

REENTRY PLAN

This Section To Be Completed By U.S. Probation Office

Date of Interview: _____		Atty Present?: <input type="checkbox"/> Yes <input type="checkbox"/> No		Interpreter: _____	
Location: <input type="checkbox"/> FDC _____		<input type="checkbox"/> Probation Office		<input type="checkbox"/> Teleconference <input type="checkbox"/> Video conference	
<input type="checkbox"/> Other _____					
Phone Land: _____ (Home) _____ (Cellular) _____		PACTS No.: _____ <input type="checkbox"/> Yes <input type="checkbox"/> No			
		Home inspection: <input type="checkbox"/> Yes <input type="checkbox"/> No			
Court Name: _____			Case No.: _____		
Judge/Magistrate: _____			Arrest Date: _____		Sentence Date: _____
FBI No.: _____		Marshal No.: _____		Other ID No.: _____	
AUSA _____		Defense Counsel: <input type="checkbox"/> Retained <input type="checkbox"/> Court appointed			
		Name: _____			
		Phone: _____			
Phone: _____		Email: _____			
Email: _____					

The information you provide may affect your sentence and eligibility for certain Bureau of Prison programs.

Identification Information

Name: (List every name you have used, e.g., name given at birth, name given at adoption, nickname, alias, names used as a result of marriage, etc.)

Date of Birth: _____		<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown		Place of Birth (city and state): _____	
		Country: _____			
Race					
<input type="checkbox"/> White		<input type="checkbox"/> African American		<input type="checkbox"/> Indian/Eskimo	
<input type="checkbox"/> Caucasian		<input type="checkbox"/> Chinese		<input type="checkbox"/> Filipino	
<input type="checkbox"/> Hawaiian		<input type="checkbox"/> Japanese		<input type="checkbox"/> Korean	
<input type="checkbox"/> Samoan		<input type="checkbox"/> Puerto Rican		<input type="checkbox"/> Vietnamese	
<input type="checkbox"/> Mexican		<input type="checkbox"/> Portuguese		<input type="checkbox"/> Unknown	
Hispanic Origin:					
<input type="checkbox"/> Hispanic					
<input type="checkbox"/> Non-Hispanic					
<input type="checkbox"/> Unknown					
Marital Status		Country of Citizenship		Immigration Status	
<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced		<input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Other			
No. of Dependents: _____		Highest Level of Education: _____		Social Security: _____	

Your Primary Address:

(Where you live?)

(Number and Street)

(Apartment)

(City)

(State)

(Zip)

Your E-mail Address: _____

How long have you been at this address? _____

Identify other people who reside at this address and their relationship to you.

Are there any hazards in the home? (i.e., firearms, dangerous weapons, dogs, snakes, reptiles, etc.)

Address at time of offense:

(Number and Street)

(Apartment)

(City)

(State)

(Zip)

How long have you been at this address? _____

Identify other people who lived with you at time of the offense?

Family Verification Contact Person:

Name: _____ Relation: _____ Phone: _____

Comments

Background Characteristics

Self

Residential History (Provide a chronological history of counties, cities and states where you have lived and the approximate year or age during which you lived there.)

SAMPLE

Parents and Siblings

List your biological parents, adoptive, foster or legal guardians, and all siblings, half-siblings or step-siblings, alive or deceased.

Name	Relationship	Age	Address/Telephone number	Occupation
	Father			
Current: Maiden:	Mother			

Family History

Describe who raised you; where you were raised; any significant problems during your childhood (i.e. neglect or abuse); were your material needs met?

Is your family aware of the instant case and are they supportive of you? In what ways are they supportive of you?

Describe any significant health problems, criminal history, substance abuse, or other problems within your family.

Who do you spend most of your time with?

Marital Status

Check if you are presently single and have never been married.

Spouse or domestic partner	Date and place of marriage	Age of spouse or partner	Date and place of divorce	No. of children	Still in contact?

What was the reason for marriage/relationship ending?

Who in your relationships makes decisions?

Describe your relationship with current partner.

Describe employment of current partner.

Does partner have criminal history?

History of substance abuse/mental illness?

Where and with whom do you plan to live with in the future?

SAMPLE

Children

Check if you have never had any children

Child's Name	Parent	Age	Custody (full/joint)	Current Residence

Describe whether your children, stepchildren, or other children you support have health problems, criminal history, substance abuse, and describe your family relationships, etc.

If applicable, describe child support, physical custody and visitation issues.

What stepchildren did you help raise?

What impact has your behavior had on others?

What are your future plans regarding family, child care, etc?



Physical Description

Height:	Weight:	Eyes:	Hair:
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Birthmarks/Distinguishing Marks

Scars and Tattoos

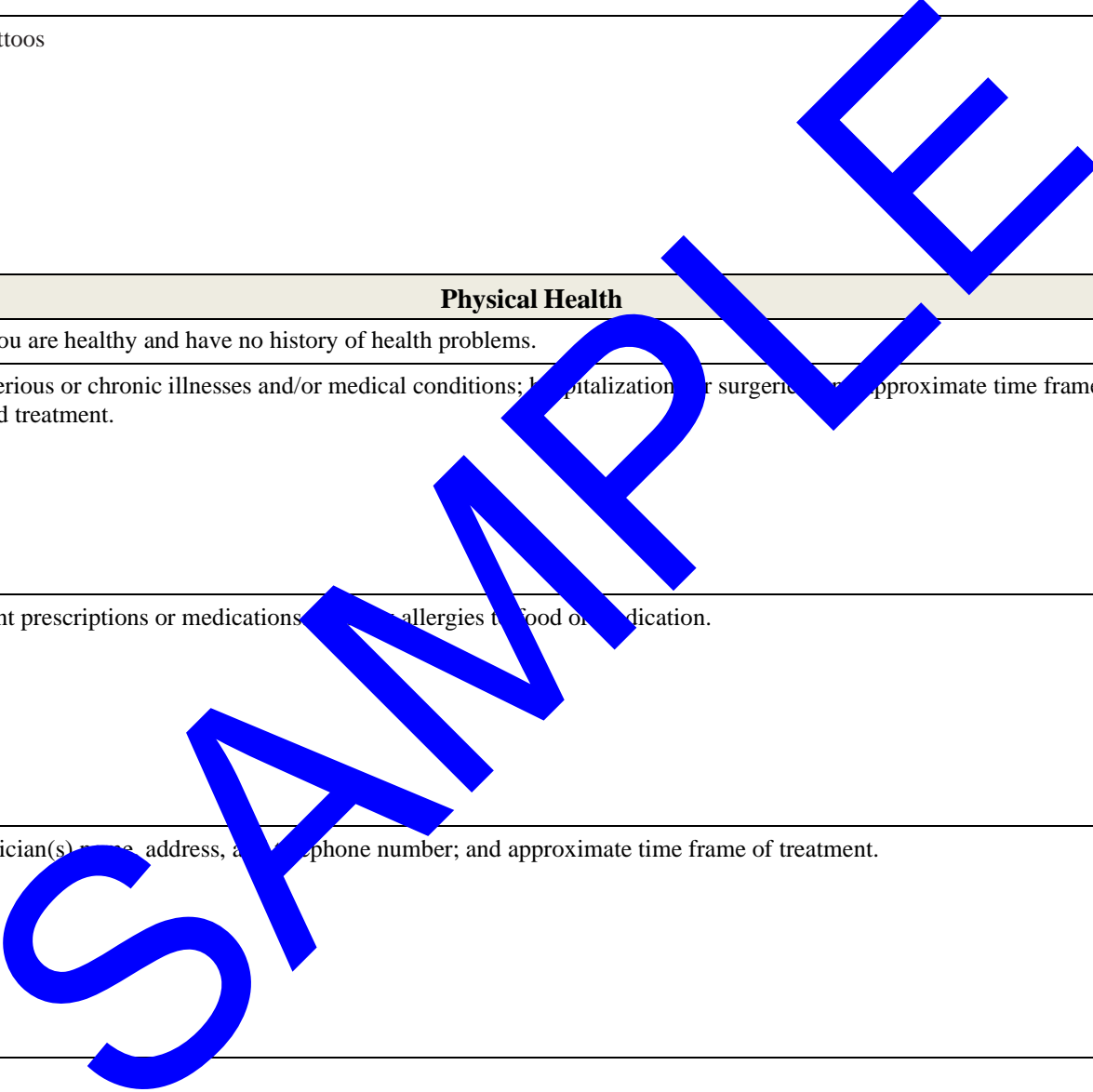
Physical Health

Check if you are healthy and have no history of health problems.

