## UNITED STATES DISTRICT COURT DISTRICT OF NEVADA U.S. PROBATION OFFICE PRESENTENCE INTERVIEW FORM 1326 CASES

		THIS SECTION TO	D BE COMPLETE	D BY U.S. PROBATION	OFFICE			
Date of Interview:		Atty	Present?: □ YI	ES 🗆 NO Interpreter:	: DYES DNO			
Location: □ NLVDC □ W	CDC [	□ Probation Office	□ USMS □ Vi	deo interview □ Other_				
Court Name:				CR No.:				
Judge/Magistrate:		Arrest Date:		Sentencing Date:				
FBI No.:	Marshal No.:			Other ID No.:				
AUSA:			Defense Cour	nsel:				
Phone:		Phone: □ Retained □	Phone: □ Retained □ Appointed					
The information you provid	le may	affect your sentenc	e and eligibility	for certain Bureau of Pr	ison programs.			
			IDENTIFICATI	ION DATA				
Your Name:								
Date of Birth: Age:	S	Sex: □ M □ F	Place of Birth (city and state or country):					
Race: Uhite Dack As	sian/Pacif	ic Islander 🛛 American Ir	ndian/Alaskan Native	Hispanic Origin:				
Marital Status: Single Married Divorced	ם <b>ل</b>	untry of Citizenship J.S. Other:	:	Immigration Status: N/A				
No. of Dependents:	F	lighest Level of Ed	ucation:	SSN: N/A				
Your Legal Address:					_			
	(Number and Street)			(Apartment)				
_	(City)	)	(State)	(Zip)	-			
Your Current Address:	(Nun	nber and Street)		(Apartment)	-			
_	(City	)	(State)	(Zip)	-			

Family and Social History									
List your birth parents, adoptive, foster or legal guardians, and all siblings, half-siblings or step-siblings, alive or deceased.									
Name	Relat	Relationship and Age		City a	an	d State of Residence and ph	one number		Occupation
		Father							
Current Name:		Mother							
Maiden Name:									
MARITAL STATUS									
□ Check if you are presently single and have never been married.									
Spouse or Domestic Partner and current location and phone number		Date and Place of Marria		age	ge Date and Place of Divorce		Number of Children		Still in contact?
				Ī				T	

CHILDREN									
Check if you have never had any children.									
Child's Name		Parent		Age	Custody (full/joint)		Current Residence		
					()				
PHYSICAL DESCRIPTION									
		PHISICAL	1		HUN				
Height:	Weight:		Eye	Color:			Hair Color:		
Birthmarks/Distinguishing Marks:	Scars:								
PHYSICAL HEALTH									
Check if you are healthy and have no history of health problems.									
Describe any chronic illnesses and/or medical issues that might need attention while in custody.									
List all current prescriptions or medications. List any allergies to food or medication.									

## EDUCATION, VOCATIONAL AND OTHER SKILLS

Highest grade completed:							
SCHOLASTIC HISTORY							
Name and location of School	Dates Attended	Degree, Diploma, or Certificate Received					
Can you read and write your native language? What other languages can you speak, read, and/or write?							
Describe any other specialized training or skill(s).							
EMPLOYMENT							
At the time of the instant offense, were you employed, and what was your occupation?							
What is your usual occupation?							

## Additional Information