

MORGAN COUNTY COURT SERVICES  
ADULT PROBATION  
65 NORTH JEFFERSON STREET  
MARTINSVILLE, INDIANA 46151  
(765) 342-1082  
(765) 342-1106 Fax

PRESENTENCE INVESTIGATION REPORT INSTRUCTIONS

The Court has ordered you to complete a Presentence Investigation. This information is necessary to assist the Court in reaching a sentencing decision in your case.

As a Court ordered legal document, it is MANDATORY that you attend your Presentence Interview appointment as scheduled by the Morgan County Probation Department.

**\* Failure to appear for this appointment will result in the Court's notification and may result in a warrant for your arrest.**

To assist us in completing our Presentence Report, please bring the following documents to your Presentence Interview:

- Birth Certificate
- Social Security Card
- School Diplomas or Degrees
- Disability Information
- Military Discharge Records
- Employment Verification (such as your most recent paycheck stub)
- Medical Reports or Mental Health Records
- Personal Letters of Recommendations
- Driver's License, Gun Permits or Certificates
- Proof of residency (such as mortgage statement/rental agreement)

YOUR INTERVIEW IS WITH:

OFFICER \_\_\_\_\_

ON: \_\_\_\_\_ AT: \_\_\_\_\_ am/pm

# PRESENTENCE INVESTIGATION QUESTIONNAIRE

These questions are designed to help us know more about you. This information will be prepared in a report to assist the Court. A Probation Officer will interview you and ask you more specific questions. It is very important that you answer these questions completely and honestly. Any false information will be reported to the Court.

Your full cooperation will only be to your benefit.

Date: \_\_\_\_\_

## I. Personal Information:

Full Name: \_\_\_\_\_  
(First) (Middle) (Last)

Alias/Nickname: \_\_\_\_\_

Maiden Name/Other Married Names: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Age: \_\_\_\_\_ Race: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Are you a U.S. Citizen?  Yes  No

If no, please list Alien Status: \_\_\_\_\_

Driver's License Number: \_\_\_\_\_ State of Issue: \_\_\_\_\_

Driver's License Status:  Valid  Suspended  HTV  Never Licensed

Do you have a gun permit?  Yes  No

Are there any guns or other weapons in your home?  Yes  No

If yes list: \_\_\_\_\_  
\_\_\_\_\_

**Physical Information:**

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Eye Color: \_\_\_\_\_ Hair: \_\_\_\_\_

Marks/Scars (and locations): \_\_\_\_\_

Tattoos (and locations): \_\_\_\_\_

**Residential Information:**

Address: \_\_\_\_\_  
(Street Name & Number) (Apt./Lot#)  
\_\_\_\_\_  
(City/State) (Zip)

Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
(Area Code) (Number) (Area Code) (Number)

Cellular Phone: \_\_\_\_\_ Pager Number: \_\_\_\_\_  
(Area Code) (Number) (Area Code) (Number)

Please list anyone who resides with you:

Name	Relationship
_____	_____
_____	_____
_____	_____

How many years have you lived in Indiana? \_\_\_\_\_

How many years have you lived in Morgan County? \_\_\_\_\_

Other than Morgan County, Indiana please list all other Counties and States in which you have lived:

COUNTY/STATE	RESIDENTIAL DATES
_____	_____
_____	_____
_____	_____

**Attorney Information:**

Attorney's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Name & Number) (Apt./Lot#)

\_\_\_\_\_  
(City/State) (Zip)

Work Telephone: \_\_\_\_\_  
(Area Code) (Number)

Privately Retained:  Yes  No

Public Defender:  Yes  No

**II. Prior Legal History:**

**Juvenile:**

Have you ever had contact with the police as a juvenile?  Yes  No

If yes, what age: \_\_\_\_\_ How many times? \_\_\_\_\_

Please list each police contact as a Juvenile:

<u>Date</u>	<u>Place</u>	<u>Charge</u>	<u>Outcome</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been sent to the Department of Correction as a juvenile?  Yes  No

Have you ever been placed in secure detention or a jail as a juvenile?  Yes  No

Have you ever been charged with juvenile runaway?  Yes  No

Have you ever been involved in the Child Department of Child Services (Welfare) System?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

If yes, were you ever placed out of the home or sent to a residential placement facility?  Yes  No

If yes, please explain: \_\_\_\_\_  
\_\_\_\_\_

**Adult:**

Have you ever had contact with the police as an adult?  Yes  No

Age of first conviction: \_\_\_\_\_

Please list each police contact as an adult (including all contacts in which charges were dismissed, not filed, or you were found not guilty of the offense):

<u>Date</u>	<u>Place</u>	<u>Charge</u>	<u>Outcome</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Pending Charges:**

Do you have any charges now pending in Indiana or in any other State or County?

