

PS 2A (Rev. 9/92) UNITED STATES DISTRICT COURTS WORKSHEET FOR PRETRIAL DIVERSION REPORT	DOCKET NUMBER (1-4)	Circuit	District	Office	Year	Number	Defendant
	5. INTERVIEW STATUS A. Interviewed <input type="checkbox"/> B. Refused Interview <input type="checkbox"/> C. Not Interviewed D. Not Applicable		6. INTERVIEW DATE		7. INTERVIEW TIME		8. INTERVIEW OFFICER
9. COURT NAME (LAST, FIRST, MIDDLE)	10. REFERRAL ACTION A. Arrest <input type="checkbox"/> B. Non-Arrest <input type="checkbox"/> X. Not Applicable		11. TYPE OF CASE D - Diversion <input type="checkbox"/> J - Courtesy Supervision <input type="checkbox"/>				
TRUE NAME	12. COURTESY SUPERVISION Y - Yes <input type="checkbox"/> N - No		12A. BEGIN SUPERVISION DATE		13. SUPERVISION DISTRICT		
AKA	14. SEX M - Male <input type="checkbox"/> F - Female	15. DOB		AGE		BIRTHPLACE	
MAIDEN NAME	HEIGHT	WEIGHT	EYES	HAIR	SCARS/TATOOS		
USM REG. #: _____	16. SOCIAL SECURITY NO.				DRIVER'S LICENSE NO.		
FBI #: _____	17. RACE W - White <input type="checkbox"/> B - Black <input type="checkbox"/> I - American Indian or Alaskan Native A - Asian/ Pacific Islander X - Unknown				18. TIME IN AREA <input type="checkbox"/> Months		
STATE #: _____					19. CITIZENSHIP A. U.S. Citizen <input type="checkbox"/> B. Legal Alien C. Illegal Alien X. Unknown		
SHERIFF'S #: _____							
CITY P.D. #: _____							
OTHER #: _____							
20. RESIDENTIAL STATUS <input type="checkbox"/> A. Own/Buying D. No Place To Live <input type="checkbox"/> B. Renting O. Other <input type="checkbox"/> C. No Contribution X. Unknown	17A. HISPANIC ORIGIN HH - Hispanic <input type="checkbox"/> NN - Not Hispanic XX - Unknown				CITIZEN OF:		BIRTHPLACE
PRESENT ADDRESS (Including Apt. #)	ALIEN NO.		ENTERED U.S.		PASSPORTS/VISAS		
EVER LIVED OUTSIDE OF STATE/COUNTRY?	DOES THE DEFENDANT TRAVEL OUTSIDE OF U.S.? YES <input type="checkbox"/> NO <input type="checkbox"/> WHERE?						
HOW LONG AT THIS ADDRESS?	NOTES:						
LIVES WITH:	MONTHLY PAYMENTS			LEASE IN WHOSE NAME?			
	UTILITIES IN WHOSE NAME?						
PRIOR ADDRESS	PRIOR ADDRESS			PRIOR ADDRESS			
PRIOR ADDRESS	PRIOR ADDRESS			PRIOR ADDRESS			
PRIOR ADDRESS	PRIOR ADDRESS			PRIOR ADDRESS			

FAMILY AND FRIENDS

NAME	RELATIONSHIP	PRESENT ADDRESS & TELE. NO.	OCCUPATION	SERVE AS SURETY?

MARITAL STATUS, PREVIOUS MARRIAGES, INCLUDING COHABITATION

21. MARITAL STATUS M – Married S – Single C – Cohabiting	D – Divorced P – Separated W – Widowed X – Unknown	<input type="checkbox"/>	DOES SPOUSE KNOW ABOUT ARREST?
			MAY PSO CALL SPOUSE?