Identify all serious or chronic illnesses and/or medical conditions; hospitalization or surgery; and approximate time frame of diagnoses and treatment.

List all current prescriptions or medications; and allergies to food or medication.

Provide physician(s) name, address, and telephone number; and approximate time frame of treatment.



Mental and Emotional Health

Check if you have no history of mental or emotional problems, and no history of treatment for such problems.

Indicate if you wish to receive counseling or mental health treatment for any specific problems.

Describe any past or present mental or emotional health issues, to include any present suicidal thoughts and attempts. Also include a description of the diagnosis of any problems (if known) and time frame.

Describe past and present addictive problems (i.e.; gambling, compulsive disorder, etc.), if applicable.

Provide the dates (year) of your participation in counseling or treatment and list the name and address of the treatment providers.

What have you learned from previous or current participation in counseling or treatment?

SAMPLE

Substance Abuse

Check if you do not have a history of alcohol or drug use and no history of treatment for substance abuse.

Are you interested in receiving substance abuse treatment? If so, what do you hope to learn by attending treatment?

Describe your participation in substance abuse treatment and/or drug testing while on bond.

- Alcohol
- Amphetamine/Methamphetamine
- Barbiturates
- Cocaine
- Crack
- Hallucinogens (PCP, LSD, mushrooms, etc.)
- Heroin/Opiates
- Inhalants
- Marijuana
- Prescription Drugs
- Ecstasy
- Other (Ketamine, GHB, etc.)

Indicate whether you previously received outpatient or residential substance abuse treatment where and when?

Did you complete the program? Were you ever discharged?

Were you under the influence of any substances or alcohol when the offense occurred?

Did your use of drugs or alcohol contribute to your commission of the offense? In what way?

What do you need to do in order to refrain from further drug use?



Education, Vocational and Other Skills

Highest grade completed:

Scholastic History

Name and Location of School	Last Year Attended (# of years attended)	Degree, Diploma or Certificate Received

Did you participate in special education classes? No Yes, If yes, please list below.

Did you participate in any gifted programs? No Yes, If yes, please list below.

Describe any other specialized training or skill(s). (e.e., clerical, computer, welding, plumbing, CDR, etc.)

Identify your professional license(s).

Describe your hobbies.

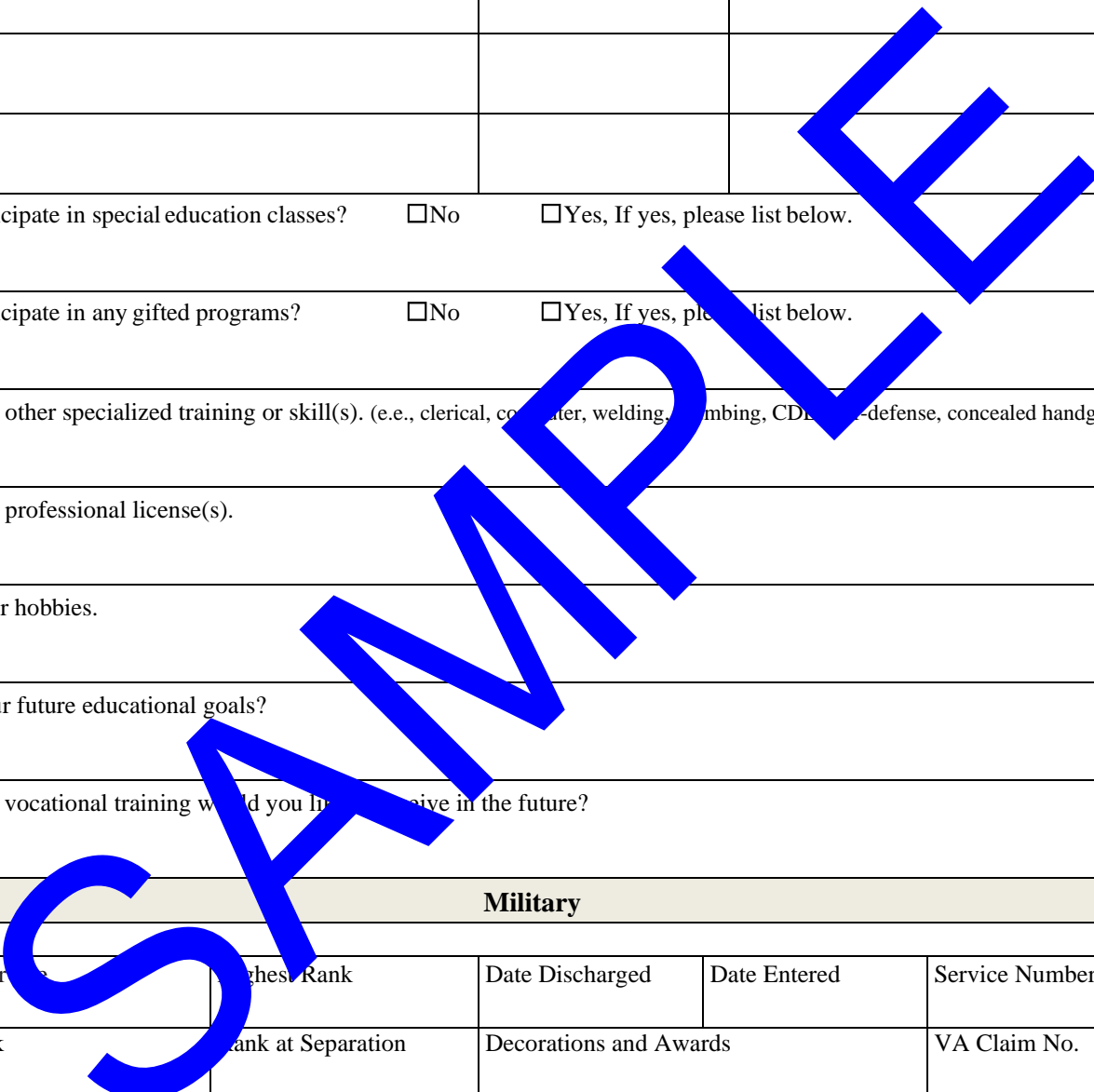
What are your future educational goals?

What type of vocational training would you like to receive in the future?

Military

<input type="checkbox"/> None.				
Branch of Service	Highest Rank	Date Discharged	Date Entered	Service Number
Highest Rank	Rank at Separation	Decorations and Awards		VA Claim No.

Describe your military service, to include foreign or combat service. Describe any special training or skills acquired in the service. Describe any Court-Martial or non-judicial punishments (Article 15). Describe previous VA claims.



Employment

Employment History

Describe your employment history for the last ten years, including periods of unemployment

Start Date	End Date	Employer (name and address)	Job Title - Wages - Reason for leaving (Part-time or Full-time)
		Phone No:	
		Phone No:	
		Phone No:	
		Phone No:	
		Phone No:	
		Phone No:	
		Phone No:	
		Phone No:	
		Phone No:	

SAMPLE

Additional Employment Notes

How did you support yourself during periods of unemployment? If applicable, describe your receipt of state/federal benefits, to include food stamps, unemployment, disability benefits, etc. Also include the year(s) you received these benefits.

Were you a dependent for someone else's source of support?

What would your perfect job look like?

Describe your future employment goals/plans

SAMPLE

Acceptance of Responsibility

Describe how you have accepted responsibility for committing the offense?

How do you feel about having committed this offense?

What influenced you to commit this offense?

What impact has your behavior had on others?

How will you stay out of trouble?

If applicable, what is your plan to make restitution?

SAMPLE

Criminal History

None (No prior arrests or convictions).

Report any juvenile referrals, adjudications, placements, and the dates, if applicable.

Report any criminal convictions, arrests, and pending cases.

Date of Arrest, Prosecution, or Detention	Charge/Conviction	Court City/County/ State Case No.	Date Sentenced or Case Disposed	Sentence	Defendant Represented by or Waived Counsel (Y) or (N)

Are you currently under State or Federal supervision? No Yes, If yes, please list below.

What programs have you participated in as a condition of supervision and/or while in custody?

Describe your experience under supervision in the past and present, if applicable.



Additional Data About You

Since being charged in this case, what rehabilitative efforts have you made to change your life's path?

If you are sentenced to a term of imprisonment, what will you focus on while in custody?

What are your future plans regarding family and relationships?

What are your future plans for employment?

What are your future plans for treatment?

What are your future plans for education?

What are your future plans as to your peers?

SAMPLE

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