

INSTRUCTIONS TO PERSONS REFERRED TO THE PROBATION OFFICE

The judge has referred your case to this office. He/she wants to know about you and how you became involved in the case.

This information is necessary to assist him/her in reaching a decision.

To help us with our presentence report, please furnish us with any of the following papers that pertain to you.

Birth certificate
School diplomas
Proof of residence (rent receipts, property and mortgage papers, etc.)
Draft registration card
Military discharge certificate
Military disability information (C-number)
Marriage certificate
Divorce decree

Income tax reports for the last five years
Employment verification (pay stubs)
Letters of recommendation
Immigration papers or passport
Naturalization papers
Professional papers (certificates, licenses, or permits)
Car registration papers
Medical reports (if presently under a doctor's care)
Department of welfare records

ADDITIONAL INSTRUCTIONS

A PERSONAL INTERVIEW HAS BEEN SCHEDULED

OFFICE STAMP

NAME OF PROBATION OFFICER

ROOM NUMBER

DATE OF INTERVIEW

TIME

UNITED STATES DISTRICT COURT
Federal Probation System

WORKSHEET FOR PRESENTENCE REPORT
(See Publication 107 for Instruction)

1. FACESHEET DATA		
Defendant's Court Name:		
Defendant's True Name:		
Docket No.:	District:	
Judge/Magistrate:	Sentencing Date:	
USPO:	Arrest Date:	
Assistant U.S. Attorney (Name, address, telephone)	Defense Counsel (Name, address, telephone)	
DEFENDANT'S IDENTIFICATION		
Defendant's Names: (List every name the defendant has used, e.g., name given at birth, name given at adoption, nickname, alias, names used as a result of marriage, etc.)		
Date of Birth:	Age:	Place of Birth:
Race: <input type="checkbox"/> White <input type="checkbox"/> Black <input type="checkbox"/> American Indian/Alaskan Native <input type="checkbox"/> Asian or Pacific Islander <input type="checkbox"/> Unknown		
Hispanic Origin: <input type="checkbox"/> Hispanic <input type="checkbox"/> Not Hispanic <input type="checkbox"/> Unknown		
Sex:	Country of Citizenship:	Immigration Status:
No. of Dependents:	Education:	SSN:
FBI No.:	U.S. Marshal's No.:	Other ID No.:
Defendant's Legal Address: _____ (Number and Street) (Apartment)		
_____ (City) (State) (Zip)		
Defendant's Current Address: _____ (Number and Street) (Apartment)		
_____ (City) (State) (Zip)		

Corroboration Contact: _____

Interview Date: _____

2. OFFENSE DATA (Presentence Report Part A)

CHARGES AND CONVICTIONS	RELEASE STATUS
<p>Date Information/Indictment Filed: _____</p> <p>Date of Conviction: _____</p> <p>Count No.(s): _____</p> <p>Conviction by (Check one):</p> <p><input type="checkbox"/> Guilty Plea/Plea of Nolo Contendere</p> <p><input type="checkbox"/> Court Trial Verdict</p> <p><input type="checkbox"/> Jury Trial Verdict</p>	<p>Check the Appropriate Box(s):</p> <p><input type="checkbox"/> In federal custody since _____</p> <p><input type="checkbox"/> In non-federal custody since _____</p> <p>Released on _____</p> <p><input type="checkbox"/> Unsecured personal recognizance</p> <p><input type="checkbox"/> \$ _____ personal recognizance bond since _____</p> <p><input type="checkbox"/> \$ _____ cash security since _____</p> <p><input type="checkbox"/> \$ _____ corporate security since _____</p> <p><input type="checkbox"/> \$ _____ property bond since _____</p> <p><input type="checkbox"/> Pretrial services supervision</p>

COUNTS OF CONVICTION

Count Nos.	Offense and Statutes	Offense Classification	Minimum/Maximum Statutory Penalty

DETAINERS

No Detainers

Agency or Court	Type of Detainer	Case Number

CODEFENDANTS

No Codefendants

Codefendant(s) Name(s): _____

RELATED CASES (Co-offenders)

No Related Cases

Docket No.	Defendant(s) Name(s)

PLEA AGREEMENT

<p>Check One:</p> <p><input type="checkbox"/> Written <input type="checkbox"/> Accepted</p> <p><input type="checkbox"/> Oral <input type="checkbox"/> Deferred</p> <p><input type="checkbox"/> No Agreement <input type="checkbox"/> Binding</p> <p>Substantial Assistance Motion:</p> <p><input type="checkbox"/> No <input type="checkbox"/> Yes</p>	<p>Notes:</p>
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OFFENSE CONDUCT

VICTIM IMPACT

<input type="checkbox"/> No Loss			
Victim's Name	Financial Loss	Victim's Address	Victim's Phone
	\$		
Loss to All Victims:	\$		

Describe any social, psychological, or medical impact upon the victim of the offense behavior.

ACCEPTANCE OF RESPONSIBILITY

Defendant's statement regarding offense:

3. DEFENDANT'S CRIMINAL HISTORY (Presentence Report Part B)

None

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

PENDING CHARGES AND SUPERVISION STATUS

The defendant has no pending charges.

Charge(s)	Court	Docket/Action No.	Next Appearance Date

The defendant is not currently under supervision.
(division, probation, supervised release, or parole supervision)

The defendant is currently under criminal justice sentence. Type of Supervision:

Diversion Probation Supervised Release

Parole Escape Status In Custody

Jurisdiction(s): _____

Supervising Officer's Name and Telephone Number: _____

4. OFFENDER CHARACTERISTICS (Presentence Report Part D)

DEFENDANT

Residential History: (List every town or city where you have lived.)

At the time of your arrest, where and with whom were you residing?

PARENTS AND SIBLINGS

(List the defendant's biological parents. If defendant was reared by persons other than his natural parents, add the surrogate parent's names immediately below the space allocated to Father and Mother. After the parents, list all **siblings**, living or deceased.)

Name	Relationship and Age		Present Address and Telephone Number	Occupation
	Father			
Current Name: Maiden Name:	Mother			

Notes regarding family history; identify any significant problems (i.e., divorce/death/serious injury or illness):

Who raised you and where?

Were your basic needs (i.e., food, shelter) met as a child?

Do you have family that is supportive of you? Are they willing to help you in the future? If so, who and how would they support you?

Have you ever lived with anyone who used street drugs, abused alcohol, or suffered from mental illness? If so, did these individuals have contact with law enforcement as a result of their drug use or mental illness?

Were you the victim of any kind of abuse as a child (physical, mental, sexual)? If so, please describe.

MARITAL STATUS

The defendant is presently single and has no marital history.

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

Employment status of current spouse:
 Does your spouse/partner have criminal history? History of substance use or mental illness?

CHILDREN

The defendant has never had any children.

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

Note health problems, criminal history, substance abuse, or any other significant information.

What impact has your prosecution for this offense had on your family? What personal and/or financial impact would a possible term of imprisonment have on your family?

DEFENDANT'S PHYSICAL CONDITION		
PHYSICAL DESCRIPTION		
Height:	Weight:	Eye Color:
Hair Color:	Tattoos:	Scars:
PHYSICAL HEALTH		
<input type="checkbox"/> The defendant is healthy and has no history of health problems.		
List the date(s) and nature(s) of any serious or chronic illnesses and medical conditions.		
List all current prescriptions. Include names, dosages, frequency, and condition it addresses.		
Provide the name, address, and telephone number of your physician and/or medical specialist.		

MENTAL AND EMOTIONAL HEALTH

The defendant has no history of mental or emotional problems, and no history of treatment for such problems.

Describe any past or present mental or emotional problems. If known, include the diagnosis of any problems.

List the name and address of the treatment provider and the dates of any treatment.

Are you currently taking any medication? (Include dosage, frequency of use, and side effects)

Have you ever had to lie to people important to you about how much you gambled? Have you ever felt the need to bet more and more money?

SUBSTANCE ABUSE

The defendant has no history of alcohol or drug use and no history of treatment for substance abuse.

Which of the following substances has the defendant used?

Alcohol

Heroin/Opiates

Marijuana

Barbiturates

Cocaine

Hallucinogens

Crack

Inhalants

Amphetamine/
Methamphetamine

Other: _____

When was alcohol or any controlled substance last used? _____

Which substance does the defendant prefer? _____

Which substance has caused the defendant the most problems? _____

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

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

Describe in detail your history of substance abuse.

(Overdose, daily cost to support habit, frequency and quantity of use, treatment programs and dates)

How has your use of alcohol/drugs impacted your relationship with significant others?

Describe your history of substance abuse treatment.

Are you interested in receiving substance abuse treatment?

EDUCATION AND VOCATIONAL SKILLS

Highest grade completed: _____

SCHOLASTIC HISTORY

Name and Location of School (List most recent school first)	Dates Attended	Degree, Diploma, or Certificate Received

Does the defendant have any specialized training or skill(s)?

Yes No If yes, what training or skill(s)?

Does the defendant have any professional license(s)?

Yes No If yes, what license(s)?

Did you participate in special education classes? Did you have an IEP?

If you did not graduate from high school or obtain a GED, why did you not finish school?

What are your future educational goals?

None **MILITARY**

Branch of Service:	Service Number:	Entered:	Discharged:	Type of Discharge:
Highest Rank:	Rank at Separation:	Decorations and Awards:		VA Claim Number:

Summarize the defendant's military service. Describe any courts martial or non-judicial punishments. Describe any foreign or combat service. Describe any special training or skills acquired in the service. Describe previous VA claims.

EMPLOYMENT

Defendant's usual occupation: _____

Defendant's employment status:

At the time of the offense, the defendant was (select the appropriate number from the categories below) _____

At present, the defendant is (select the appropriate number from the categories below) _____

- | | |
|---------------------------------------------|--------------------------------------------------|
| 1. Employed full-time | 2. Employed part-time |
| 3. Unemployed temporarily, looking for work | 4. Unemployed seasonal worker |
| 5. Unemployed due to disability | 6. Unemployed, history of extensive unemployment |
| 7. Incarcerated or confined | 8. Student |
| 9. Homemaker | 10. Retired |
| 11. Other (Specify): _____ | |

FINANCIAL CONDITION/ABILITY TO PAY

Refer to Form 48A

Defendant has few assets and liabilities.

EMPLOYMENT HISTORY
(Describe the defendant's employment history for the last ten years)

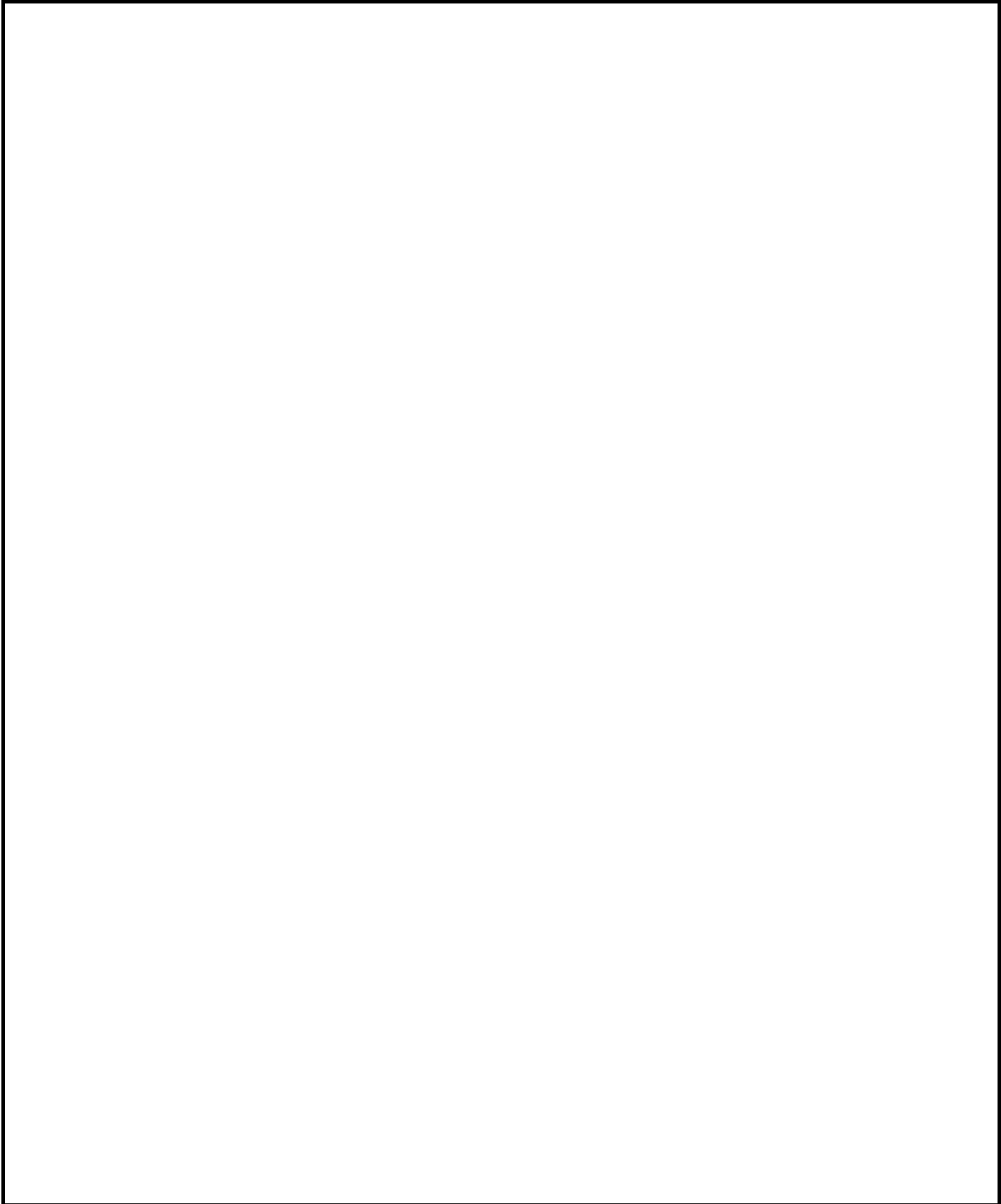
Dates	Name and Address of Employer	Job, Monthly Wage, Reason for Leaving
From:		
To Present		
	Phone No.:	
From:		
To:		
From:		
To:		
From:		
To:		

EMPLOYMENT HISTORY (Continued)		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		
From:		
To:		

Summarize any employment history over 10 years old:

How did you support yourself during periods of unemployment?

Describe your future employment goals/plans.



REQUEST FOR NET WORTH STATEMENT FINANCIAL RECORDS

DEFENDANT'S FULL NAME

DOCKET NUMBER

All entries on the Net Worth Statement must be accompanied by supporting documentation. Provide the probation officer with all records listed below that are applicable to your financial statements, along with your completed Net Worth Statement by the close of business _____.

ASSETS

Section A - Bank Accounts

- ◆ Most recent bank account statements (e.g., checking, savings, credit union, money market, brokerage, Certificate of Deposit, or savings bonds) for a three-month period, along with canceled checks.

Section B - Securities

- ◆ Most recent securities account statements (e.g., brokerage, annuities, life insurance, IRA, KEOGH, 401K, or thrift savings account) for a three-month period.

Section C - Notes & Accounts Receivable

- ◆ Copy of signed note receivable.

Section D - Life Insurance

- ◆ Copy of all life insurance policies (e.g., whole life, variable life, term).

Section E - Safe Deposit Boxes or Storage Facilities

- ◆ Copy of most recent rental invoice for all safe deposit boxes or storage facility rentals within the past year, including receipts or verification of content value.

Section F - Motor Vehicles

- ◆ Copy of vehicle registration and title for all vehicles owned or leased.

Section G - Real Estate

- ◆ Copy of purchase agreement, deeds, and escrow statement for all real property.

Section H - Mortgage Loans Owed To You

- ◆ Copy of the sales agreement and escrow statement for all real property.

Section I - Other Assets

- ◆ Copy of purchase invoice and appraisal (if already previously obtained), and documentation to verify the fair market value of the asset. Also include any financial interest in any virtual currency.

Section J - Anticipated Assets

- ◆ Copy of documentation to verify future receipt of anticipated asset, (e.g., claim or lawsuit filings, profit sharing plan and current statement, pension plan and current statement, inheritance documents, copy of all trusts, trust income tax returns), and most recent accounting reflecting the value of your interest and income from the trust.

Section K - Business Holdings

- ◆ In addition to providing the information requested in Section K and completing Section N, provide copies of all income tax returns for each business you had an ownership interest in (e.g., shareholder, partner, proprietor) or an affiliation with (e.g., officer, director, board member, agent, associate) within the last five years. Also provide all financial statements for each business, prepared by you or your accountant, within the past five years.

Business Accounts Receivable

- ◆ Copy of current month's billing statements that verify business accounts receivable.

Business Accounts Payable

- ◆ Copy of current month's vendor invoices that verify business accounts payable.

Section L - Income Tax Returns

- ◆ Copy of the five most recent years' income tax returns filed for: Individual (Form 1040), Partnership (Form 1065), Corporation (Form 1120), S Corporation (Form 1120S), and Limited Liability Company (Form 1065). Be sure to include all related schedules and forms. Provide a written explanation for any returns not filed.

Section M - Transfer of Assets

- ◆ Copy of the bill of sale, documentation of funds received from sale (e.g., a personal or business check, cashiers check or money order), copy of vehicle registration and title of sold vehicle, and escrow closing statements for any real estate sold since the date of your arrest.

Section N - Names of Shareholders or Partners

- ◆ Copy of Articles of Incorporation for all corporations you own or have an interest in. Copy of partnership agreement for all partnerships you have an ownership interest in.

REQUEST FOR NET WORTH STATEMENT FINANCIAL RECORDS (cont.)

LIABILITIES

Section A - Charge Accounts

- ◆ Copy of most current billing statement for all charge accounts (e.g., credit cards, revolving charge cards, and department store cards) and lines of credit (e.g., bank line of credit).

Section B - Other Debts

- ◆ Copy of all notes payable, mortgage loans, current statement of delinquent taxes due, and statements documenting child support/ alimony obligations and payment history.

Section C - Party to Civil Suit

- ◆ Copy of all civil suit filings and judgments.

Section D - Bankruptcy Filings

- ◆ Copy of all bankruptcy filings including petition, financial statements submitted, final judgment and order of discharge.

OTHER RECORDS REQUESTED

ADDITIONAL INSTRUCTIONS:

A personal interview has been scheduled for you with:

_____ on _____
U.S. Probation Officer Date

at _____ Office Location _____
Time _____

Telephone _____

REQUEST FOR MONTHLY CASH FLOW STATEMENT FINANCIAL RECORDS

DEFENDANT'S FULL NAME

DOCKET NUMBER

All entries on the Cash Flow Statement must be accompanied by supporting documentation. Provide the probation officer with all records listed below are applicable to your financial statements, along with your completed Cash Flow Statement by the close of _____.

MONTHLY CASH INFLOWS

Salary/Wages

- ◆ Copy of all W-2 forms submitted with the prior year income tax return. Copy of all pay stubs for the most recent one-month period.

Cash Advances

- ◆ Copy of all pay stubs documenting cash advances.

Cash Bonuses

- ◆ Copy of all pay stubs documenting cash bonuses, and copy of related 1099 form.

Commissions

- ◆ Copy of all 1099 forms submitted with the prior year income tax return.

Business Income

- ◆ Copy of the past six monthly financial statements of all businesses owned or controlled by the defendant. Also, be sure to provide all financial information requested in the "Assets" portion of the "Net Worth Statement" under "Section K, Business Holdings."

Interest/Dividends

- ◆ Copy of most recent earnings statement from a financial institution (e.g., bank, brokerage firm, etc.). Copy of all 1099-INT forms, reporting annual interest earnings, for the past year.

Rental Income

- ◆ Copy of lease rental agreement, copy of monthly rental check received, and copy of the deposit on the defendant's monthly bank statement.

Trust Income

- ◆ Copy of the monthly trust income check, copy of the trust agreement, and a copy of the trust income tax return for the prior year.

Alimony/Child Support

- ◆ Copy of divorce decree, copy of payments received, and statements documenting child support/alimony obligations with payment history.

Social Security

- ◆ Copy of most recent Social Security check and most recent benefits determination letter.

Other Government Benefits

- ◆ Copy of most recent government subsidy check (e.g., unemployment compensation, or child support/alimony) and most recent benefits determination letter.

Pensions/Annuities

- ◆ Copy of pension/annuity check, copy of most recent pension plan activity statement or annuity statement, and copy of pension plan or annuity contract.

Allowances (housing, auto, travel)

- ◆ Copy of related pay stub, 1099 form for prior year, and possibly a letter from the employer on company letterhead.

Gratuities/Tips

- ◆ Copy of current month's pay stubs, letter from employer estimating monthly gratuities earned, and W-2 form for the prior year.

Spouse (Significant Other's) Salary/Wages

- ◆ Copy of all W-2 forms submitted with the prior year income tax return. Copy of all pay stubs for the most recent one-month period.

Other Joint Spousal Income

- ◆ Documentation verifying any monthly income jointly earned with the spouse or significant other, (e.g., income from the spouse or significant other or income from a business owned or controlled by the spouse or significant other, that the defendant has a joint ownership interest in, or controls).

Income of Others in the Home

- ◆ Verification of the monthly earnings of all others living in the defendant's household (e.g., all pay stubs for the prior month, W-2 forms, and 1099 forms for the prior year), paid receipts or canceled checks for necessary monthly household expenditures (e.g., for food, room rental, telephone, transportation, etc.) actually paid by this person on behalf of the defendant.

Gifts From Family

- ◆ A signed and dated statement from the family member who gave gifts to the defendant during the month, listing the amounts, dates and reasons given, and a copy of the check received, if any.

Gifts From Others

- ◆ A signed and dated statement from the person(s) who gave gifts to the defendant during the month, listing the amounts, dates and reasons given, and a copy of the check received, if any.