LENGTH OF STATUS	NUMBER OF DEPENDENTS	LIVE WITH SPOUSE?
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NAME OF SPOUSE	AGE	PLACE AND DATE OF MARRIAGE	NO. OF CHILDREN	STATUS OF MARRIAGE

NAMES OF CHILDREN / Incl. Previous Marriage	AGE	ADDRESS, SCHOOL, CUSTODY, SUPPORT

NOTES:

EMPLOYMENT INFORMATION

22. EMPLOYED? <input type="checkbox"/> Y - Yes <input type="checkbox"/> N - No <input type="checkbox"/> X - Unknown		HOW LONG EMPLOYED/UNEMPLOYED?	IF UNEMPLOYED, DOES DEFENDANT HAVE A VIABLE MEANS OF SUPPORT? <input type="checkbox"/> YES <input type="checkbox"/> NO
NAME AND ADDRESS OF EMPLOYER			DESCRIBE SOURCE & PAYMENT METHOD
TIME AT PRESENT JOB (MONTHS)			AMOUNT OF MONTHLY SUPPORT
OCCUPATION/TITLE	HOURS/WEEK	STATUS (FULL/PART TIME/SELF-EMPLOYED)	SPECIAL SKILLS/TRAINING
MONTHLY GROSS	SUPERVISOR/TITLE/TELEPHONE NO.		
DOES EMPLOYER KNOW ABOUT ARREST? <input type="checkbox"/> YES <input type="checkbox"/> NO CAN EMPLOYER BE CONTACTED? <input type="checkbox"/> YES <input type="checkbox"/> NO CAN DEFENDANT RETURN TO JOB? <input type="checkbox"/> YES <input type="checkbox"/> NO			

PREVIOUS EMPLOYMENT (LIST LAST 4 PLACES OF EMPLOYMENT)

DATES	NAME AND ADDRESS OF EMPLOYER	NATURE OF WORK, WEEKLY WAGES, REASON FOR LEAVING

NOTES:

FINANCIAL INFORMATION

LIST FINANCIAL ASSETS	LIST FINANCIAL LIABILITIES
<p>CASH ON HAND</p> <p>SAVINGS ACCT(S) (Where?) _____ \$ _____</p> <p>CHECKING ACCT(S) (Where?) _____ \$ _____</p> <p>STOCKS/BONDS _____ \$ _____</p> <p>IRA'S _____ \$ _____</p> <p>(NOTE OTHER ACCOUNTS BELOW)</p> <p>AUTO: MAKE _____ MODEL _____ YR _____ \$ _____</p> <p>AUTO: MAKE _____ MODEL _____ YR _____ \$ _____</p> <p>(NOTE OTHER AUTOS BELOW) \$ _____</p> <p>REAL ESTATE</p> <p>DESCRIPTION (INCLUDE ADDRESS)</p> <p>DOWN PAYMENT \$ _____</p> <p>ASSESSED VALUE \$ _____</p> <p>MARKET VALUE \$ _____</p> <p>EQUITY \$ _____</p> <p>(NOTE OTHER REAL ESTATE BELOW)</p> <p>PERSONAL PROPERTY (Jewelry, Collections, etc.) \$ _____</p> <p>LIFE INSURANCE (Surrender Value) \$ _____</p> <p>OTHER ASSETS-INCOME SOURCE \$ _____</p> <p>SPOUSE INCOME \$ _____</p> <p>SPOUSE OCCUPATION _____</p>	<p>MORTGAGE</p> <p>NAME OF BANK OR MORTGAGE COMPANY _____</p> <p>ORIGINAL LOAN _____</p> <p>PRESENT BALANCE _____</p> <p>MONTHLY PAYMENTS _____</p> <p>(NOTE OTHER MORTGAGES BELOW:) _____</p> <p>OUTSTANDING LOAN APPLICATIONS? _____</p> <p>PERSONAL LOANS</p> <p>NAME OF LENDER _____</p> <p>ORIGINAL LOAN _____</p> <p>PURPOSE OF LOAN _____</p> <p>PRESENT BALANCE _____</p> <p>MONTHLY PAYMENT _____</p> <p>(NOTE OTHER LOANS BELOW) _____</p> <p>CREDIT CARDS:</p> <p>_____</p> <p>_____</p> <p>_____</p> <p>ALIMONY _____</p> <p>CHILD SUPPORT _____</p> <p>COURT ORDERED OR VOLUNTARY? _____</p> <p>MEDICAL BILLS _____</p> <p>INSURANCE PREMIUMS _____</p> <p>COURT FINES OR RESTITUTION _____</p> <p>RENT _____</p> <p>UTILITIES _____</p> <p>OTHER DEBTS OR MONTHLY EXPENSES _____</p> <p>EVER FILE FOR BANKRUPTCY? YES <input type="checkbox"/> NO <input type="checkbox"/></p>

