



McLennan County CSCD
PRESENTENCE INVESTIGATION AND COURT SERVICES
504 N. 6th Street
Waco, Texas 76701
254/757-5070

INTERVIEW DAY: _____ **DATE:** _____ **TIME:** _____

PSI OFFICER: _____

INSTRUCTIONS FOR OFFENDERS UNDER PRE-SENTENCE INVESTIGATION (PSI)

- 1. Complete the attached questionnaire in full (please print) and email to cscdpsiunit@co.mclennan.tx.us**
2. Bring your High School Diploma/Transcript, College Diploma/Transcript, or GED.
3. Bring your Military Discharge Form (DD2-14) if applicable.
4. Bring proof of employment and income, such as paycheck stubs or letter from your employer.
5. Bring proof of any form of income that you receive such as retirement, Social Security, disability, Unemployment Compensation, Military (VA), Student Financial Aid, current child support docs, food stamps, and/or TANF benefits.
6. If under a doctor's care or taking prescribed medications, provide letter from doctor verifying your diagnoses, prescribed medications, and treatment plan (when applicable).
7. If you are currently participating in a counseling or substance abuse treatment program, provide proof of enrollment/attendance/participation in the program.
8. If you are a student, bring proof of school enrollment and class schedule.
9. If you would like, you may bring character reference letters.

IT IS EXTREMELY IMPORTANT THAT YOU REPORT TO YOUR ASSIGNED PSI OFFICER AT YOUR ASSIGNED DATE & TIME.

Jason Chrestman	254/757-5259	jason.chrestman@co.mclennan.tx.us
Jodie Parham	254/757-5210	jodie.parham@co.mclennan.tx.us
Stacey Smith	254/757-5265	stacey.smith@co.mclennan.tx.us
Bill Glaser	254/757-5236	william.glaser@co.mclennan.tx.us

NOTE: It is imperative that you arrive to the interview **on time and bring your completed questionnaire** in addition to any of the fore-mentioned items that apply to you. Report to the receptionist when you arrive. The interview normally takes **about two hours**. Your assistance and cooperation in this investigation is very important and will be made known to the Court.

McLennan County CSCD
OFFICE POLICY

- Purses, wallets with chains, diaper bags, brief cases, backpacks, packages, boxes, etc are not allowed in office areas. Do not bring these items to the probation office. The only items that are allowed in the office area are paperwork or other items required for you office visit. Secure all other items in your vehicle if you must bring them.
- The only items that you may carry in the building (excluding medically assistive items) are paperwork, payments and items your officer has requested you to bring. All other hand carried items are prohibited.
- Children under the age of 17 are not allowed to accompany you to the CSCD offices. Make arrangement for child care prior to your office visit.

DRUG TESTING

NAME: _____ CAUSE: _____

YOU ARE REQUIRED TO REPORT TO THE PROBATION DEPARTMENT **TODAY** BY _____

LOCATED AT:

**504 N. 6TH ST.
WACO, TEXAS 76701**

I have received my UA REQUEST FORM and understand that I must report as instructed today. The Judge will be notified of any failures to report.

Defendant / Probationer's Signature

Date

**TEXT COMMUNICATION
OPT-IN / OPT-OUT**

NAME: _____ CAUSE: _____

McLennan County CSCD has the ability to send certain reminders and information to the defendant via text messaging (example: appointment reminder).

OPT-IN I agree to allow McLennan County CSCD to communicate with me via text messaging.

Email address: _____ Cell Phone #: _____

OPT-OUT I do not want to receive communication from McLennan County CSCD via text messaging.

Defendant / Probationer's Signature

Date

McLennan County CSCD Pre-Sentence Investigation Division

Conditions During a Pre-Sentence Investigation.

1. Do not commit any crimes. Report any arrest to your pre-sentence officer immediately.
2. Avoid using alcoholic beverages or drugs, except as prescribed by a doctor to you.
3. Avoid associating with persons who have criminal records or who engage in crimes.
4. Avoid taverns, bars, clubs, and pool halls.
5. Report to the pre-sentence officer as directed.
6. Work at suitable employment as far as possible, and notify the pre-sentence officer before quitting or changing jobs.
7. Keep the pre-sentence officer informed of your residence address at all times, and do not change your place of residence without permission of your pre-sentence officer.
8. Remain within the limits of McLennan County and do not leave the county without permission of your pre-sentence officer.
9. Submit a urine, breath, or blood sample at any time a request for such sample is made.
10. Support your dependents.

I have received a copy of the Conditions During a Pre-Sentence Investigation & Civil Rights and the Federal Firearms Control Act and understand the limitations applicable in my case.

Defendant

Date

Witness (PSI / Court Team Division)

Defendant Copy

Conditions During a Pre-Sentence Investigation.

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10. Support your dependents.

Civil Rights and the Federal Firearms Control Act

Being placed on community supervision, pretrial diversion, or bond supervision affects your civil rights. Therefore, the McLennan County Community Supervision and Corrections Department feels that the following information should be brought to the attention of all defendants under departmental supervision.

The Right to Vote

1. Misdemeanor supervision – A person on misdemeanor supervision is not affected and may vote.
2. Deferred felony supervision – A person on this type of supervision is not affected and may vote.
3. Regular or Shock felony supervision – A person on either of these may not vote until he/she is discharged from a sentence, including any term of incarceration, parole supervision, or a period of community supervision ordered by any court. Once a person has completed the term of community supervision, he/she can register and be eligible to vote in an election.

The Right to Hold Public Office

1. Misdemeanor supervision – A person on misdemeanor supervision may hold public office.
2. Deferred felony supervision – A person on this type of supervision may hold public office.
3. Regular or Shock felony supervision – A person on either one of these types of supervision may not hold public office until discharged with rights restored. If rights are not restored, the defendant may not hold public office.

Exception: A person who is on Felony DWI, Involuntary Manslaughter, or Intoxication Manslaughter supervision, who is on regular supervision for a state jail felony offense, or who is on regular community supervision for a sexual offense listed in Chapter 62 the Code of Criminal Procedure may not hold public office, even after discharge from community supervision.

Defendant Copy

The Right to Serve on a Jury

1. Misdemeanor supervision — A person on misdemeanor supervision may serve on a jury.

Exceptions: For a criminal trial, a person who is on supervision for misdemeanor theft (including deferred adjudication) cannot serve until discharged with rights restored. If rights are not restored, the defendant may not serve on a jury.

For a civil trial, a person who is on deferred, adjudication (but not regular supervision) for a misdemeanor theft cannot serve.

2. Felony Supervision — a person on any type of felony supervision may not serve on either a criminal or civil jury until he/she is discharged or the court sets aside the accusation and dismisses the charges against the defendant.

Exception: A person who is on supervision for a felony DWI, Involuntary Manslaughter, or Intoxication Manslaughter, discharged from regular supervision for a state jail felony offense, or discharged from regular community supervision for a sexual offense listed in Chapter 62 of the Code of Criminal Procedure may not serve on a jury.

The Right to Keep Bear Arms

1. Misdemeanor supervision – A person on misdemeanor supervision is not affected, except that persons placed on regular community supervision for domestic violence offense may not possess a firearm. For one who has been convicted of a misdemeanor crime of domestic violence, the prohibition on the possession of firearms and ammunition does not apply if that individual has received a pardon for the crime, the conviction has been expunged or set aside, or the person has his/her civil rights restored and the person is not otherwise prohibited from possessing a firearm or ammunition.
2. Deferred felony supervision – A person on this type of supervision may possess a firearm and ammunition and can go hunting, but he/she cannot buy additional firearms or ammunition nor carry them across state lines.
3. Regular or Shock felony supervision – A person on either of these types of supervision may not possess, ship, transport, or receive a firearm or ammunition. Even if an offender is discharged from community supervision and the court sets aside the verdict and dismisses the accusation against the individual, he/she may still be barred from possessing a firearm, depending on the position taken by each local office of the Federal Bureau of Alcohol, Tobacco, and Firearms.

In such a situation, it would be necessary to obtain a release from the Bureau of Alcohol, Tobacco, and Firearms of the Department of the Treasury. To request information on release, you may write to the Assistant Director, Criminal Enforcement Division, Bureau of Alcohol, Tobacco, and Firearms, P.O. Box 784; Ben Franklin Station, Washington D.C. 20044.

Even if a defendant obtains a release from the Federal Bureau of Alcohol, Tobacco, and Firearm, state law prohibits a felon from possessing a firearm before the fifth anniversary of the individual's release from community supervision, and even thereafter, the felon can only possess a firearm on the premises at which he/she lives.

Exceptions: A person who has been discharged from felony DWI, Involuntary Manslaughter, or Intoxication Manslaughter supervision, discharged from regular supervision for state jail felony offense, or discharged from regular community supervision for a sexual offense listed in Chapter 62 of the Code of Criminal Procedure may not possess, ship transport, or receive a firearm or ammunition unless a full pardon is obtained from the Governor or a release is obtained from the Bureau of Alcohol, Tobacco, and Firearms.

McLennan County C.S.C.D
Pre-Sentence Investigation Services

PSI INTAKE

Personal Information

Your name: _____
(First, Middle, Last)

Alias names: _____

Please list any scars, marks, and tattoos: _____

Address / Phone / Email

Mailing	Physical (If different)
Street: _____	Street: _____
City: _____	City: _____
State: _____	State: _____
Zip: _____	Zip: _____
Home Phone: _____	
Cell Phone: _____	
Email: _____	

References

Reference #1: Name: _____ Relation: _____
Full
Address: _____
Home Phone: _____ Work Phone: _____

Reference #2: Name: _____ Relation: _____
Full
Address: _____
Home Phone: _____ Work Phone: _____

Demographic Information

Date of Birth: _____ Ethnicity: _____
Gender: _____ Citizenship: _____
Hair Color: _____ Place of Birth: _____
Eye Color: _____ Military _____
Height: _____ Marital Status: _____
Weight: _____ # of Dependents: _____
Primary Language: _____
Alien#: _____

SS #: _____
DL #: _____ State: _____
Other State License# _____

Education

Highest grade completed: _____

			Name of School(s)
GED:	_____ yes	_____ no	_____
High School diploma:	_____ yes	_____ no	_____
Special classes:	_____ yes	_____ no	_____
Some college:	_____ yes	_____ no	_____
College graduate:	_____ yes	_____ no	_____
Vocational training:	_____ yes	_____ no	_____
Type:	_____		

Vehicle Information

Make: _____ Model: _____
Auto Body: _____ Auto Color: _____
Year: _____ License Plate Number & State: _____
Valid Insurance? _____ Name of Title Owner: _____

Employment

Are you currently working: Yes No

Name of current employer: _____

Address of current employer: _____

Work phone#: _____

Financial Information

Monthly Income:

Your monthly earnings (paycheck) \$ _____
 Your spouse's earnings (paycheck) \$ _____
 Unemployed benefits \$ _____
 AFDC \$ _____
 Social Security \$ _____
 Disability \$ _____
 Veteran's Benefits \$ _____
 Child Support \$ _____
 Retirement Income \$ _____
 Other Income \$ _____

Total Monthly Income after Taxes: \$ _____

Explain: _____

Monthly Expenses:

Please check one of the following

- Rent Monthly rent payment \$ _____
- Own Monthly mortgage payment \$ _____
- Other: _____

Do you receive Housing Assistance?

- Yes No

If yes, then what is the total amount you are receiving? \$ _____

LIST ALL OF YOUR MONTHLY BILLS BELOW:

(Include payments for cars, loans, credit cards, utilities, food, etc.)

Payment to:	For:	Amount	Balance Owed (if known)

TOTAL MONTHLY EXPENSES: \$ _____

McLENNAN COUNTY COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT
PSI QUESTIONNAIRE

Name: _____

Phone#: _____

Residence Addresses

List your current address followed by your previous residence addresses during the past two (2) years.

Dates		Street Address	City/State	Who Resides/Resided With You?
From	To			

Employment

Are you currently working? Yes No

Name & Address of current employer: _____

Work phone#: _____

List your current job status followed by information regarding your previous four (4) employers.

Dates of Employment		Employer/Address	Duties	Reason for Leaving
Starting	Ending			

Signatures

Defendant:

The information provided in this questionnaire is true and correct to the best of my knowledge.

Signature _____

Date _____

Interviewer:

I have reviewed this information with the defendant.

Signature _____

Date _____

Family History

Father:

Living Deceased

Name: _____

Address: _____

City/State/Zip: _____

Home / Cell Phone #: _____

Mother:

Living Deceased

Name: _____

Address: _____

City/State/Zip: _____

Home / Cell Phone #: _____

Brothers' Names	Address

Sisters' Names	Address

Children

Names	Age	Address

Military Service:

Provide information regarding military service history and a DD-214, if applicable.

Branch: _____ Current Service Status: _____

Discharge Date: _____ Discharge Type: _____

DD 214 Form (Dept. of Defense Military Discharge) attached: _____ yes _____ no

Military 201 Records Form attached: _____ yes _____ no

Eligible for or receiving Veteran's Administration Benefits: _____ yes _____ no

Does defendant hold a combat service ribbon? _____ yes _____ no

Combat zone: _____ Other: _____

Service in support of combat mission ribbon: _____ yes _____ no

Mental health diagnosis of post-traumatic stress disorder: _____ yes _____ no

Other mental health condition (service-connected): _____

Combat-related traumatic brain injury: _____

Other combat injury: _____

Other service-connected injury/disability: _____

Physical and Mental Health

Condition of health: Good Fair Poor

Do you presently have any physical, medical, or mental impairment? Yes No

If yes, please describe: _____

Have you ever been seen by a psychologist or psychiatrist? Yes No

If yes, provide his/her name and address: _____

Have you ever been treated at a psychiatric hospital? Yes No

If yes, provide the location(s) and date(s): _____

Have you ever been treated at an MHMR facility? Yes No

If yes, provide the location(s) and date(s): _____

