

# PSI INTAKE

Cause # \_\_\_\_\_

PSI Officer \_\_\_\_\_

## Personal Information

Your name: \_\_\_\_\_  
(First, Middle, Last)

Alias names: \_\_\_\_\_

List **all** tattoos/large scars and describe and indicate where they located: \_\_\_\_\_

## 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: \_\_\_\_\_

## 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:** \_\_\_\_\_ \$

If no income, who is providing financial support?

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:** \$ \_\_\_\_\_

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

**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.

Cell Phone #: \_\_\_\_\_

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

\_\_\_\_\_  
Defendant / Probationer's Signature

\_\_\_\_\_  
Date

# SAME DAY 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

# 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.

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 a 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.
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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.

## 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 CSCD  
504 N. 6<sup>th</sup> 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 and email to [cscdpsiunit@co.mclennan.tx.us](mailto: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.**

Bill Glaser	(254) 757-5236	<a href="mailto:william.glaser@co.mclennan.tx.us">william.glaser@co.mclennan.tx.us</a>
Jodie Parham	(254) 757-5210	<a href="mailto:jodie.parham@co.mclennan.tx.us">jodie.parham@co.mclennan.tx.us</a>
Stacey Smith	(254) 757-5265	<a href="mailto:stacey.smith@co.mclennan.tx.us">stacey.smith@co.mclennan.tx.us</a>
Vanessa Martinez	(254) 757-5275	<a href="mailto:vanessa.martinez@co.mclennan.tx.us">vanessa.martinez@co.mclennan.tx.us</a>
Dalton Glass	(254) 7579-5734	<a href="mailto:dalton.glass@co.mclennan.tx.us">dalton.glass@co.mclennan.tx.us</a>

**NOTE: It is imperative that you arrive to the interview on time and bring your completed questionnaire in addition to any of the aforementioned items that apply to you. Report to the teller when you arrive. The interview one to 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.

**McLENNAN COUNTY COMMUNITY SUPERVISION AND CORRECTIONS DEPARTMENT**

**504 N. 6<sup>th</sup> Street; Waco, Texas 76701 – physical**

*(P.O. Box 1250 - WACO, TEXAS 76703 – mailing)*

254-757-5070

**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 current employer: \_\_\_\_\_

**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: \_\_\_\_\_

**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. Mark N/A if this field does not apply to you.

Medication(s)	Reason(s)

