

SPANISH

PSI INTAKE

Informacion Personal

Nombre: _____
 (Apellido, Primero, Segundo)

Otros nombres Usados: _____

Por Favor de proporcionar marcas de indification, Cicatrices, or tatuajes : _____

Direccion	Direccion Fisica (Si es diferente a tu direccion)
Dirección: _____	Dirección: _____
Cuidad _____	Cuidad: _____
Estado: _____	Estado: _____
Codigo Postal: _____	Codigo Postal: _____
Numero de telefono de casa: _____	
Numero de Cellular: _____	
Correo Electronico: _____	

Referencias

Referencia #1: Nombre _____ Relation: _____
 Direccion _____
 : _____
 Numero de Telefono : _____ Numero del trabajo: _____
 Correo Electronico _____

Referencia #2: Nombre: _____ Relation: _____
 Direccion _____
 : _____
 Telefono de casa : _____ Telefono de Trabajo: _____
 Correo Electronico _____

Informacion Demografica

Fecha de Nacimiento:	_____	Etnicidad:	_____	HS Diploma/GED:	<input type="checkbox"/> Yes <input type="checkbox"/> No
Masculino/Mujer:	_____	Ciudadania:	_____	Nivel De Educacion Complida:	_____
Color de Cabello:	_____	Lugar de Nacimiento:	_____	Estado Matrimonial:	_____
Color de Ojos:	_____	Estado Legal Militar:	_____	# de Dependientes:	_____
Estatura:	_____			Idioma:	_____
Peso:	_____			Numero de Residencia:	_____
Numero de Seguro Social:	_____				
Numero de Licencia:	_____	Estado:	_____		

Educacion

Nivel de Educación Completado: _____

Nombre de Escuela (s) _____

GED:	_____	si	_____	no	_____
Diploma de Escuela Secundaria:	_____	si	_____	no	_____
Clases Especiales:	_____	si	_____	no	_____
Alguna Educación De Universidad:	_____	si	_____	no	_____
Graduado de la Universidad:	_____	si	_____	no	_____
Entrenamiento Vocacional	_____	si	_____	no	_____
Tipo:	_____				
Habilidades de Trabajo:	_____				

Informacion de Automovile

Marca:	_____	Modelo:	_____
Estilo de auto:	_____	Color:	_____
Año:	_____	Numero de Placa Y Estado:	_____

Empleo

Estás trabajando: Si No

Nombre del Empleador: _____

Dirección del Empleado: _____

Numero de teléfono del trabajo: _____

Informacion Financiera

INGRESO MENSUAL:

Sus ingresos mensuales \$ _____
 Los ingresos de su esposo (a) \$ _____
 Beneficios de Desempleado \$ _____
 AFDC \$ _____
 Seguro Social \$ _____
 Discapacidad \$ _____
 Beneficios de Veteranos \$ _____
 Manutención de los hijos \$ _____
 Ingresos de Jubilación \$ _____
 Otros Ingresos \$ _____

Ingreso mensual total después de impuestos: \$ _____

Explica: _____

Monthly Expenses:

Por favor, marque una de las siguientes

- Rentar Pago de la renta mensual \$ _____
- Propio Pago de la Hipoteca mensual \$ _____
- Otros: _____

¿Recibe Asistencia de Vivienda?

- Si
- No

Si es así, ¿cuál es la cantidad total que usted está recibiendo? \$ _____

Una lista de todas sus cuentas mensuales:

(Incluya pagos para automóviles, préstamos, tarjetas de crédito, servicios públicos, alimentos, etc.)

Pago Para:	Por:	Cantidad	Saldo adeudado

TOTAL DE GASTOS MENSUALES: \$ _____

OCA VERIFICATION

Signatures

Acusado:

La información proporcionada en este cuestionario es verdadera y correcta a lo mejor de mi conocimiento.

Firma

Fecha

Interviewer:

I have reviewed this information with the defendant.