Loans From Your Business

- ◆ Copy of the past six monthly financial statements of all businesses owned or controlled by the defendant that loaned money to the defendant, including a detailed schedule of the "Loans To Shareholder/Owner" or "Due From Shareholder/Owner" general ledger accounts.

Mortgage Loans

- ◆ Copy of all mortgage checks received during the prior month, 1099 forms submitted with the prior year tax return, and copy of the sales agreement and escrow statement for all mortgage loans owed to the defendant.

Other Loans

- ◆ Copy of loan documentation and copy of all loan checks received during the prior month.

Other (specify)

- ◆ Documentation verifying the source of all other monthly cash inflows (not yet disclosed or reported in these financial statements) and copy of all related monthly checks received.

REQUEST FOR MONTHLY CASH FLOW STATEMENT FINANCIAL RECORDS (cont.)

NECESSARY MONTHLY CASH OUTFLOWS

Rent or Mortgage (including taxes)

- ◆ Copy of apartment rental lease agreement or home mortgage, most recent mortgage statement, and copy of canceled check.

Groceries (# of people)

- ◆ Grocery receipts with corresponding canceled checks (if applicable) for the past month.

Utilities

- ◆ Copy of most current utility bills (e.g., electric, heating oil/gas, water/sewer, telephone, and basic cable).

Transportation

- ◆ Current month gasoline/motor oil receipts and corresponding canceled checks (if applicable), and gasoline credit card statements for the prior month.

Insurance

- ◆ Copy of most current insurance bills for all types of insurance (auto, health, life, homeowners).

Clothing

Purchase receipts with corresponding canceled checks.

Loan Payments

- ◆ Copy of loan statements (including motor vehicle payment book and lines of credit) for all loans. Also, provide a copy of any financial statements submitted to obtain credit in the past three years.

Credit Card Payments

- ◆ Copy of most current billing statement for all charge accounts (e.g., credit cards, revolving charge cards, and department store cards) and lines of credit (e.g., bank line of credit).

Medical

- ◆ Documentation of medical expenses (e.g., billing statements, payment receipts, and canceled checks).

Alimony/Child Support

- ◆ Copy of divorce decree, canceled checks, and statements documenting child support/alimony obligations with payment history.

Co-payments (electronic monitoring, drug/mental health treatment)

- ◆ Canceled check along with statement from the service provider (if any).

Other (specify)

- ◆ Specific receipts, billing statements, and corresponding canceled checks.

ADDITIONAL INSTRUCTIONS:

A personal interview has been scheduled for you with:

_____ on _____
U.S. Probation Officer Date

at _____ Office Location _____
Time _____

Telephone _____

REQUEST FOR SELF-EMPLOYMENT RECORDS

DEFENDANT'S FULL NAME

DOCKET NUMBER

In order to verify your self-employment, you are required to furnish all of the records below that are applicable to you and your business to the probation office by the close of business _____.

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| <ul style="list-style-type: none">◆ Business Bank Statements for all businesses for the past six months (along with canceled checks).◆ All Business Income Tax Returns for the past five years (including Corporation Form 1120, S Corporation Form 1120S, Partnership Form 1065, Limited Liability Company Form 1065, or Sole Proprietor Form 1040 Schedule C), along with all accompanying forms and schedules.◆ All Annual Financial Statements for the past five years.◆ Most Recent Monthly and Quarterly Financial Statement.◆ Quarterly Estimated Tax Payments (Form 1040-ES or Form 8109 for corporations) for the current year.◆ Occupational Business License for the current year.◆ Articles of Incorporation for all corporations you own or have an interest in.◆ Partnership Agreement for all partnerships you have an ownership interest in.◆ Sales Tax Returns (monthly, quarterly) for the past 12 months.◆ Property Tax Returns (inventory, personal property) for the past year. | <ul style="list-style-type: none">◆ Payroll Tax Returns (quarterly, annually) for the current year, if you presently have or have had employees during the current year.◆ List of Business Customers (to whom your business sells goods or provides services).◆ List of Business Vendors (who supply the needed raw materials to produce products or provide services).◆ Billing Statements (to collect money from your customers) and Vendor Invoices (to pay bills to your suppliers) for the past six months.◆ Real Estate Escrow Statements and Real Estate Leases for all businesses you own or have an interest in.◆ Equipment Purchase Agreements or Leases for all businesses you own or have an interest in.◆ Business Insurance Policies for all businesses you own or have an interest in.◆ Business Telephone Bills for the past six months for all business telephones.◆ Samples of Business Advertisements (e.g., in print, radio, television, Internet web page, telephone directory listing and ad, etc.).◆ Business Cards, Stationery (e.g., business letterhead). |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Monthly Cash Flow Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer a statement fully describing your financial resources, including a complete listing of all monthly cash inflows and outflows.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your spouse, significant others, or dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by a defendant; liabilities, and the financial needs and earning ability of a defendant and a defendant's dependents are all relevant to the court's decision regarding a defendant's ability to pay. Your Cash Flow Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Monthly Cash Flow Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Cash Flow Statement Financial Records, Prob. 48C). Initial and date each page (including any attached pages) and sign and date the last page of the Cash Flow Statement.

MONTHLY CASH FLOW STATEMENT		
Monthly Cash Inflows		
Defendant	Gross	Net
Your Salary/Wages (List both monthly gross earnings and take-home pay after payroll deductions.)		
Your Cash Advances (List all payroll advances or other advances from work.)		
Your Cash Bonuses (List all payments from work in addition to your salary that are not an advance.)		
Commissions (List all non-employee earnings as an independent contractor.)		
Business Income (List both monthly gross income and net income after deducting expenses.)		
Interest (List all interest earned each month.)		
Dividends (List all dividends earned each month.)		
Rental Income (List all monthly income received from real estate properties owned.)		
Trust Income (List all trust income earned each month.)		
Alimony/Child Support (List all alimony or child support payments received each month.)		
Social Security (List all payments received from Social Security.)		
Other Government Benefits (List all amounts received from the government not yet reported (e.g., Aid to Families with Dependent Children.)		
Pensions/Annuities (List all funds received from pensions and annuities each month.)		
Allowances-Housing/Auto/Travel (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
Gratuities/Tips (List all gratuities and tips received each month from any and all sources.)		
Spouse/Significant Other Salary/Wages (List all gross and net monthly salary and wages received by your spouse or significant other.)		
Other Joint Spousal Income (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]).		
Income of Others In-House (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
Gifts from Family (List all amounts received as gifts from family members each month.)		
Gifts from Others (List all gifts received from any sources not yet reported.)		
Loans from Your Business (List all loan amounts received each month from all businesses owned or controlled by you.)		
Mortgage Loans (List all amounts received each month from mortgage loans owed to you.)		
Other Loans (List all other loan amounts received each month not yet reported.)		
Other (specify) (List all other amounts received each month not yet reported.)		
TOTALS		

Initials _____ Date _____

Last Name -	
Monthly Cash Outflows	
	Amount
Rent or Mortgage (List monthly rental payment or mortgage payment.)	
Groceries (List the total monthly amount paid for groceries and number of people in your household.) # _____	
Utilities (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)	
Electric	
Heating Oil/Gas	
Water/Sewer	
Telephone	
Basic Cable (no premium channels)	
Transportation (List monthly amount paid for gasoline, motor oil, necessary auto repairs, or the cost of public transportation.)	
Insurance (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)	
Auto	
Health	
Homeowner/Rental	
Life	
Clothing (List the monthly amount paid for clothing.)	
Loan Payments (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)	
Credit Card Payments (List all monthly credit card or charge card payments.)	
Medical (List all monthly payments for necessary medical care or treatment.)	
Alimony/Child Support (List all alimony or child support payments made each month.)	
Co-payments (List the monthly payments made for electronic monitoring and drug and mental health treatment.)	
Other (specify) (List all other necessary monthly amounts paid each month not yet reported.)	
Other Factors That May Affect Monthly Cash Flow (Describe)	
TOTAL	
NET MONTHLY CASH FLOW: _____ (CASH INFLOWS LESS CASH OUTFLOWS)	
PROSPECT OF INCREASE IN CASH INFLOWS (Give a general statement of the prospective increase of the value of any cash inflows reported.)	

Signature _____ Date _____

SUPPLEMENT TO PERSONAL FINANCIAL STATEMENT
MONTHLY EXPENSES

Client's Name

Docket Number

<ul style="list-style-type: none"> - Athletic club registration/dues (gym, timeshare, campground, or other organization membership, etc.) \$ _____ - Country club/golf course fees \$ _____ - Extracurricular activities (season sports tickets, opera, etc.) \$ _____ - Private schooling \$ _____ - School lunches \$ _____ - Private lessons (music, art, etc.) \$ _____ - Student College Loans \$ _____ - Cable TV (premium channels). \$ _____ - Satellite TV. \$ _____ - Cellular phone & pagers \$ _____ - Internet fees \$ _____ - Private residential alarm services \$ _____ - Child Care \$ _____ - Housekeeper/Housecleaning service \$ _____ - Swimming pool services. \$ _____ - Exterminator services \$ _____ - Gardener \$ _____ - Voluntary lake/association dues \$ _____ - Homeowner's Association dues \$ _____ 	<ul style="list-style-type: none"> - Vacation expenses (all) \$ _____ - Summer camp for children \$ _____ - Subscriptions (newspapers, magazines book memberships) \$ _____ - Beauty salon services \$ _____ - Elective medical procedures (cosmetic services, liposuction, etc.) \$ _____ - Private attorney fees \$ _____ - Financial obligations to other Courts/parties \$ _____ - Repayment of loans to family members or friends \$ _____ - Entertainment \$ _____ - Religious contributions \$ _____ - Charitable contributions \$ _____ - Toll road expenditures \$ _____ - Automobile leases \$ _____ - Boat/private aircraft expenses \$ _____ - Other expenses not listed above (list all below) \$ _____ _____ \$ _____ _____ \$ _____ _____ \$ _____ TOTAL \$ _____ <p><i>(Transfer total to "Other" box on Monthly Cash Outflow Page)</i></p>
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------

Supervisee's Signature

Date

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Net Worth Short Form Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward. The court may require relating to such other factors as the court deems appropriate (see 18 U.S.C. § 3664(d)(3)).

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Short Form Statement in its entirety. You must answer “None” to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Net Worth Statement Financial Records (Prob. 48A)). Sign and date Page 2 (including any attached pages). Also, sign, date, and attach the Declaration of Defendant or Offender Net Worth & Cash Flow Statements (Prob. 48D).

NET WORTH SHORT FORM STATEMENT

NOTE: I = Individual J = Joint S = Spouse/Significant Other D = Dependent

ASSETS

Include below all cash on hand, bank accounts, securities, money owed to you by others, life insurance, safe deposit boxes or storage facilities, motor vehicles, real estate, mortgage loans owed to you, other assets, anticipated assets, and business holdings.

I/J S/D	Type of Asset (e.g., cash, bank account)	Location of Asset (e.g., bank, including account number)	Fair Market or Actual Value

Include below all assets transferred or sold since your arrest with a cost or fair market value of more than \$1,000.00, or assets that someone else is holding on your behalf.

I/J S/D	Type of Asset	Date Sold or Transferred	Fair Market or Actual Value

Identify below any assets you will liquidate to satisfy any criminal monetary penalty that may be imposed, and/or describe the prospect of increase in assets.

I/J S/D	Type of Asset	Fair Market or Actual Value

LIABILITIES

Include below all charge accounts and lines of credit, mortgage balances, other debts, civil suits, and bankruptcy filings.

I/J S/D	Type of Debt (e.g., credit card)	Debt Owed to (e.g., name, account number)	Balance Outstanding

Signature _____

Date _____

Last Name	First Name	Middle Name	Social Security Number

Instructions for Completing Net Worth Statement

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(b)(4)(F) to clarify that the assets owned, jointly owned, or controlled by a defendant, and liabilities are all relevant to the court's decision regarding the ability to pay. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. All entries must be accompanied by supporting documentation (see Request for Net Worth Statement Financial Records (Prob. 48A)). Initial and date each page (including any attached pages). Also, sign, date, and attach the Declaration of Defendant or Offender Net Worth & Cash Flow Statements (Prob. 48D).

Last Name - _____

NET WORTH STATEMENT

NOTE: I = Individual J = Joint S = Spouse/Significant Other D = Dependent

ASSETS

BANK ACCOUNTS (Include all personal and businesses checking and savings accounts, credit unions, money markets, certificates of deposit, IRA and KEOGH accounts, Thrift Savings, 401K, etc.)

Section A	I/J S/D	Name of Institution	Address	Type of Account	Account Number	Personal or Commercial	Balance	

SECURITIES (Include all stocks in public corporations, stocks in businesses you own or have an interest in, bonds, mutual funds, U.S. Government securities, etc.)

Section B	I/J S/D	Name and Kind of Security	Location of Security	Number of Units	Fair Market Value	

MONEY OWED TO YOU BY OTHERS (Include all money owed to you by any person or entity.)

Section C	I/J S/D	Name and Address of Debtor	Amount Owed to You	Reason Owed to You	Date Money Loaned	Relationship to Debtor (if any)	Monthly Payment or Date Full Payment Expected	Is Debt Collectible ?

Initials _____ Date _____

Last Name -								
Section D	LIFE INSURANCE (Include type of policy [whole life, variable, or term], face amount [the stated amount of coverage] and cash surrender value [the value of the investment portion of a whole life or variable policy.])							
	I/J S/D	Name and Address of Company and Name of Beneficiary	Policy Number	Type of Policy	Face Amount	Cash Surrender Value	Amount Borrowed	Amount You Can Borrow
Section E	SAFE DEPOSIT BOXES OR STORAGE SPACE FACILITY (Include all safe deposit boxes or storage space you rent or places you have access to in which others are holding assets or items belonging to you.)							
	I/J S/D	Name and Address of Box or Facility Location	Box Number or Space	Contents	Fair Market Value			
Section F	MOTOR VEHICLES (Include all cars, trucks, mobile homes, motorcycles, all terrain vehicles, boats, airplanes, etc.)							
	I/J S/D	Year, Make & License Number/Vehicle Identification Number	Mileage	Loan/Lease Balance (if any)	Date Loan/Lease Will be Paid Off or Ends	Monthly Payment	Fair Market Value	
Section G	REAL ESTATE (Include property, parcels, lots, timeshares, and developed land with buildings.)							
	I/J S/D	Real Estate Address (include county and state)/ Mortgage Company or Lien Holder	Purchase Date	Purchase Price	Mortgage Balance (if any)	Date Mortgage Will be Paid Off	Monthly Payment	Fair Market Value
Section H	MORTGAGE LOANS OWED TO YOU (Include name, address, and relationship [if any] to the mortgagee [the party that bought the real estate you sold and is making payments to you].)							
	I/J S/D	Mortgagee (name & address)/ Relationship to Mortgagee	Mortgage Balance	Date Mortgage Will be Paid Off	Balloon Payment? If Yes, Date?	Monthly Payment	Is Debt Collectible?	

Last Name -								
Section I	OTHER ASSETS (Include any cash on hand, jewelry, art, paintings, coin collections, stamp collections, collectibles, antiques, copyrights, patents, etc.)							
	I/J S/D	Description	Loan Balance (if any)	Date Loan Will be Paid Off	Monthly Payment	Where is Asset Located?	Fair Market Value	
Section J	ANTICIPATED ASSETS (Include any assets you expect to receive or control from lawsuits for compensation or damages, profit sharing, pension plans, inheritance, wills, or as an executor or administrator of any succession or estate.)							
	I/J S/D	Amount Received or Expected to Receive	Date Expected to Receive	Reason You Expect This	Name and Address of Person or Company That Can Verify This (e.g., attorney, financial institution, executor)			
Section K	TRUST ASSETS (Include all trusts in which you are a grantor or donor [the person who establishes the trust], the trustee or fiduciary [who controls the trust assets and income or the beneficiary who has or will receive benefits from the trust].)							
	I/J S/D	Name of Trust/ Taxpayer ID#	Value of Trust	Your Annual Income From Trust	Your Interest in Trust Assets			
Section K	BUSINESS HOLDINGS (Include all businesses in which you have an ownership interest or with which you had an affiliation within the last three years; e.g., self-employed sole proprietor, officer, shareholder, board member, partner, associate, etc.) Complete Section N (attach additional pages, if necessary).							
	I/J S/D	Name and Address of Business/ Taxpayer I.D.#	Type of Business Entity	Industry of Business	Date Business Started	Capital Investment to Start	Your Ownership Interest Percentage	Sale Price or Fair Market Value of Your Interest

Last Name -							
Section L	INCOME TAX RETURNS						
	Type of Income Tax Return Filed			Last Filing Year		Years of Last 5 Income Tax Returns You Will Submit to the Probation Officer	
	Individual (Form 1040)						
	Partnership/Limited Liability Company (Form 1065)						
	Corporation (Form 1120)						
	S Corporation (Form 1120S)						
Section M	TRANSFER OF ASSETS (Include any assets you have transferred or sold since the date of your arrest with a cost or fair market value of more than \$500.00. Also list any assets that someone else is holding on your behalf.)						
	I/J S/D	Description of Asset/ Reason Transferred/Sold	Date of Transfer/Sale	Original Cost	Amount You Received, if Any	Name of Purchaser or Person Holding the Asset	Sale Price or Fair Market Value at Transfer
Section N	NAMES OF SHAREHOLDERS OR PARTNERS (Include all shareholders, officers, and/or partners, indicating each respective ownership interest.)						
	Name of Business			Names of Shareholders/Partners			Ownership Interest Percentage

Last Name -			
Section O	ASSETS YOU WILL LIQUIDATE (Include all assets you intend to liquidate to satisfy any criminal monetary penalties that may be imposed.)		
	Asset Description	Estimated Value of Asset	Date You Will Liquidate
	Current Location of Asset (if real property, county and state)		
Section P	PROSPECT OF INCREASE IN ASSETS (Give a general statement of the prospective increase of the value of any asset you own.)		

Last Name -							
LIABILITIES							
CHARGE ACCOUNTS AND LINES OF CREDIT (Include all bank credit cards, lines of credit, revolving charge accounts, etc.)							
Section A	I/J S/D	Type of Account or Card	Name and Address of Creditor	Credit Limit	Amount Owed	Credit Available	Minimum Monthly Payment
OTHER DEBTS (Include mortgage loans, notes payable, delinquent taxes, and child support.)							
Section B	I/J S/D	Owed To	Address	Relationship (if any)	Amount Owed	Reason Owed	Monthly Payment
PARTY TO CIVIL SUIT (Include any civil lawsuits you have ever been a party to.)							
Section C	I/J S/D	Name of Plaintiff in the Case	Court of Jurisdiction and County	Case Number	Date of Suit Filed	Date of Judgment	Judgment Amount/ Unpaid Balance
BANKRUPTCY FILINGS (Include information requested for any Chapter 7, 11, or 13 bankruptcy filings you have ever been a party to as an individual or as a business entity.)							
Section D	I/J S/D	Type of Bankruptcy (Voluntary or Involuntary)/ Name and Address of Trustee	Bankruptcy Case Number	Bankruptcy Court of Jurisdiction	County and State of Discharge	Date Filed	Date of Discharge

Signature _____ Date _____

Virtual Currency Questionnaire

Name: _____

1. At any time in _____ did you receive, sell, send, exchange, or otherwise acquire any financial interest in any virtual currency? Yes No (See IRS definition of virtual currency below). If yes, provide details on page 2 of this questionnaire.

2. Do you currently own any financial interest in any virtual currency? Yes No If yes, please specify the type of virtual currency and the current amount below.

Type (e.g. Bitcoin, Ripple, Ethereum)	Current Amount

3. Do you own any cryptocurrency wallets? Yes No If yes, please list them below.

Name	Type (hardware, desktop, mobile, etc.)

4. Do you presently have any cryptocurrency exchange accounts? Yes No If yes, please provide details.

Name of Exchange	Account Number

5. Do you presently own any non-fungible tokens (NFTs) ? Yes No If yes, please list them below.

Name/Description of token	Current Value

Name Date

Virtual currency is a digital representation of value, other than a representation of the U.S. dollar or a foreign currency (“real currency”), that functions as a unit of account, a store of value, and a medium of exchange. Some virtual currencies are convertible, which means that they have an equivalent value in real currency or act as a substitute for real currency. The IRS uses the term “virtual currency” to describe the various types of convertible virtual currency that are used as a medium of exchange, such as digital currency and cryptocurrency.

**DECLARATION OF DEFENDANT OR OFFENDER
NET WORTH & CASH FLOW STATEMENTS**

I, _____, residing at _____,
in the city (or county) of _____, in the state of _____,
have completed the attached Net Worth Statement (Prob. Form 48) or Net Worth Short Form Statement (Prob.
Form 48EZ) and/or Cash Flow Statement (Prob. Form 48B) that fully describe my financial resources, including a
complete listing of all assets owned or controlled by me as of this date and any transfers or sales of assets since my arrest.
The Cash Flow Statement (Prob. Form 48B) also includes my financial needs and earning ability and the financial needs
and earning ability of my spouse (or significant other) and my dependent(s) living at home.

Net Worth Statement (Total pages, including additional pages _____)

Net Worth Short Form Statement (Total pages, including additional pages _____)

Cash Flow Statement (Total pages, including additional pages _____)

- I declare under penalty of perjury that the foregoing is true and correct; or
- False statements may result in revocation of supervision, in addition to possible prosecution under the provisions of
18 U.S.C. § 1001, which carries a term of imprisonment of up to 5 years and a fine of up to \$250,000, or both.

(Defendant Signature)

Executed on _____ day of _____, _____.

UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA
PROBATION & PRETRIAL SERVICES OFFICE

NATASHA ALEXANDER-MINGO
CHIEF PROBATION &
PRETRIAL SERVICES OFFICER

300 N. LOS ANGELES STREET
SUITE 1300
LOS ANGELES 90012-3323

AUTHORIZATION TO RELEASE CONFIDENTIAL INFORMATION

NAME:	DOB:
ALIAS (including maiden name):	SSN:

I authorize release of all records and information concerning me, confidential or otherwise, to the United States Probation Officer.

- Educational Records and Information pursuant to CEC 49078
- Employment Records including but not limited to dates of employment, work performance, and reasons of termination
- Military Service Records
- Marriage/Divorce Records
- Bank Records
- Credit Records
- State and Federal Tax Records
- Other: _____

I also authorize the use of photostatic or faxed copies of this release in lieu of the original.

SIGNATURE

DATE

AUTHORIZATION TO RELEASE INFORMATION
(PRIVATE PERSON OR ORGANIZATION)
TO PROBATION OFFICER

TO WHOM IT MAY CONCERN:

I, _____, the undersigned, hereby authorize the United States Probation Office for the Central District of California, or its authorized representative(s) or employee(s), bearing this release or copy thereof, to obtain any information in your files pertaining to my:

- Medical Records
- Psychiatric and Mental Health Records
- Alcohol and/or Drug Treatment Records

I hereby direct you to release such information upon request of the bearer. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use.

Regarding protected health information, I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

(Name and Address of Program)

Regarding protected health information, I understand that if I revoke this Authorization to Release Confidential Information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post-conviction supervision.

_____ (Authorizing Signature - Full Name)	_____ (Full Name - Printed or Typed)	_____ (Date)
WITNESS —	_____ (Probation Officer)	_____ (Date)

Adverse Childhood Experience (ACE) Questionnaire

Finding your ACE Score ra hbr 10 24 06

While you were growing up, during your first 18 years of life:

1. Did a parent or other adult in the household **often** ...
Swear at you, insult you, put you down, or humiliate you?
or
Act in a way that made you afraid that you might be physically hurt?
Yes No If yes enter 1 _____
2. Did a parent or other adult in the household **often** ...
Push, grab, slap, or throw something at you?
or
Ever hit you so hard that you had marks or were injured?
Yes No If yes enter 1 _____
3. Did an adult or person at least 5 years older than you **ever**...
Touch or fondle you or have you touch their body in a sexual way?
or
Try to or actually have oral, anal, or vaginal sex with you?
Yes No If yes enter 1 _____
4. Did you **often** feel that ...
No one in your family loved you or thought you were important or special?
or
Your family didn't look out for each other, feel close to each other, or support each other?
Yes No If yes enter 1 _____
5. Did you **often** feel that ...
You didn't have enough to eat, had to wear dirty clothes, and had no one to protect you?
or
Your parents were too drunk or high to take care of you or take you to the doctor if you needed it?
Yes No If yes enter 1 _____
6. Were your parents **ever** separated or divorced?
Yes No If yes enter 1 _____
7. Was your mother or stepmother:
Often pushed, grabbed, slapped, or had something thrown at her?
or
Sometimes or often kicked, bitten, hit with a fist, or hit with something hard?
or
Ever repeatedly hit over at least a few minutes or threatened with a gun or knife?
Yes No If yes enter 1 _____
8. Did you live with anyone who was a problem drinker or alcoholic or who used street drugs?
Yes No If yes enter 1 _____
9. Was a household member depressed or mentally ill or did a household member attempt suicide?
Yes No If yes enter 1 _____
10. Did a household member go to prison?
Yes No If yes enter 1 _____

Now add up your "Yes" answers: _____ This is your ACE Score

RESILIENCE Questionnaire

Please circle the most accurate answer under each statement:

1. I believe that my mother loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

2. I believe that my father loved me when I was little.

Definitely true Probably true Not sure Probably Not True Definitely Not True

3. When I was little, other people helped my mother and father take care of me and they seemed to love me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

4. I've heard that when I was an infant someone in my family enjoyed playing with me, and I enjoyed it, too.

Definitely true Probably true Not sure Probably Not True Definitely Not True

5. When I was a child, there were relatives in my family who made me feel better if I was sad or worried.

Definitely true Probably true Not sure Probably Not True Definitely Not True

6. When I was a child, neighbors or my friends' parents seemed to like me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

7. When I was a child, teachers, coaches, youth leaders or ministers were there to help me.

Definitely true Probably true Not sure Probably Not True Definitely Not True

8. Someone in my family cared about how I was doing in school.

Definitely true Probably true Not sure Probably Not True Definitely Not True

9. My family, neighbors and friends talked often about making our lives better.

Definitely true Probably true Not sure Probably Not True Definitely Not True

10. We had rules in our house and were expected to keep them.

Definitely true Probably true Not sure Probably Not True Definitely Not True

11. When I felt really bad, I could almost always find someone I trusted to talk to.

Definitely true Probably true Not sure Probably Not True Definitely Not True

12. As a youth, people noticed that I was capable and could get things done.

Definitely true Probably true Not sure Probably Not True Definitely Not True

13. I was independent and a go-getter.

Definitely true Probably true Not sure Probably Not True Definitely Not True

14. I believed that life is what you make it.

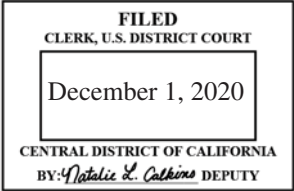
Definitely true Probably true Not sure Probably Not True Definitely Not True

How many of these 14 protective factors did I have as a child and youth? (How many of the 14 were circled "Definitely True" or "Probably True"?) _____

Of these circled, how many are still true for me? _____

(Source: www.acesconnection.com)

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UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

IN THE MATTER OF ADOPTION OF }
STANDARD CONDITIONS OF }
PROBATION AND SUPERVISED }
RELEASE AND SENTENCING }
ORDERS AND CONDITIONS OF }
PROBATION AND SUPERVISED }
RELEASE PERTAINING TO }
FINANCIAL SANCTIONS }
} SECOND AMENDED GENERAL
} ORDER NO. 20-04
} (Supersedes General Order No.18-10)

This General Order supersedes General Order No. 18-10. IT IS HEREBY ORDERED that the Judges of the Central District of California adopt: (1) the standard conditions of probation and supervised release set forth in Section I, below, to apply in every case in which probation or supervised release is imposed; (2) the sentencing orders set forth in Section II, below, to apply in every case in which a fine or restitution has been ordered; and (3) the conditions of probation and supervised release set forth in Section III, below, to apply in every case in which probation or supervised release is imposed in addition to the imposition of a fine or restitution. The presiding judge may impose any other conditions the judge deems advisable, consistent with existing or future law, in individual cases of supervision.

I. STANDARD CONDITIONS OF PROBATION AND SUPERVISED RELEASE

- 1) The defendant must not commit another federal, state, or local crime;
- 2) The defendant must report to the probation office in the federal judicial

1 district of residence within 72 hours of imposition of a sentence of
2 probation or release from imprisonment, unless otherwise directed by the
3 probation officer;

- 4 3) The defendant must report to the probation office as instructed by the
5 court or probation officer;
- 6 4) The defendant must not knowingly leave the judicial district without first
7 receiving the permission of the court or probation officer;
- 8 5) The defendant must answer truthfully the inquiries of the probation
9 officer, unless legitimately asserting his or her Fifth Amendment right
10 against self-incrimination as to new criminal conduct;
- 11 6) The defendant must reside at a location approved by the probation officer
12 and must notify the probation officer at least 10 days before any
13 anticipated change or within 72 hours of an unanticipated change in
14 residence or persons living in defendant's residence;
- 15 7) The defendant must permit the probation officer to contact him or her at
16 any time at home or elsewhere and must permit confiscation of any
17 contraband prohibited by law or the terms of supervision and observed in
18 plain view by the probation officer;
- 19 8) The defendant must work at a lawful occupation unless excused by the
20 probation officer for schooling, training, or other acceptable reasons and
21 must notify the probation officer at least ten days before any change in
22 employment or within 72 hours of an unanticipated change;
- 23 9) The defendant must not knowingly associate with any persons engaged in
24 criminal activity and must not knowingly associate with any person
25 convicted of a felony unless granted permission to do so by the probation
26 officer. This condition will not apply to intimate family members, unless
27 the court has completed an individualized review and has determined that
28 the restriction is necessary for protection of the community or

1 rehabilitation;

- 2 10) The defendant must refrain from excessive use of alcohol and must not
3 purchase, possess, use, distribute, or administer any narcotic or other
4 controlled substance, or any paraphernalia related to such substances,
5 except as prescribed by a physician;
- 6 11) The defendant must notify the probation officer within 72 hours of being
7 arrested or questioned by a law enforcement officer;
- 8 12) For felony cases, the defendant must not possess a firearm, ammunition,
9 destructive device, or any other dangerous weapon;
- 10 13) The defendant must not act or enter into any agreement with a law
11 enforcement agency to act as an informant or source without the
12 permission of the court;
- 13 14) The defendant must follow the instructions of the probation officer to
14 implement the orders of the court, afford adequate deterrence from
15 criminal conduct, protect the public from further crimes of the defendant;
16 and provide the defendant with needed educational or vocational training,
17 medical care, or other correctional treatment in the most effective manner.

18 **II. STATUTORY PROVISIONS PERTAINING TO PAYMENT AND**
19 **COLLECTION OF FINANCIAL SANCTIONS**

- 20 1) The defendant must pay interest on a fine or restitution of more than
21 \$2,500, unless the court waives interest or unless the fine or restitution is
22 paid in full before the fifteenth (15th) day after the date of the judgment
23 under 18 U.S.C. § 3612(f)(1). Payments may be subject to penalties for
24 default and delinquency under 18 U.S.C. § 3612(g). Interest and penalties
25 pertaining to restitution, however, are not applicable for offenses
26 completed before April 24, 1996. Assessments, restitution, fines,
27 penalties, and costs must be paid by certified check or money order made
28 payable to “Clerk, U.S. District Court.” Each certified check or money

1 order must include the case name and number. Payments must be
2 delivered to:

3 United States District Court, Central District of California
4 Attn: Fiscal Department
5 255 East Temple Street, Room 1178
6 Los Angeles, CA 90012

7 or such other address as the Court may in future direct.

- 8 2) If all or any portion of a fine or restitution ordered remains unpaid after
9 the termination of supervision, the defendant must pay the balance as
10 directed by the United States Attorney's Office. 18 U.S.C. § 3613.
- 11 3) The defendant must notify the United States Attorney within thirty (30)
12 days of any change in the defendant's mailing address or residence
13 address until all fines, restitution, costs, and special assessments are paid
14 in full. 18 U.S.C. § 3612(b)(1)(F).
- 15 4) The defendant must notify the Court (through the Probation Office) and
16 the United States Attorney of any material change in the defendant's
17 economic circumstances that might affect the defendant's ability to pay a
18 fine or restitution, as required by 18 U.S.C. § 3664(k). The Court may
19 also accept such notification from the government or the victim, and may,
20 on its own motion or that of a party or the victim, adjust the manner of
21 payment of a fine or restitution under 18 U.S.C. § 3664(k). See also 18
22 U.S.C. § 3572(d)(3) and for probation 18 U.S.C. § 3563(a)(7).
- 23 5) Payments will be applied in the following order:
- 24 a. Special assessments under 18 U.S.C. § 3013;
 - 25 b. Restitution, in this sequence (under 18 U.S.C. § 3664(i), all non-
26 federal victims must be paid before the United States is paid):
 - 27 Non-federal victims (individual and corporate),
 - 28 Providers of compensation to non-federal victims,

1 The United States as victim;

2 c. Fine;

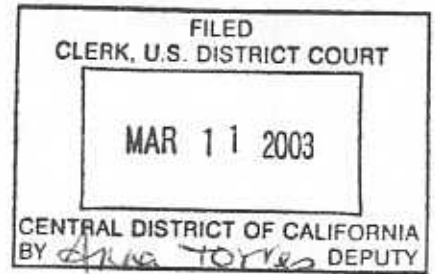
3 d. Community restitution, under 18 U.S.C. § 3663(c); and

4 e. Other penalties and costs.

5 **III. CONDITIONS OF PROBATION AND SUPERVISED RELEASE**
6 **PERTAINING TO FINANCIAL SANCTIONS**

7 1) As directed by the Probation Officer, the defendant must provide to the
8 Probation Officer: (1) a signed release authorizing credit report inquiries;
9 (2) federal and state income tax returns or a signed release authorizing
10 their disclosure and (3) an accurate financial statement, with supporting
11 documentation as to all assets, income and expenses of the defendant. In
12 addition, the defendant must not apply for any loan or open any line of
13 credit without prior approval of the Probation Officer.

14 2) When supervision begins, and at any time thereafter upon request of the
15 Probation Officer, the defendant must produce to the Probation and
16 Pretrial Services Office records of all bank or investments accounts to
17 which the defendant has access, including any business or trust accounts.
18 Thereafter, for the term of supervision, the defendant must notify and
19 receive approval of the Probation Office in advance of opening a new
20 account or modifying or closing an existing one, including adding or
21 deleting signatories; changing the account number or name, address, or
22 other identifying information affiliated with the account; or any other
23 modification. If the Probation Office approves the new account,
24 modification or closing, the defendant must give the Probation Officer all
25 related account records within 10 days of opening, modifying or closing
26 the account. The defendant must not direct or ask anyone else to open or
27 maintain any account on the defendant's behalf.



UNITED STATES DISTRICT COURT
CENTRAL DISTRICT OF CALIFORNIA

In the Matter of)
FINANCIAL DISCLOSURE) GENERAL ORDER NO. 03-01
DURING PRESENTENCE)
INVESTIGATION)
_____)

WHEREAS a defendant's disclosure of financial information during the presentence investigation would increase the probability of the defendant providing the type of information necessary to adequately analyze his or her financial condition and ability to pay financial sanctions, and

WHEREAS a defendant's cooperation is essential in obtaining such financial information,

IT IS HEREBY ORDERED that the following documents shall be provided by the defendant to the Probation Officer within 14 calendar days from the date of the guilty plea or verdict, unless another deadline is set by the Probation Officer:

1. An affidavit fully describing (a) the financial resources of the

defendant, including a complete listing of all assets owned or controlled by the defendant and any transfers or sales of assets since the defendant's arrest; (b) the financial needs and earning ability of the defendant, the defendant's spouse (or significant other), and the defendant's dependents living at home; and (c) such other information that the Court requires. [18 U.S.C. § 3664(d)(3)];

2. All supporting financial documents requested by the Probation Officer, including but not limited to bills, pay stubs, credit card statements, and bank account statements;
3. A signed release authorizing credit report inquiries;
4. Copies of filed federal and state income tax returns for the last five years or a signed release authorizing their disclosure.

Dated: March 11, 2003