Yes  No

If yes, please list each pending case:

<u>Date</u>	<u>Place</u>	<u>Charge</u>	<u>Date of Next Hearing</u>
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_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

**Probation/Parole:**

Have you ever been on Probation?

Yes  No

If yes, where and what charge? \_\_\_\_\_

\_\_\_\_\_

Was your Probation violated?

Yes  No

If yes, where and why? \_\_\_\_\_

\_\_\_\_\_

Have you ever been on Parole?

Yes  No

If yes, where and what charge? \_\_\_\_\_

\_\_\_\_\_

Was your Parole violated?

Yes  No

If yes, where and why? \_\_\_\_\_

\_\_\_\_\_

**III. Criminal Orientation:**

Have you had any previous felony convictions?  Yes  No

Have you ever been charged with Battery or a Violent Offense?  Yes  No

Have you ever been charged with Escape?  Yes  No

Have you ever had jail or prison write-ups?  Yes  No

If yes, explain: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Have you ever had a felony charge reduced to a misdemeanor at sentencing or following successful completion of a sentence?  Yes  No

Have you ever been a member of a juvenile or adult gang?  Yes  No

If yes, name of gang: \_\_\_\_\_

Please list any close friends/relatives currently incarcerated in the Indiana Department of Correction:

<u>Name</u>	<u>Relationship</u>
_____	_____
_____	_____
_____	_____

**IV. Instant Offense:**

At the time of the instant offense were you under the influence of alcohol or drugs?  Yes  No

If yes, please list what type of alcohol/drug and amount consumed: \_\_\_\_\_  
\_\_\_\_\_

At the time of the instant offense, were you on Probation?  Yes  No  
or Parole?  Yes  No

Were you alone at the time of your arrest?  Yes  No

If no, who was with you? \_\_\_\_\_

Number of days spent in the Morgan County Jail: \_\_\_\_\_

Dates incarcerated: From: \_\_\_\_\_ To: \_\_\_\_\_

Number of days spent in any other Jail or Detention Center while waiting for this case to be disposed of (please state location): \_\_\_\_\_

Dates incarcerated: From: \_\_\_\_\_ To: \_\_\_\_\_

Have you read the Probable Cause Affidavit (Police Report) in your case?  Yes  No

Are there any facts that you do not agree with?  Yes  No

If yes, please explain: \_\_\_\_\_

Have you signed a Plea Agreement in your case?  Yes  No

If yes, what is the plea agreement? \_\_\_\_\_

Are you guilty of what you are pleading to?  Yes  No

If no, explain: \_\_\_\_\_





**V. Family/Personal Background:**

**Family:**

Father's Name: \_\_\_\_\_ Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Name & Number) (Apt./Lot#)  
\_\_\_\_\_  
(City/State) (Zip)

Telephone: \_\_\_\_\_  
(Area Code) (Number)

Employed By: \_\_\_\_\_

Describe your relationship with your Father: \_\_\_\_\_  
\_\_\_\_\_

Has your Father ever been arrested?  Yes  No

If yes, what were the charges? \_\_\_\_\_  
\_\_\_\_\_

Mother's Name: \_\_\_\_\_ Mother's Maiden Name: \_\_\_\_\_

Age: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Name & Number) (Apt./Lot#)  
\_\_\_\_\_  
(City/State) (Zip)

Telephone: \_\_\_\_\_  
(Area Code) (Number)

Employed By: \_\_\_\_\_

Describe your relationship with your Mother: \_\_\_\_\_  
\_\_\_\_\_

Has your Mother ever been arrested?  Yes  No

If yes, what were the charges? \_\_\_\_\_  
\_\_\_\_\_

Are your parents:  Married  Separated  Divorced  Married/Living Separate

Do you have Stepparents?  Yes  No

Stepfather's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Name & Number) (Apt./Lot#)

\_\_\_\_\_ (City/State) (Zip)

Telephone: \_\_\_\_\_  
(Area Code) (Number)