Signature

Date

TEXT COMMUNICATION OPT-IN / OPT-OUT

NOMBRE:

NUMERO

DE

CUENTA:

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

OPT-SI Acepto recibir mensajes por text (ex. Recuerdos de cita, informacion de pagos) de parte del Departamento de Supervision de Adultos

Correo Electronico: _____

Numero de Telefono #: _____

OPT-NO No quiero recibir mensajes por text de parte del Departament de Supervision de Adultos

Firma

Fecha

McLennan County CSCD Pre-Sentence Investigation Division

Condiciones Durante del Investigacion Pre-Sentencia

1. No cometer ningun delito. Reporte cualquier arresto a su oficial de inmediato.
2. Evite el uso de bebidas alcoholicas o drogas, excepto si son recetadas por el medico.
3. Evite asociarse con personas que tienen historia criminal or que esten involucrados en el crimen.
4. Evite tabernas, bares, discotecas y salas de billar.
5. Reporte as su official como derejido.
6. Trabajar en un empleo adecuado, en la medida de lo mas posible y informa a su oficial antes de dejar or cambiar de trabajo.
7. Mantenga a su official informado de su direccion de residencia, y no cambiar su lugar de residencia sin el permiso de su oficial.
8. Permanece dentro de los limites del condado de McLennan y no deje el condado sin permiso de su official.
9. Somete a un chequeo de orina, aliento or muestra de sangre cuando se le solicita.
10. Mantenga sus dependiantes.

He recibido una copia de las condiciones del investigation pre-sentencia y derechos civiles y armas de fuego. Y entiendo las limitaciones aplicables en mi caso.

Firma

Fecha

Witness (PSI / Court Team Division)

Defendant Copy

Condiciones Durante del Investigacion Pre-Sentencia

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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.

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.

Evan 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
Community Supervision and Corrections Department
504 N. 6th Street
Waco, Texas 76701
254/757-5070

**INSTRUCTIONS FOR OFFENDERS UNDER PRE-SENTENCE INVESTIGATION
(PSI)**

1. Completa el cuestionario (en letra molde) y tráigalo a las entrevista.
2. Traiga su diploma de secundaria / transcripción, diploma de colegio / transcripción, GED o Forma de Militar (DD2-14).
3. Traiga prueba de empleo y de ingresos, como talones de cheque o carta de su empleador.
4. Traiga prueba de cualquier tipo de ingresos que recibe como la jubilación, la seguridad social, discapacidad, compensación de desempleo, militar (VA), ayuda financiera estudiantil, manutención infantil, cupones de alimentos y/o beneficios de TANF.
5. Si está bajo el cuidado de un médico o toma medicamentos recetados, traiga una carta del médico que verifique sus diagnósticos, medicamentos recetados y plan de tratamiento.
6. Si usted está participando en un programa de tratamiento de consejería o abuso de sustancias, traiga prueba de participación en el programa.
7. Si usted es un estudiante, traiga prueba de la matrícula escolar y el horario de clases
8. Si lo desea, usted puede traer cartas de referencia de carácter.

ES MUY IMPORTANTE QUE SE REPORTE A SU OFICIAL ASIGNADO A SU FECHA ASIGNADA Y HORA.

William Glaser	757-5236	william.glaser@co.mclennan.tx.us
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

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 and be ready to provide a urine sample. 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
REGLAS DE OFICINA

- Los únicos artículos que usted puede traer (excepto los artículos de asistencia médica) serán sus pagos del mes y artículos que su oficial ha solicitado a traer. Todo lo demás está prohibido.
- Monederos, carteras con cadenas, bolsas de pañales, maletines, mochilas, paquetes, cajas, etc no están permitidos en las áreas de oficina. No llevar estos artículos a la oficina. Los únicos artículos que se permiten en la zona de oficinas son documentos y otros elementos necesarios para que usted visita con su oficial. Asegure todos los otros artículos en su vehículo si hay que llevarlos.
- Niños menores de 17 años no están autorizados a acompañarle a la oficina. Haga arreglos para el cuidado de niños antes de su visita al consultorio.

McLENNAN COUNTY COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT
504 N. 6th Street; Waco, Texas 76701 – physical

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

p: _____

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: _____

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): _____

Please list any prescriptions or medications you are currently taking, and the reasons you are taking these medications.

Medication(s)	Reason(s)

probation?

Why?

**How can probation help
you?**
