Black or African American
□ Native Hawaiian or Other Pacific Islander
□ Other Race
□ Unknown
□ White

Hispanic: (Check one)

□ Hispanic
□ Non-Hispanic
□ Unknown

Height:

Weight:

Eye Color:

□ Blue □ Brown
□ Green □ Hazel
□ Other

Hair Color:

□ Black □ Blonde
□ Brown □ Grey
□ None □ Other
□ Red □ White

Distinguishing Characteristics: (Scars, tattoos, etc.)

Place of Birth:	Country of Birth:	Country of Citizenship □ Dual ?	Citizenship: (Check one)
			□ U.S. Citizen □ U.S. National □ Unknown □ Naturalized U.S. Citizen □ Citizen of Another Country

Do you possess a passport/ visa/ or passport card?

□ Yes □ No

Location: _____

Immigration Status: (Check one)

□ Humanitarian Migrant (Refugee)
□ Illegal Alien □ Permanent Resident (green card)
□ Temporary Visa (travel/student/work) □ Unknown

Date Naturalized: _____

Date Immigrated to the U.S.:

Date Entered U.S.:

Have you traveled outside the U.S.?

□ Yes □ No Countries: _____ Purpose: _____

□ **Verification Source:**

CLIENT PERSONAL DATA - Addresses

Include in PACTS? □ Yes □ No

Current Address:		**Phone** (Residence)	**Phone** (Mobile)
City:	**State:**	**Zip Code:**	**County:**
Address Type: □ Residence □ Secondary Residence □ No Fixed Residence □ Legal Address □ Mailing Address	**Occupancy Type:** □ Owner □ Renter □ Other	**Date Moved to Address:** (from date)	**E-Mail**
		Time in Community of Residence: (Client Personal Data/Profile)	
Lives with:	**Name on Lease/Mortgage:**	**Name on Utilities:**	**Monthly Payments:**

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**
□				
□				
□				
□				
□				
□				
□				
□				
□				

Potential Bond Cosigners (name, contact number, property owned (equity), funds):
Potential 3rd Party Custodians (name, contact number, address, willingness to report violations/provide residency):

MARITAL HISTORY (Including Cohabitation)

(Check box if living with defendant)

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

Name	Dates of Marriage	Address/ Telephone No.	Spouse's Employment/ Income (week/mth/yr)
□			
□			
□			
□			

CHILDREN

Name/Age of Children (Check if living w/ defendant)	Children Live With Whom?	Address/ Telephone No.	Frequency of Contact	Support?
□				
□				
□				
□				
□				
□				
□				
□				

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

Is the defendant currently unemployed? □ Yes □ No

Start Date of Unemployment: _____

Not Excused? □

Excused? □

Reasons for Unemployment: (Code as excused in PACTS)

□ Caregiver □ Long-Term Treatment
□ Court Order □ Retired
□ Disabled □ Student
□ Homemaker □ Other:
□ Looking for Work (Code as not excused in PACTS)

Start Date:	Company Name:	Address (Street):

Phone No.:	City:	State:	Zip Code:	County:

□ **Self-Employed?**

□ **Under-Employed?**

Hours Per Week:

Gross Income for This Employment:

$ _____ □ Hourly □ Semi-Monthly □ Weekly □ Monthly □ Biweekly □ 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

Branch of Service:	Dates of Service:	Type of Discharge:	Were you court-martialed? □ Yes □ 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

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

English Language Skills: (Client Personal Data/Profile)

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

Primary Language (if not English): _____

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

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

FINANCIAL INFORMATION

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

Alimony	$ _____	Payback on Loans	$ _____
Child Support	$ _____	Rental Income	$ _____
Disability Insurance/ Employee Benefit	$ _____	Retirement Pension	$ _____
		Severance Pay	$ _____
Dividend	$ _____	Trust	$ _____
Family Support	$ _____	Unemployment Comp.	$ _____
Food Stamps	$ _____	Other	$ _____
Investments	$ _____	Social Security	$ _____
Lawsuit Payout	$ _____	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?	□ Yes □ No	□ Yes □ No		
Describe:	$	Utilities		
		Groceries		
		Child Care		
Other Accounts	$	Child Support (Ordered or Voluntary?)		
	$			
	$	Alimony		
Valuable Property (collections, jewelry, etc.)	$	Personal Loans		
Business Assets		Business Liabilities		

Motor Vehicles – Ownership				Motor Vehicles – Loans/Leases		
Year	**Make**	**Model**	**Amount**	**Creditor**		

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? □ Yes □ 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)

- □ Minor Medical Problems Only
- □ Significant Medical Disorder (Under control but follow-up care required)
- □ One or More Chronic or Recurrent Medical Problems
- □ Uncontrolled Significant Disorder
- □ Diagnostic Evaluation or Specific Treatment in Progress
- □ None
- □ 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)

- □ Disorders Usually First Diagnosed in Infancy, Childhood, or Adolescence
- □ Delirium, Dementia, and Amnestic and Other Cognitive Disorders
- □ Substance-Related Disorders
- □ Schizophrenia and Other Psychotic Disorders
- □ Mood Disorders
- □ Anxiety Disorders
- □ Somatoform Disorders
- □ Sexual and Gender Identity Disorders
- □ Eating Disorders
- □ Sleep Disorders
- □ Impulse-Control Disorders
- □ Adjustment Disorders
- □ 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 1st, 2nd, and 3rd Choice	Age Use Began	Last Used: (hours, days, weeks, months, or years ago)	Frequency Used (Occasional, Daily, Weekly, Monthly, or Yearly)
Alcohol Social Only □	□	□				
Amphetamines	□	□				
Benzodiazepines	□	□				
Cannabinoids	□	□				
Club/Designer Drugs	□	□				
Cocaine	□	□				
Hallucinogens (PCP, LSD)	□	□				
Heroin	□	□				
Methamphetamines	□	□				
Prescription Opiates	□	□				
Other	□	□				

Substance Abuse Treatment

Substance Abuse Treatment History (Check all that apply)	Current	History of	Notes
Inpatient Treatment	□	□	
Outpatient Treatment	□	□	
Self-Help (AA/NA)	□	□	
Confined Treatment Program (BOP)	□	□	

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? □ Yes □ No	Where?	Any violations?

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

Arrest Date:	**Time:**	**Arresting Agency:**

Place:	**Comments:** (Armed/Resist/Injury)

ADDITIONAL INFORMATION

INTAKE – Investigations

Investigation Type:	Officer:	Date Assigned:	Date Due:	Date Submitted:	Judicial Authority:
□ Material Witness □ PTS Investigation □ Pretrial Diversion	Judicial Officer:	Requesting Jurisdiction:			□ Court □ Magistrate □ Other District □ U.S. Attorney

INTAKE – Opening Tab

Type of Case: (Intake Type)	Case Activation Date:	Juvenile?	Sealed?
□ Diversion □ Material Witness □ Pretrial Services		□ Yes □ No	□ Yes □ No
	Referral Type: □ Arrest □ Summons □ Verbal Notice	Arrest Date:	
Courtesy In? □ Yes (Transfer district PACTS # required)	Rule 20 Transfer In? ☐	Rule 5 Transfer In? ☐	
Charging Document: □ Citation □ Complaint □ Indictment □ Superseding? □ Information □ Not Applicable □ Violation Petition	Was case diverted post-charge? □ Yes □ No	Assigned Officer:	
	Was The Instant Offense Committed While Under The Criminal Justice System? □ Yes □ No		
Transfer District:	Transfer District Docket No.:	Transfer District PACTS No.:	

INTAKE – Interview/Report Tab

Interview Status:	Date:	Report Type:	When was a bail report submitted?
□ Interviewed □ Refused Interview □ Unable to Interview □ Not Applicable		□ Full □ Modified □ Addendum (Rule 5)	□ Pre-Initial Hearing □ Pre-Detention Hearing □ Post-Release
How was the bail reported submitted? □ Written □ Oral		PSO Recommendations: □ Detention □ Release with Supervision □ Release without Supervision	AUSA Recommendations: □ Detention □ Release with Supervision □ Release without Supervision

INTAKE – Offense Tab/Charged Offense

Offense Classification:	Offense Category:	Offense Subcategory:

Class of Offense: □ **Infraction** □ **Misdemeanor-Class _____** □ **Felony-Class _____**

CITATION: (In CM/ECF format)

INTAKE - Prior Tab

Prior Record	Charges (No.)	Convictions (No.)	Drugs (No.)	Violent (No.)
Misdemeanors				
Felonies				

Prior Failures to Appear:	Pending Misdemeanor(s):	Prior Escapes(s):
Pending Felony(s):	Prior Absconding(s):	

RELEASE/DETENTION ORDERS

Order Date	Hearing	Release/Detention Outcome	Detained Due to/ Judge Issuing Order	Type of Bond (if released)	Release Date
	Initial	□ Released □ Detained □ Released to detainer (other jurisdiction)	Judge: □ Held for Detention Hearing □ Consent to Detention □ Temporary Detention	□ Collateral Bond □ Percentage Bond □ Personal Recognizance □ Surety Bond □ Unsecured Bond	
	Detention (if held)	□ Released □ Detained □ Released to detainer (other jurisdiction)	Judge: □ Preventive Detention □ Flight □ Danger □ Both □ Consent to Detention	□ Collateral Bond □ Percentage Bond □ Personal Recognizance □ Surety Bond □ Unsecured Bond	

PSA SUPERVISION

Date Released to Pretrial Supervision:	Supervising Officer:	Courtesy Pretrial Services Out? □ Yes □ No	District Providing Courtesy Pretrial Services or Courtesy Diversion Supervision
PTD Months:	PTD Expiration Date:		

COURT-ORDERED RELEASE CONDITIONS

CONDITIONS

TREATMENT/COUNSELING/ TRAINING-RELATED CONDITIONS

□ Alcohol Abstinence
□ Alcohol Treatment Only
□ No Excessive Alcohol Use
□ DNA Testing
□ Drug Treatment
□ Substance Abuse Evaluation
□ Substance Abuse Testing
□ No Illegal Use of Controlled Substances
□ No Tampering w/ Substance Abuse Testing
□ Mental Health Evaluation
□ Mental Health Treatment
□ Sex Offender Assessment
□ Sex Offender Treatment
□ Education/Training Requirements
□ Life Skills Counseling
□ Other Treatment/Training/Education

SUPERVISION REPORTING/ CUSTODIAN CONDITIONS

□ Cosigned By
□ Third-Party Custodian
□ Personal Reporting Frequency _____
□ Telephone Reporting Frequency _____
□ Report to Law Enforcement

EMPLOYMENT/ASSOCIATION CONDITIONS & RESTRICTIONS

□ Obtain & Maintain Employment
□ Employment Requirements/Restrictions
□ Association Restrictions
□ Obtain No New Passport
□ Surrender Passport
□ No Contact with Victim/Witness
□ No Contact with Minors
□ No Possession of Pornographic Materials
□ Report Contact with Law Enforcement
□ Residential Requirements/Restrictions
□ Travel Restrictions
□ Weapons Restrictions
□ Other Location/Employment/Association Restrictions

FINANCIAL/SERVICE-RELATED CONDITIONS

□ Restitution
□ Other Financial Obligations
□ Other Service Obligations
□ Community Service

OTHER

□ Other Conditions (how many _____)

SEARCH/SEIZURE COMPUTER CONDITIONS

□ Search/Seizure
□ Computer Search
□ Computer/Internet Restrictions

LOCATION MONITORING CONDITIONS

□ Location Monitoring - Other
□ Location Monitoring Program
□ Stand Alone Monitoring

Type: □ Curfew
□ Home Detention
□ Home Incarceration
□ GPS Surveillance
□ Not Specified

Method: □ Voice Verification
□ Radio Frequency (RF)
□ Passive GPS
□ Active GPS
□ RF/GPS Combination

□ Reentry Center – Full Time
□ Reentry Center – Part Time
□ Work Release from Secure Facility