Describe your relationship with your Stepfather: \_\_\_\_\_  
\_\_\_\_\_

Has your Stepfather ever been arrested?  Yes  No

If yes, what were the charges? \_\_\_\_\_

Stepmother's Name: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Name & Number) (Apt./Lot#)

\_\_\_\_\_ (City/State) (Zip)

Telephone: \_\_\_\_\_  
(Area Code) (Number)

Describe your relationship with your Stepmother: \_\_\_\_\_  
\_\_\_\_\_

Has your Stepmother ever been arrested?  Yes  No

If yes, what were the charges? \_\_\_\_\_

Please List Brothers/Sisters and Half-Brothers/Half-Sisters and Step-Brothers/Step-Sisters:

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Criminal Record</u>
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____	_____	_____	<input type="checkbox"/> Yes <input type="checkbox"/> No

Please Describe your relationship with your Brothers/Sisters and Half-Brothers/Sisters:

\_\_\_\_\_

\_\_\_\_\_

**Childhood/Personal Background:**

Please describe your family life during your **CHILDHOOD** (circle one):

Bad                  Fair                  Good                  Excellent

Please describe your family life at the **PRESENT TIME** (circle one):

Bad                  Fair                  Good                  Excellent

Who was the main person responsible for raising you? \_\_\_\_\_

How old were you when you moved out of your parents' home? \_\_\_\_\_

Reason for moving out? \_\_\_\_\_

Have you ever been abused in the following ways (**Circle all that apply**)

Mentally                  Physically                  Sexually

Your abuser's name: \_\_\_\_\_ Relationship to you \_\_\_\_\_

Your age: \_\_\_\_\_ Abuser's age: \_\_\_\_\_ Date (s) of abuse: \_\_\_\_\_

Where charges filed?  Yes  No Was there a conviction?  Yes  No

Comments regarding abuse: \_\_\_\_\_



Please List all Children/Stepchildren:

<u>Name</u>	<u>Age</u>	<u>Address</u>	<input type="checkbox"/> Biological Child/ <input type="checkbox"/> Stepchild
_____	_____	_____	<input type="checkbox"/> Biological Child/ <input type="checkbox"/> Stepchild
_____	_____	_____	<input type="checkbox"/> Biological Child/ <input type="checkbox"/> Stepchild
_____	_____	_____	<input type="checkbox"/> Biological Child/ <input type="checkbox"/> Stepchild
_____	_____	_____	<input type="checkbox"/> Biological Child/ <input type="checkbox"/> Stepchild

Do you receive child support?  Yes  No If yes, how much? \$ \_\_\_\_\_/month

Do you pay child support?  Yes  No If yes, how much? \$ \_\_\_\_\_/month

Are you current on your child support payments?  Yes  No

If no, how much do you owe in back child support? \$ \_\_\_\_\_

Describe your relationship and frequency of visitation with your children/stepchildren:

\_\_\_\_\_  
\_\_\_\_\_

**VI. Education:**

Are you in school now?  Yes  No If yes, where? \_\_\_\_\_

Do you plan to finish?  Yes  No If no, why? \_\_\_\_\_

Are you a High School Graduate?  Yes  No

If yes, what year did you graduate? \_\_\_\_\_

Name of High School/Address? \_\_\_\_\_

Grade Point Average/grades: \_\_\_\_\_

If no, what was the last grade you completed and in what year?  
(circle one) 7<sup>th</sup> 8<sup>th</sup> 9<sup>th</sup> 10<sup>th</sup> 11<sup>th</sup> 12<sup>th</sup> Other \_\_\_\_\_ Year: \_\_\_\_\_

Reason for incomplection: \_\_\_\_\_

Do you have a GED?  Yes  No If yes, what year was it obtained? \_\_\_\_\_

Have you ever been expelled?  Yes  No If yes, why? \_\_\_\_\_

Please list names of colleges/vocational schools that you have attended:

<u>NAME</u>	<u>CITY/STATE</u>	<u>DEGREE</u>

**VII. Employment:**

Are you currently employed?  Yes  No Hire Date: \_\_\_\_\_

Name of Present Employer: \_\_\_\_\_

Rate of Pay: \$\_\_\_\_\_ Name of Supervisor: \_\_\_\_\_

Current Employment Status:

Laid Off  Medical Leave  Suspension Other: \_\_\_\_\_

Full-Time  Part-Time  Temporary Other: \_\_\_\_\_

Hours worked per week: \_\_\_\_\_  Day Shift  Night Shift  Day and night Shift

Please list your past employment:

<u>Employer</u>	<u>Date Hired</u>	<u>Last Working Date</u>	<u>Reason For Leaving</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Do you enjoy your present job?  Yes  No Why? \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

**VIII. Financial:**

Weekly Income: \$ \_\_\_\_\_ Annual Income: \$ \_\_\_\_\_

Spouse's Income: \$ \_\_\_\_\_ Other Income? \$ \_\_\_\_\_

Do you pay:  Rent  Mortgage or  None? If Yes, how much? \$ \_\_\_\_\_

Please list all debts/bills:

<u>Payment To Whom</u>	<u>For</u>	<u>Amount Per Month</u>	<u>Balance Due</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____



Please list all real estate/personal property of value in which you own (i.e. automobiles, boats, trailers, etc.) along with their estimated value:

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Do you have a:       checking account       savings account       none

Name of Bank: \_\_\_\_\_

Do you receive welfare benefits?  Yes  No  
If yes, how much? \$\_\_\_\_\_ and what type? \_\_\_\_\_

Do you receive unemployment?  Yes  No      If yes, how much? \$\_\_\_\_\_

Do you receive:  Social Security  Disability      If so, how much? \$\_\_\_\_\_

**IX. Military:**

Branch: \_\_\_\_\_ Date Entered: \_\_\_\_\_ Date Discharged: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ If other than honorable, please explain: \_\_\_\_\_

Have you ever been AWOL?       Yes  No      If yes, why? \_\_\_\_\_

**X. Religious Affiliation/Interest and Leisure Activities:**

Are you a member of a church?  Yes  No

If yes, Name of Church/Minister: \_\_\_\_\_

How often do you attend? \_\_\_\_\_

Are you a member of any club or organization?  Yes  No

If yes, please give names: \_\_\_\_\_

\_\_\_\_\_

Please list any hobbies or special interests that you have: \_\_\_\_\_

\_\_\_\_\_

What specific skills do you have? \_\_\_\_\_

\_\_\_\_\_

**XI. Health:**

How would you describe your general health? Good Fair Poor Other: \_\_\_\_\_

Do you have any medically diagnosed illnesses?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever suffered from any of the following conditions:

High Blood Pressure  Yes  No Heart Condition  Yes  No

Hepatitis  Yes  No HIV/AIDS/STD  Yes  No

Diabetes  Yes  No TB  Yes  No

If yes, please describe any treatment: \_\_\_\_\_

\_\_\_\_\_

Have you ever suffered a gunshot/stab wound?  Yes  No

If so, list details: \_\_\_\_\_

\_\_\_\_\_

Do you have difficulty seeing?  Yes  No

Do you have difficulty hearing?  Yes  No

Are you currently taking any prescribed medication?  Yes  No



Have you ever received a mental health evaluation or treatment?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Have you ever attempted suicide?  Yes  No If yes, number of attempts? \_\_\_\_\_

Method (s): \_\_\_\_\_

Dates: \_\_\_\_\_

Does any family member have any mental health issues?  Yes  No

If yes, please explain: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**XII. Substance Use:**

**Tobacco Use:**

Do you smoke cigarettes?  Yes  No

If yes, how many packs per day? \_\_\_\_\_

Do you chew smokeless tobacco?  Yes  No

If yes, how often/much? \_\_\_\_\_

**Alcohol Use:**

Please list any type of alcohol that you have consumed:

<u>Type</u> <u>of Alcohol</u>	<u>Age First</u> <u>Used</u>	<u>Amount</u> <u>Consumed</u> <u>Per Day</u>	<u>Days of the</u> <u>Month</u>	<u>Date</u> <u>Last Used</u>
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

Have you ever committed an offense under the influence of alcohol?  Yes  No

If yes, please give date, offense, and State/County in which the offense was committed:

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Do you believe that you have a problem with alcohol?  Yes  No

If yes, please explain: \_\_\_\_\_

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Does anyone in your family have a problem with alcohol?  Yes  No

If yes, name of family member and state problem: \_\_\_\_\_

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**Illegal Drugs:**

Do you believe that you have a problem with drugs?  Yes  No

If yes, please explain: \_\_\_\_\_

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Does anyone in your family have a problem with drugs?  Yes  No