ADDITIONAL DATA

<p>23. EDUCATION</p> <p>HIGHEST GRADE ACHIEVED</p> <p>EL - Elementary HS - High School Grad</p> <p>SH - Some High School SC - Some College</p> <p>VC - Vocational School CG - College Grad</p> <p>GE - G.E.D. PG - Post Grad</p> <p>NL - No Education XX - Unknown</p> <p align="right"><input type="checkbox"/></p>	<p>MILITARY SERVICE</p> <table border="1" style="width:100%; border-collapse: collapse;"> <tr> <td style="width:70%;">SERVICE NUMBER</td> <td>BRANCH OF SERVICE</td> </tr> <tr> <td>HIGHEST RANK HELD</td> <td>RANK AT SEPARATION</td> </tr> <tr> <td>DATE OF ENTRY</td> <td>DATE DISCHARGED</td> </tr> <tr> <td colspan="2">TYPE OF DISCHARGE</td> </tr> </table> <p>VA CLAIM NUMBER</p> <p>DECORATIONS AND AWARDS</p> <p>EVER COURT-MARTIALED?</p>	SERVICE NUMBER	BRANCH OF SERVICE	HIGHEST RANK HELD	RANK AT SEPARATION	DATE OF ENTRY	DATE DISCHARGED	TYPE OF DISCHARGE	
SERVICE NUMBER	BRANCH OF SERVICE								
HIGHEST RANK HELD	RANK AT SEPARATION								
DATE OF ENTRY	DATE DISCHARGED								
TYPE OF DISCHARGE									
<p>NAME AND LOCATION OF SCHOOLS</p>									

HEALTH

PHYSICAL HEALTH: (Name of Doctor), health problems, present treatment and medication

DRUG/ALCOHOL ABUSE

(Age use began, frequency, cost, type of drug, past and present treatment)

24. SUBSTANCE ABUSE (within last 2 years)

- N – No Substance Abuse
- X – Unknown
- A – Heroin
- C – Cocaine
- D – Barbiturates
- E – Amphetamines
- F – Marijuana
- I – Alcohol
- J – Other Illegal Substances

MENTAL HEALTH

Name and address of doctor or counselor; and condition under treatment

25. DEFENDANT presently undergoing psychiatric treatment

Y – Yes N – No X – Unknown

- Defendant presently on medication?
- History of psychiatric care?
- Other mental health treatment?

CRIMINAL HISTORY

UNOFFICIAL VERSION OF PRIOR RECORD (List below all arrests and whether convicted, including juvenile adjudication)

DATE	AGE	OFFENSE CHARGED AND BAIL	COURT	DISPOSITION OR NEXT COURT DATE

Defendant presently on PROBATION? YES NO

Defendant presently on PAROLE? YES NO

Where? Parole/Probation Officer's Name and Address

ARREST INFORMATION	DIVERSION REPORTS AND PERIOD
OFFENSE CHARGED	112. DIVERSION REPORT SUBMITTED Y – Yes N – No X – Yes, Not Accepted <input type="checkbox"/>
45. MAJOR CHARGED OFFENSE KEY	
CASE AGENT'S NAME AND TELEPHONE	113. DIVERSION PERIOD (Months) <input type="text"/>
DESCRIPTION OF OFFENSE	
VIOLENCE ALLEGED?	
RESISTING ARREST?	

PRETRIAL DIVERSION TERMINATION DATA

114. RESTITUTION (Dollars) <input type="text"/>
115. COMMUNITY SERVICE (Hours) <input type="text"/>
116. DIVERSION TERMINATION DATE

117. DISPOSITION <input type="text"/> S – Satisfactory U – Unsatisfactory C – Courtesy Supervision Closing
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NOTES: