

# PSI WORKSHEET

Name as listed in indictment: \_\_\_\_\_

Name if different from above: \_\_\_\_\_

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

\_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Place of birth: \_\_\_\_\_

Race: \_\_\_\_\_ Sex: \_\_\_\_\_ Country of Citizenship: \_\_\_\_\_

Social Security Number: \_\_\_\_\_

Current Address: \_\_\_\_\_  
(Number and Street) (Apartment)

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

List every town or city where you have lived. \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**PARENTS AND SIBLINGS** (brothers and sisters- including half brothers or sisters)

Name	Relationship	Age	Present Address and Phone number	Occupation
	Father			
	Mother			

**MARITAL STATUS**

Spouse or Domestic Partners	Date and Place of Marriage	Status	Date of Separation	Date of Divorce	Court Where Divorce was Granted	Number of Children

**CHILDREN**

Child's Name	Name of Other Parent of Child	Age	Custody/Support received	Child's Address and Telephone number (If different from defendant)

**YOUR PHYSICAL DESCRIPTION**

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

Tattoos: \_\_\_\_\_

Scars: \_\_\_\_\_

**PHYSICAL HEALTH**

List the date(s) and nature of any serious or chronic illnesses and medical conditions.

List all current prescriptions. Provide the name, address and telephone number of your doctors.

**MENTAL AND EMOTIONAL HEALTH:**

Describe any past or present mental, emotional, or gambling problems. Include the diagnosis of any problems (if known) and the dates of any treatment. List the name and address of the treatment provider.

**SUBSTANCE ABUSE:**

History of alcohol or drug use and no history of treatment for substance abuse.

Which of the following substances have you used?

- |                    |                      |                                   |
|--------------------|----------------------|-----------------------------------|
| _____ Alcohol      | _____ Heroin/Opiates | _____ Marijuana                   |
| _____ Barbiturates | _____ Cocaine        | _____ Hallucinogens               |
| _____ Crack        | _____ Inhalants      | _____ Amphetamine/Methamphetamine |

Other: \_\_\_\_\_

When was alcohol or any controlled substance last used? \_\_\_\_\_

Which substance do you prefer? \_\_\_\_\_

Which substance has caused you the most problems? \_\_\_\_\_

Describe in detail the your history or substance abuse and treatment.

**EDUCATION AND VOCATIONAL SKILLS**

Highest grade completed: \_\_\_\_\_

Scholastic History:

Name and Location of School	Dates Attended	Degree, Diploma or Certificate Received

Do you have any specialized training or skill(s)? If yes, what training or skill(s)?

\_\_\_\_\_

\_\_\_\_\_

Do you have any professional license(s)? \_\_\_\_\_

\_\_\_\_\_

**MILITARY HISTORY**

Summarize your military service. Describe any court martial or non-judicial punishment. Describe any foreign or combat service. Describe any special training or skills acquired in the service. Describe previous VA claims.

**EMPLOYMENT**

Current occupation: \_\_\_\_\_

**PRIOR EMPLOYMENT HISTORY**

Dates	Name and Address of Employer	Job, Monthly Wage, Reason for leaving

Summarize any employment history over 10 years old: