

United States District Court Worksheet for Pretrial Services Report

PACTS Client ID No.:	Docket/Defendant No.:	Arrest Date:	Interviewing Officer:	Interview Date:
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CLIENT PERSONAL DATA - General

Prefix:	Title: (Dr., PhD., etc.)	Court Name: First Middle Last Generation			
SSN/EIN:		State Identification No.:	FBI No.:		
Register/Marshal's No.:		ICE (INS) No.:	Driver's License No.: (Include state)		

CLIENT PERSONAL DATA - Alternate Names and Ids (If more than four, attach list)

First	Middle	Last	Generation	<input type="checkbox"/> Also Known As	<input type="checkbox"/> Maiden Name
				<input type="checkbox"/> Alternate Name	<input type="checkbox"/> True Name
First	Middle	Last	Generation	<input type="checkbox"/> Also Known As	<input type="checkbox"/> Maiden Name
				<input type="checkbox"/> Alternate Name	<input type="checkbox"/> True Name
First	Middle	Last	Generation	<input type="checkbox"/> Also Known As	<input type="checkbox"/> Maiden Name
				<input type="checkbox"/> Alternate Name	<input type="checkbox"/> True Name
First	Middle	Last	Generation	<input type="checkbox"/> Also Known As	<input type="checkbox"/> Maiden Name
				<input type="checkbox"/> Alternate Name	<input type="checkbox"/> True Name

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

Distinguishing Characteristics: (Scars, tattoos, etc.)

CLIENT PERSONAL DATA - Demographics

Sex: (Check one)	Race: (Check one)	Hispanic: (Check one)	Height:	Weight:
<input type="checkbox"/> Female <input type="checkbox"/> Male <input type="checkbox"/> Unknown	<input type="checkbox"/> American Indian or Alaska Native <input type="checkbox"/> Asian <input type="checkbox"/> Black or African American <input type="checkbox"/> Middle Eastern <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> Other Race <input type="checkbox"/> Unknown <input type="checkbox"/> White	<input type="checkbox"/> Hispanic <input type="checkbox"/> Non-Hispanic <input type="checkbox"/> Unknown		
		Eye Color:	Age:	Date of Birth:
		<input type="checkbox"/> Blue <input type="checkbox"/> Brown <input type="checkbox"/> Green <input type="checkbox"/> Hazel <input type="checkbox"/> Other		
			Hair Color:	
			<input type="checkbox"/> Black <input type="checkbox"/> Blonde <input type="checkbox"/> Brown <input type="checkbox"/> Grey <input type="checkbox"/> None <input type="checkbox"/> Other <input type="checkbox"/> Red <input type="checkbox"/> White	

Place of Birth:	Country of Birth:	Citizenship: (Check one)	Other: (Check one)
		<input type="checkbox"/> Illegal Alien <input type="checkbox"/> U.S. Citizen <input type="checkbox"/> Legal Alien <input type="checkbox"/> Unknown	<input type="checkbox"/> Permanent Resident <input type="checkbox"/> Refugee <input type="checkbox"/> Temporary Visa <input type="checkbox"/> U.S. National
Do you possess a passport/visa? <input type="checkbox"/> Yes <input type="checkbox"/> No		Country of Citizenship:	Date Naturalized: _____
Location: _____			

Have you traveled outside the U.S.?
 Yes No Countries: _____ Purpose: _____

Date Immigrated to the United States: _____ **Date Entered the United States:** _____

CLIENT PERSONAL DATA - Remarks

Include in PACTS? Yes No

MARITAL HISTORY (Including cohabitation)

(Check box if living with defendant)

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

Name	Marital Status	Citizenship	Address/ Telephone No.	Dates of Marriage	No. of Children
<input type="checkbox"/> Current:					

CHILDREN

(Check box if living with defendant)

Name/Age of Children	Children Live With Whom?	Citizenship	Address/ Telephone No.	Frequency of Contact	Support?
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					
<input type="checkbox"/>					

EDUCATION

MILITARY HISTORY

Education Level: (Client Personal Data/Profile)

- | | | |
|---|---|----------------------------------|
| <input type="checkbox"/> No High School Diploma/GED | <input type="checkbox"/> Associate's Degree | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Graduate Equivalency | <input type="checkbox"/> Bachelor's Degree | |
| <input type="checkbox"/> Vocational/Apprentice Graduate | <input type="checkbox"/> Master's Degree | |
| <input type="checkbox"/> High School Diploma | <input type="checkbox"/> Doctorate | |

Branch of Service:

Dates of Service:

Type of Discharge:

Date Education Obtained/Last Year Attended: _____

Name/Location of Current School: _____

Grade Completed: _____

Certificates/Degrees: _____

Were you court-martialed?

Yes No

Was any disciplinary action taken?

English Language Skills: (Client Personal Data/Profile)

- | | |
|--|--|
| <input type="checkbox"/> Fluent in English as Primary Language | <input type="checkbox"/> Mute - Fluent in International Sign Language |
| <input type="checkbox"/> Fluent in English as Secondary Language | <input type="checkbox"/> Mute - Limited or No Fluency in International Sign Language |
| <input type="checkbox"/> Limited Fluency in English | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> No Fluency in English | Primary Language (if not English): _____ |

FINANCIAL INFORMATION

EMPLOYMENT INCOME:

Yearly/Monthly/Weekly \$ _____

PAYMENT METHOD: (Circle One)

Cash Check Commission Other

SPOUSE/SIGNIFICANT OTHER'S

OCCUPATION: _____

Yearly/Monthly/Weekly \$ _____

Yearly/Monthly/Weekly \$ _____

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

Alimony	\$ _____	Payback on Loans	\$ _____
Child Support	\$ _____	Retirement Pension	\$ _____
Disability Insurance/ Employee Benefit	\$ _____	Severance Pay	\$ _____
Dividend	\$ _____	Trust	\$ _____
Family Support	\$ _____	Unemployment Comp.	\$ _____
Food Stamps	\$ _____	Unknown	\$ _____
Investments	\$ _____	Other	\$ _____
Lawsuit Payout	\$ _____	Social Security	\$ _____
		Social Security (disability)	\$ _____

ASSETS	LIABILITIES	BALANCE	MONTHLY PAYMENT
Cash \$	Rent or Mortgage Payment		
Savings Account \$	Other Mortgage		
Checking Account \$	Past Due/Pending Foreclosure?		
Stocks/Bonds/Retirement Accounts? <input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No		
Describe: \$	Utilities		
	Groceries		
	Child Care		
Other Accounts \$	Child Support (Ordered or Voluntary?)		
\$	Alimony		
\$	Personal Loans		
Valuable Property (collections, jewelry, etc.) \$	Business Liabilities		
Business Assets \$			

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? <input type="checkbox"/> Yes <input type="checkbox"/> 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)

- | | |
|---|--|
| <input type="checkbox"/> Minor Medical Problems Only | <input type="checkbox"/> Diagnostic Evaluation or Specific Treatment in Progress |
| <input type="checkbox"/> Significant Medical Disorder (Under control but follow-up care required) | <input type="checkbox"/> None |
| <input type="checkbox"/> One or More Chronic or Recurrent Medical Problems | <input type="checkbox"/> Unknown |
| <input type="checkbox"/> Uncontrolled Significant Disorder | |

Names of Medications 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.

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 Explain:

Mental Health Treatment

Dates	Name of Program	Location	Purpose	Inpatient/Outpatient	Completed? If no,
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

SUBSTANCE ABUSE HISTORY (Client Personal Data/Profile)

Drug Use	Indicate Drugs of 1 st , 2 nd , and 3 rd Choice	Current	History of	Age Use Began	Last Used	Frequency Used
Alcohol		<input type="checkbox"/>	<input type="checkbox"/>			
Amphetamines		<input type="checkbox"/>	<input type="checkbox"/>			
Benzodiazepines		<input type="checkbox"/>	<input type="checkbox"/>			
Cannabinoids		<input type="checkbox"/>	<input type="checkbox"/>			
Club/Designer Drugs		<input type="checkbox"/>	<input type="checkbox"/>			
Cocaine		<input type="checkbox"/>	<input type="checkbox"/>			
Hallucinogens (PCP, LSD)		<input type="checkbox"/>	<input type="checkbox"/>			
Heroin		<input type="checkbox"/>	<input type="checkbox"/>			
Methamphetamines		<input type="checkbox"/>	<input type="checkbox"/>			
Prescription Opiates		<input type="checkbox"/>	<input type="checkbox"/>			
Other		<input type="checkbox"/>	<input type="checkbox"/>			

Substance Abuse Treatment

Substance Abuse Treatment History (Check all that apply)	Current	History of	Notes
Inpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Outpatient Treatment	<input type="checkbox"/>	<input type="checkbox"/>	
Self-Help (AA/NA)	<input type="checkbox"/>	<input type="checkbox"/>	
Confined Treatment Program (BOP)	<input type="checkbox"/>	<input type="checkbox"/>	

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

ADDITIONAL NOTES

SELF-REPORTED CRIMINAL HISTORY (including juvenile adjudications)

Date Arrested/Age	Agency/Location	Offense Charged and Bail	Disposition or Next Court Date

Probation/Parole History? <input type="checkbox"/> Yes <input type="checkbox"/> No	Where?	Any violations?
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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

INTAKE - Prior Tab

Prior Failures to Appear:		Prior Escapes:		Prior Abscondings:	
Prior Record	Charges (No.)	Convictions (No.)	Drugs (No.)	Violent (No.)	Pending Cases (No.)
Misdemeanors					
Felonies					

INVESTIGATION - General Tab (Complete when an investigation is completed)

Docket No.: (e.g., 1:07M101 or 1:07CR101)	Defendant No.:	Type of Investigation: <input type="checkbox"/> Pretrial Services <input type="checkbox"/> Material Witness <input type="checkbox"/> Pretrial Diversion
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Investigation Officer:	Date Assigned:	Date Due:	Date Report Submitted:
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Temporary Duty? Yes No

Judicial Officer: (Leave blank if pretrial diversion)	Jurisdictional Authority: <input type="checkbox"/> Court (District Court) <input type="checkbox"/> Other District <input type="checkbox"/> Magistrate <input type="checkbox"/> U.S. Attorney (Use for PTD)
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ADDITIONAL NOTES

INTAKE - Opening Tab			
Case Activation Date:	Assigned Officer:	Juvenile? <input type="checkbox"/> Yes <input type="checkbox"/> No	Sealed? <input type="checkbox"/> Yes <input type="checkbox"/> No
Was the instant offense committed while under the criminal justice system? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Was the case diverted post-charge? <input type="checkbox"/> Yes <input type="checkbox"/> No			
Referral Type: <input type="checkbox"/> Arrest <input type="checkbox"/> Summons <input type="checkbox"/> Verbal Notice <input type="checkbox"/> Writ-Release Not Possible	Type of Case: (Intake Type) <input type="checkbox"/> Diversion <input type="checkbox"/> Material Witness <input type="checkbox"/> Pretrial Services	Charging Document: <input type="checkbox"/> Citation <input type="checkbox"/> Complaint <input type="checkbox"/> Indictment <input type="checkbox"/> Information <input type="checkbox"/> Not Applicable <input type="checkbox"/> Violation Petition	
Rule 5 Transfer In? <input type="checkbox"/>		Rule 20 Transfer In? <input type="checkbox"/>	
		Courtesy In? <input type="checkbox"/> Yes (Transfer district information not required)	
Transfer District:	Transfer District Docket No.:	Transfer District PACTS No.:	

Arrest is used when: 1) the defendant appears in court following an arrest, with or without a warrant, 2) the defendant turns himself/herself in or self-surrenders on a warrant. **Writ** is used when the defendant appears in federal court but remains under the jurisdiction of another agency with no eligibility for release within 90 days. **If the defendant appears pursuant to a writ but is eligible for release within 90 days, use "arrest."** **Verbal Notice** is used when the defendant's appearance in court is not a result of any of the above procedures—for example, if the defendant voluntarily appears in court pursuant to agreement with the government and no formal summons, warrant, or writ has been issued.

INTAKE - Interview/Report Tab		
Interview Status: <input type="checkbox"/> Interviewed <input type="checkbox"/> Refused Interview <input type="checkbox"/> Unable to Interview	When was a bail report submitted? (N/A if Report Type = None) <input type="checkbox"/> Pre-Initial Hearing <input type="checkbox"/> Pre-Detention Hearing <input type="checkbox"/> Post-Release	How was the bail report submitted? (N/A if Report Type = None) <input type="checkbox"/> Oral <input type="checkbox"/> Written
Report Type: <input type="checkbox"/> Full <input type="checkbox"/> Modified <input type="checkbox"/> Addendum (Rule 5) <input type="checkbox"/> None	PSO Recommendations: <input type="checkbox"/> Detention <input type="checkbox"/> Release With Supervision <input type="checkbox"/> Release Without Supervision <input type="checkbox"/> No Recommendations	AUSA Recommendations: <input type="checkbox"/> Detention <input type="checkbox"/> Release With Supervision <input type="checkbox"/> Release Without Supervision <input type="checkbox"/> No Recommendations
Defense Counsel's Name and Telephone No.:		AUSA's Name and Telephone No.:

ADDITIONAL NOTES

INTAKE - Offense Tab/Charged Offense

Class of Offense:

<input type="checkbox"/> Misdemeanor-Class A - 1 year or less but more than 6 months	<input type="checkbox"/> Felony-Class A - life or death
<input type="checkbox"/> Misdemeanor-Class B - 6 months or less but more than 30 days	<input type="checkbox"/> Felony-Class B - 25 years or more
<input type="checkbox"/> Misdemeanor-Class C - 30 days or less but more than 5 days	<input type="checkbox"/> Felony-Class C - Less than 25 years but 10 or more years
<input type="checkbox"/> Infraction - 5 days or less, or no imprisonment is authorized	<input type="checkbox"/> Felony-Class D - Less than 10 years but 5 or more years
	<input type="checkbox"/> Felony-Class E - Less than 5 years but more than 1 year

Citation: (In CM/ECF format)

Check **ONE** appropriate Charge Classification/Category/Subcategory for the charged offense:

Charge Classification	Charge Category	Charge Subcategory	Charge Classification	Charge Category	Charge Subcategory
<input type="checkbox"/> Drugs	<input type="checkbox"/> Distribution/Trafficking <input type="checkbox"/> Import/Export <input type="checkbox"/> Manufacture/Cultivation <input type="checkbox"/> Possession <input type="checkbox"/> Other	<input type="checkbox"/> Heroin <input type="checkbox"/> Other Opiate <input type="checkbox"/> Methamphetamine <input type="checkbox"/> Cocaine <input type="checkbox"/> Marijuana <input type="checkbox"/> MDMA <input type="checkbox"/> Prescription Drugs <input type="checkbox"/> Other Drug	<input type="checkbox"/> Public Order	<input type="checkbox"/> Civil Disorder <input type="checkbox"/> Contributing to Delinquency of a Minor <input type="checkbox"/> Criminal Mischief <input type="checkbox"/> Disorderly Conduct <input type="checkbox"/> Driving Under Influence <input type="checkbox"/> Driving While License Suspended/Revoked <input type="checkbox"/> Environmental Violations <input type="checkbox"/> Leaving Scene of Acc. <input type="checkbox"/> Lewd Conduct <input type="checkbox"/> Littering <input type="checkbox"/> Loitering <input type="checkbox"/> Open Container Violation <input type="checkbox"/> Prostitution <input type="checkbox"/> Public Intoxication <input type="checkbox"/> Reckless Driving <input type="checkbox"/> Trespassing <input type="checkbox"/> Other Public Order	
					<input type="checkbox"/> Escape/Obstruction
<input type="checkbox"/> Immigration	<input type="checkbox"/> Illegal Entry <input type="checkbox"/> Fraudulent Papers <input type="checkbox"/> Smuggling Aliens <input type="checkbox"/> Other Immigration		<input type="checkbox"/> Violence	<input type="checkbox"/> Animal Cruelty	
				<input type="checkbox"/> Assault	<input type="checkbox"/> Aggravated <input type="checkbox"/> Simple <input type="checkbox"/> With Battery
				<input type="checkbox"/> Domestic Violence	<input type="checkbox"/> Child Abuse <input type="checkbox"/> Child Neglect <input type="checkbox"/> Spouse Abuse
				<input type="checkbox"/> Extortion, Threats	
				<input type="checkbox"/> Kidnaping	
				<input type="checkbox"/> Manslaughter	<input type="checkbox"/> Vehicular
				<input type="checkbox"/> Murder	<input type="checkbox"/> First Degree <input type="checkbox"/> Second Degree
				<input type="checkbox"/> Negligent Homicide	
				<input type="checkbox"/> Racketeering	
				<input type="checkbox"/> Robbery	<input type="checkbox"/> Armed <input type="checkbox"/> Unarmed
				<input type="checkbox"/> Sex Offense	<input type="checkbox"/> Child Molestation <input type="checkbox"/> Rape <input type="checkbox"/> Sexual Abuse <input type="checkbox"/> White Slave Traffic
				<input type="checkbox"/> Stalking	
			<input type="checkbox"/> Violation of an Order		
			<input type="checkbox"/> Other Violence		
<input type="checkbox"/> Property	<input type="checkbox"/> Arson		<input type="checkbox"/> Weapons/Firearms	<input type="checkbox"/> Concealed Weapon <input type="checkbox"/> Felon in Possession <input type="checkbox"/> Other Unlawful Poss. <input type="checkbox"/> Other Weapon	
	<input type="checkbox"/> Bribery				
	<input type="checkbox"/> Burglary	<input type="checkbox"/> Bank <input type="checkbox"/> Postal <input type="checkbox"/> Residential			
	<input type="checkbox"/> Counterfeiting	<input type="checkbox"/> Currency			
	<input type="checkbox"/> Embezzlement	<input type="checkbox"/> Bank <input type="checkbox"/> Postal			
	<input type="checkbox"/> Forgery	<input type="checkbox"/> Checks <input type="checkbox"/> Instruments/ Securities			
	<input type="checkbox"/> Fraud	<input type="checkbox"/> Bank <input type="checkbox"/> Computer <input type="checkbox"/> Credit Card Fraud <input type="checkbox"/> False Claims <input type="checkbox"/> Mail			
	<input type="checkbox"/> Gambling/Lottery				
	<input type="checkbox"/> Identity Theft				
	<input type="checkbox"/> Tax	<input type="checkbox"/> Evasion <input type="checkbox"/> Failure to File <input type="checkbox"/> Liquor			
<input type="checkbox"/> Theft	<input type="checkbox"/> Auto <input type="checkbox"/> Bank <input type="checkbox"/> Failure to Pay Child Support <input type="checkbox"/> Mail <input type="checkbox"/> Transportation of Stolen Property <input type="checkbox"/> Worthless Checks				
<input type="checkbox"/> Other Property					

RELEASE/DETENTION ORDERS

Hearing	Order Date	Release/Detention Outcome	Type of Bond (if released)	Release Date	Detained Due to/ Judge Issuing Order
Initial		<input type="checkbox"/> Released <input type="checkbox"/> Detained	<input type="checkbox"/> Collateral Bond <input type="checkbox"/> Percentage Bond <input type="checkbox"/> Personal Recognizance <input type="checkbox"/> Surety Bond <input type="checkbox"/> Unsecured Bond		<input type="checkbox"/> Temporary Detention <input type="checkbox"/> Held for Detention Hearing <input type="checkbox"/> Consent to Detention Judge:
Detention (if held)		<input type="checkbox"/> Released <input type="checkbox"/> Detained	<input type="checkbox"/> Collateral Bond <input type="checkbox"/> Percentage Bond <input type="checkbox"/> Personal Recognizance <input type="checkbox"/> Surety Bond <input type="checkbox"/> Unsecured Bond		<input type="checkbox"/> Preventive Detention <input type="checkbox"/> Flight <input type="checkbox"/> Danger <input type="checkbox"/> Both <input type="checkbox"/> Consent to Detention Judge:

PSA SUPERVISION

Date Released to Pretrial Supervision:	Supervising Officer:	Courtesy Pretrial Services Out? <input type="checkbox"/> Yes <input type="checkbox"/> No	District Providing Courtesy Pretrial Services or Courtesy Diversion Supervision:
PTD Months:	PTD Expiration Date:		

COURT-ORDERED RELEASE CONDITIONS

<p>Check all conditions that were ordered by the court: (See PACTS Conditions Module for definitions)</p> <p style="text-align: center;">TREATMENT/COUNSELING/ TRAINING-RELATED CONDITIONS</p> <input type="checkbox"/> Substance Abuse Evaluation <input type="checkbox"/> Drug Treatment <input type="checkbox"/> Alcohol Treatment Only <input type="checkbox"/> Substance Abuse Testing <input type="checkbox"/> No Illegal Use of Controlled Substances <input type="checkbox"/> No Excessive Alcohol Use <input type="checkbox"/> Alcohol Abstinence <input type="checkbox"/> Mental Health Treatment <input type="checkbox"/> Sex Offender Assessment <input type="checkbox"/> Sex Offender Treatment <input type="checkbox"/> Life Skills Counseling <input type="checkbox"/> Education/Training Requirements <input type="checkbox"/> Other Treatment/Training/Education	<p style="text-align: center;">SUPERVISION REPORTING/ CUSTODIAN CONDITIONS</p> <input type="checkbox"/> Third-Party Custody <input type="checkbox"/> Pretrial Services Supervision <input type="checkbox"/> Report Any Change of Address <input type="checkbox"/> Personal Reporting Frequency Amount: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Telephone Reporting Frequency Amount: <input type="checkbox"/> Daily <input type="checkbox"/> Weekly <input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Yearly <input type="checkbox"/> Report to Law Enforcement	<p style="text-align: center;">LOCATION/EMPLOYMENT ASSOCIATION RESTRICTIONS</p> <input type="checkbox"/> Home Confinement Without Electronic Monitoring <input type="checkbox"/> Home Confinement With Electronic Monitoring <input type="checkbox"/> Curfew <input type="checkbox"/> Remote Location Monitoring <input type="checkbox"/> Re-Entry Center - Full Time <input type="checkbox"/> Re-Entry Center - Part Time <input type="checkbox"/> Work Release From Secure Facility <input type="checkbox"/> Residential Requirements/Restrictions <input type="checkbox"/> Travel Restrictions
	<p style="text-align: center;">FINANCIAL/SERVICE-RELATED CONDITIONS</p> <input type="checkbox"/> Restitution <input type="checkbox"/> Community Service <input type="checkbox"/> Other Financial Obligations <input type="checkbox"/> Other Service Obligations	<input type="checkbox"/> Surrender Passport <input type="checkbox"/> Obtain No New Passport <input type="checkbox"/> Employment Requirements/Restrictions <input type="checkbox"/> No Contact With Victim
	OTHER	<input type="checkbox"/> No Contact With Minors <input type="checkbox"/> Association Restrictions <input type="checkbox"/> Report Contact With Law Enforcement <input type="checkbox"/> Other Location/Employment/ Association Restrictions
	<input type="checkbox"/> Weapons Restrictions <input type="checkbox"/> Search/Seizure <input type="checkbox"/> Computer Search <input type="checkbox"/> Computer/Internet Restrictions	

INTAKE-Closing

Closing Date:	Disposition: <input type="checkbox"/> Acquitted <input type="checkbox"/> Close-Courtesy Only <input type="checkbox"/> Deferred Judgment <input type="checkbox"/> Dismissed <input type="checkbox"/> Diversion Denied <input type="checkbox"/> Diversion Terminated by Gov't <input type="checkbox"/> Execution of Sentence <input type="checkbox"/> Found NGBRI <input type="checkbox"/> Fugitive FTA <input type="checkbox"/> Other <input type="checkbox"/> PTD Satisfied <input type="checkbox"/> Transferred Out
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Transfer District:	Docket No.:	Defendant No.:	Voluntary Surrender Date:
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ADDITIONAL NOTES

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