If yes, name of family member and state problem: \_\_\_\_\_

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SUBSTANCE	Check (√) if ever used	Age when 1 <sup>st</sup> used	Method of use (i.e. smoke, snort, oral/ ingest, inject (IV)	How often used (per month)	Date Last used?	Currently using? (Yes/No)
LSD/Acid						
PCP/Angel Dust						
Marijuana/Hashish						
Mescaline						
Peyote						
Psilocybin/Mushrooms						
Amphetamines/Speed						
Caffiners/Mini-Thins						
Cocaine						
Methamphetamine or Methadrine						
Methicathinone (CAT)						
Dilaudid						
Librium						
Ecstasy/MDMA						
Quaaludes						
Seconal or other Barbiturates						
Valium						
Xanax						
Darvon/Darvocet						
Amyl Nitrate						
Codeine						
Glue/paint or other inhalants						
Nitrous Oxide						
Demerol/Talwin/ Morphine						
Heroin						
Methadone						
Opium						
Oxycotin						
Other (s):						

Please list all Inpatient Substance Abuse Treatment Facilities you have attended:

<u>Name of Facility</u>	<u>Treatment Dates</u>	<u>Number of Days in Treatment</u>	<u>Was Treatment Completed</u>	<u>Court Ordered</u>
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did inpatient treatment help your substance abuse problem?  Yes  No  
Explain: \_\_\_\_\_

Please list all Outpatient Substance Abuse Treatment Facilities you have attended:

<u>Name of Facility</u>	<u>Treatment Dates</u>	<u>Number of Days in Treatment</u>	<u>Was Treatment Completed</u>	<u>Court Ordered</u>
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No
_____			<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No

Did outpatient treatment help your substance abuse problem?  Yes  No  
Explain: \_\_\_\_\_

Would you like help with a drug or alcohol problem?  Yes  No

Do you have any other problem areas that you would like help with or want to discuss with a counselor?  Yes  No

If yes, explain: \_\_\_\_\_

**XIII. Defendant's Additional Comments:**

The space below has been provided so that you may write any additional comments or feelings you have that you believe may have a bearing on this case. You may also add any additional information you want the presiding Judge to know.

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**XIV. Contact Information:**

Name of contact in case of an emergency: \_\_\_\_\_

Relationship (friend, parent, sibling, etc.): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Name & Number) (Apt./Lot#)

\_\_\_\_\_  
(City/State) (Zip) (Telephone)

Name of contact in case of an emergency: \_\_\_\_\_

Relationship (friend, parent, sibling, etc.): \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Name & Number) (Apt./Lot#)

\_\_\_\_\_  
(City/State) (Zip) (Telephone)

**I affirm under the penalties of perjury that I have completed this questionnaire honestly, to the best of my knowledge, not withholding any information requested.**

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature



SELF-REPORT SURVEY – COMMUNITY SUPERVISION ASSESSMENT TOOL

Name: \_\_\_\_\_

Today's Date: \_\_\_\_\_

*The following questions ask about several things in your life, such as education, employment, your family, friends, and your beliefs. Please answer the following questions the best you can. There are no right or wrong answers to these questions. Some questions will be simple yes/no questions, and others will ask you to circle a number which corresponds to how much that statement reflects your beliefs or is "true" for you.*

1. Highest Education

- Less than 12<sup>th</sup> Grade
- High School Graduate
- GED
- College

2. In school were you ever suspended or expelled? Yes  No

3. How long have you lived at your current address? \_\_\_\_\_

4. How many address changes have you had in the past 12 months (do not count incarceration)? \_\_\_\_\_

5. What is the age that you first began regularly using alcohol? \_\_\_\_\_

6. How long has it been since you last drank alcohol? \_\_\_\_\_

7. What is the longest period of time you have abstained from drinking? \_\_\_\_\_

8. What percent of your close friends have been in trouble with the law? \_\_\_\_\_%

9. Would you say that you live in a "high crime" neighborhood? Yes  No

10. Were you employed at the time of your arrest? Yes  No

11. If yes, how many hours per week did you work? \_\_\_\_\_

12. Are you currently employed?

- Full-time
- Part-time
- No, I am on disability
- No, I am retired
- No, not currently employed

13. In your opinion, do you have a lot of free time? Yes  No

14. On average, approximately what percent of your week is considered free time? \_\_\_\_\_%

