

SUBSTANCE ABUSE EVALUATION/PRESENTENCE INFORMATION SHEET

52-3 District Court
Probation Department
700 Barclay Circle
Rochester Hills, MI 48307

Interviewer: _____

Appt Date/Time: _____

Case #: _____

DEMOGRAPHICS

Full Name: _____ Email: _____

Previous Names/Maiden Name: _____

Address: _____ City: _____ State: _____ Zip Code: _____

Telephone No: (____) _____ - _____ Marital Status: _____ Driver's License No: _____

Age: _____ Date of Birth: _____ Gender: ☐ F ☐ M Race: ☐ White ☐ Black ☐ Mexican ☐ Other _____

Hair Color: _____ Eye Color: _____ Height: _____ Weight: _____

Scars, Tattoos, Etc.: _____

Place of Birth (City & State Or Foreign Country): _____

FAMILY DATA

Father _____ Address _____ City _____

Mother _____ Address _____ City _____

Step-Father _____ Address _____ City _____

Step-Mother _____ Address _____ City _____

Brothers/Sisters:	B/S	Age	Address	City

Spouse's Name (Present & Previous Marriages)	Marriage Date	# of Children	Date of Divorce

Children's Names	M/F	Age	Address	City

RECORD OF CRIMINAL HISTORY - List below all **OTHER** Misdemeanor/Felony Charges whether convicted or not

Date	Court	Offense	Disposition

EDUCATION: Currently Enrolled in School? ____Yes ____No Highest grade completed _____

Last Year Attended: _____ Name of School: _____

MILITARY:

Enlisted _____ Inducted _____ Year _____ Where Stationed _____

Discharged Year _____ Highest Rank _____ Type of Discharge _____

EMPLOYMENT:

Work Status: ____FT ____PT ____Temp ____Laid-off ____Disabled ____Retired ____Social Security ____Student
____Other (describe): _____

Give Reasons For Extended Periods Of Unemployment:

Date Started	Name and Address of Employer	Title	Weekly Wage

Do you receive any financial assistance? ____Yes ____No _____
What Kind Amount

PHYSICAL HEALTH:

List Any Current Health Concerns: _____

List Any Recent Health or Physical Changes: _____

General Condition of Health: ____Good ____Fair ____Poor Physical Handicaps: ____Yes ____No

Explain Any Poor Health, Injuries, Surgeries, or Handicaps:

Primary Physician: _____ Phone: _____

Address: _____ City: _____ State: _____

Please list all of your **current** prescription and non-prescription (over-the-counter) medications:

Name of your current medicine	What do you use it for?	When did you begin taking it?	What dose do you take and how often?	Name of prescribing physician

Please list all medications that you have taken **in the past 2 years**:

Name of your previous medication	What did you use it for?	How long did you take it?	When did you stop taking it?	Why was it stopped?	Did the medication cause any problems?

Check any problem areas you have or have had:

Condition	Present	Past	Comments
Abortion			
Arthritis			
Back Pain			
Diabetes			
Head Injury			
Headaches (Frequent)			
Memory Loss/Blackouts			
Pain (Daily longer than 2 weeks)			
Seizure/Epilepsy			
Sleep Difficulties			
Sexually Transmitted Disease			
HIV/AIDS			
Hepatitis			
Other:			

MENTAL HEALTH:

Are there special, unusual, or traumatic circumstances that affected you? ____Yes ____No

If Yes, please describe: _____

Any history of child abuse? ____Yes ____No If yes, which type? ____Sexual ____Physical ____Verbal

How old were you at the time of abuse? _____

Other Childhood Issues: ____Neglect ____Poor Nutrition ____Poor Health ____Other: _____

Any history of abuse by others? ____Yes ____No

If Yes, which type? ____Emotional ____Sexual ____Physical ____Verbal ____Other: _____

How old were you at the time of abuse? _____

Have you ever been diagnosed with a mental illness? ____Yes ____No If yes, what? _____

Please make any relevant notes in the boxes below (dates, ages, number of times, substances abused, etc)

Personal History of:	Present	Past	Comments
Substance Abuse			
ADD/ADHD			
Depression			
Anxiety			
Manic Depression (Bipolar)			
Suicide/Homicide Attempt			
Nervous Breakdown			
Addictive Behaviors			
Psychiatric Hospitalizations			
Substance Abuse Hospitalization			
Other:			

Family History of:	Present	Past	Comments
Substance Abuse			
ADD/ADHD			
Depression			
Anxiety			
Manic Depression (Bipolar)			
Suicide/Homicide Attempt			

Family History of continued.....

Nervous Breakdown			
Addictive Behaviors			
Psychiatric Hospitalizations			
Substance Abuse Hospitalization			
Other:			

Have you ever had.....	Yes	No	When	Where
Mental Health Counseling	___	___	_____	_____
Suicidal thoughts/attempts	___	___	_____	_____
Drug/alcohol treatment	___	___	_____	_____
Mental health hospitalization	___	___	_____	_____
Involvement with self-help groups (e.g. AA, Al-Anon)	___	___	_____	_____
Psychiatrist/Therapist: _____			Phone Number: _____	
Address: _____			City: _____ State: _____	

SUBSTANCE USE HISTORY: Have you ever used any of the following?

	Yes	No	Method of use and amount	Frequency of use	Age of first use	Age / Date of last use
Alcohol						
Barbiturates						
Valium/Librium						
Cocaine/Crack						
Heroin						
Opiates						
Marijuana						
PCP/LSD/Mescaline						
Inhalants						
Benzodiazepines (ie. Xanax, Klonopin, Ativan, etc)						
Nicotine						
Over the Counter						
Prescription Drugs						
Kratom						
Other: _____						

Substance(s) of preference:

- | | |
|----------|----------|
| 1. _____ | 3. _____ |
| 2. _____ | 4. _____ |

Describe when and where you typically use substances:

Reason(s) for Use:

___ Addicted	___ Build Confidence	___ Escape	___ Self-Medication
___ Socially	___ Taste	___ Other (specify) _____	

Yes	No	
_____	_____	Has your use of alcohol or drugs interfered with your obligations at work/school?
_____	_____	Has your use of alcohol or drugs interfered with your obligations/relationships at home?
_____	_____	Have you ever used more alcohol or drugs in order to achieve the desired effect?
_____	_____	Have you ever needed to take a drink or use a drug in the morning in order to relieve a hangover?
_____	_____	Have you spent a great amount of time in activities necessary to obtain the alcohol or drugs?
_____	_____	Have important social, occupational, or recreational activities been given up or reduced because of the use of alcohol or drugs?
_____	_____	Have you continued to use alcohol or drugs despite knowing that physical, psychological, or legal problems are likely to occur?

THE EXACT TRUTH CONCERNING THIS CASE:

Give a brief explanation in your own words what happened on the day in which the offense occurred.

Date: _____

Signature: _____

Due to COVID 19 - typed name is signature