UNITED STATES DISTRICT COURT

SOUTHERN DISTRICT OF CALIFORNIA

In the matter of)	
)	**General Order No. 552-B**
U.S. PRETRIAL SERVICES)	
INTERVIEWS)	
_____)	

Pursuant to the Court's policy of promoting early, prompt, and efficient judicial evaluation for eligibility of bond and setting of conditions of release for arrested individuals facing charges:

The United States Marshal's Service will continue to make arrested persons in their custody available for initial interviews by Pretrial Services Officers at the earliest practicable time during days the Court is in session. Pretrial Services Officers will be given a reasonable period of time within which to interview arrested persons obtaining only information identified on the attached Worksheet. Responses to the Worksheet cannot be used against the arrested person in a trial or any other criminal proceeding. Thereafter, an attorney from Federal Defenders of San Diego, Inc. or other defense counsel will be given a reasonable period of time within which to interview arrested persons.

The procedure will go into effect with the filing of this General Order.

* *

IT IS SO ORDERED.

Dated: 7/23/2020

LARRY ALAN BURNS,
Chief Judge
United States District Court

DANA M. SABRAW, Judge
United States District Court

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WILLIAM Q. HAYES, Judge
United States District Court

JANIS L. SAMMARTINO, Judge
United States District Court

ANTHONY J. BATTAGLIA, Judge
United States District Court

CATHY ANN BENCIVENGO, Judge
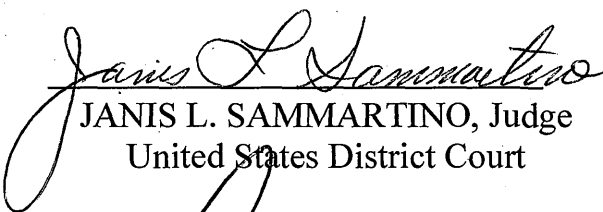United States District Court

GONZALO P. CURIEL, Judge
United States District Court

CYNTHIA BASHANT, Judge
United States District Court

MARILYN L. HUFF, Judge
United States District Court
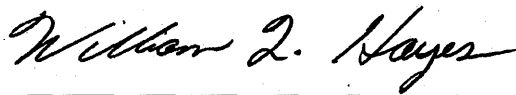
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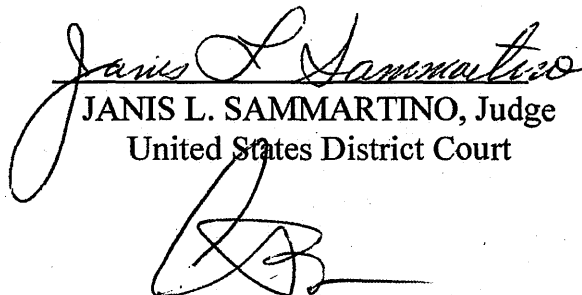JOHN A. HOUSTON, Judge
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MICHAEL M. ANELLO, Judge
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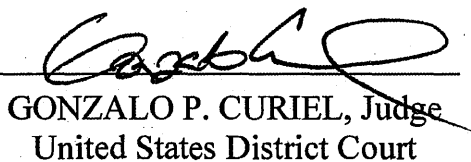United States District Court

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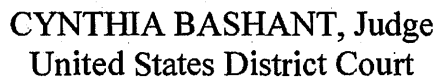United States District Court

ANTHONY J. BATTAGLIA, Judge
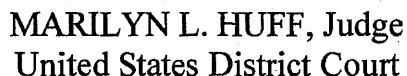United States District Court

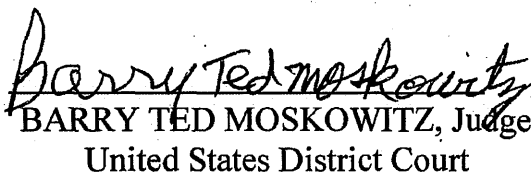CATHY ANN BENCIVENGO, Judge
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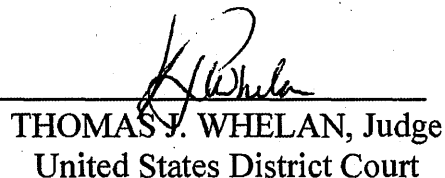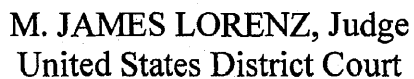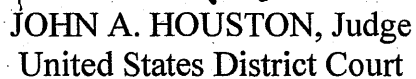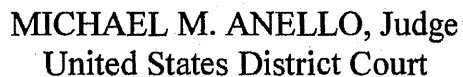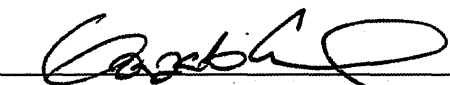
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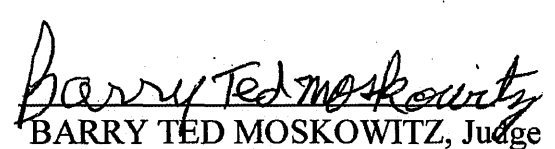United States District Court

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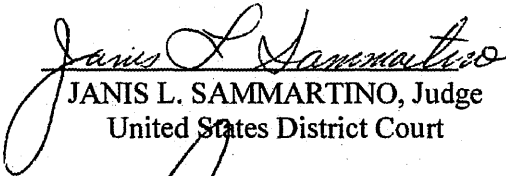MARILYN L. HUFF, Judge
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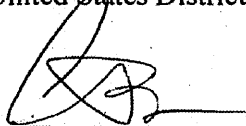United States District Court

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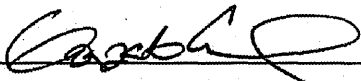United States District Court

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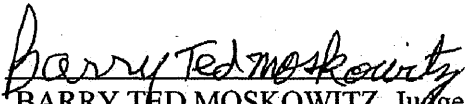United States District Court

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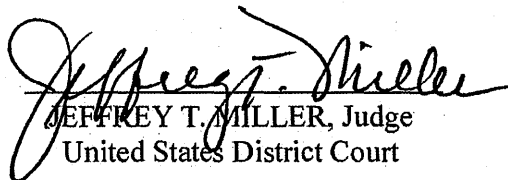United States District Court

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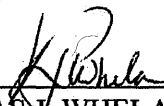
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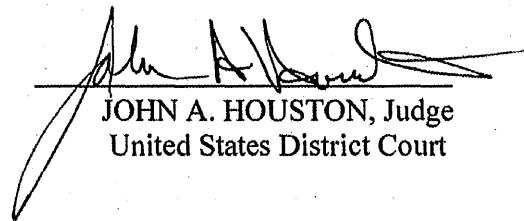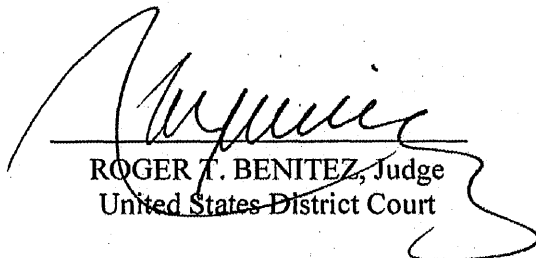BARRY TED MOSKOWITZ, Judge
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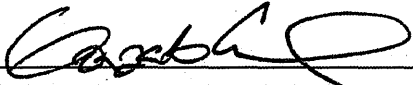United States District Court

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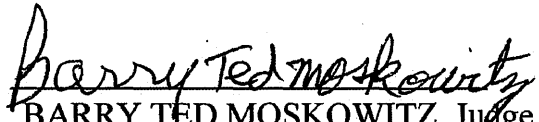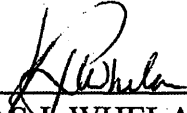
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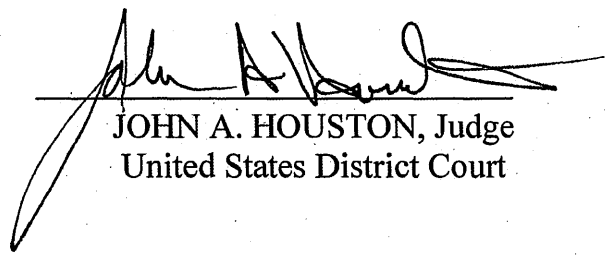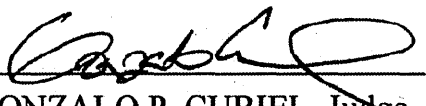CATHY ANN BENCIVENGO, Judge
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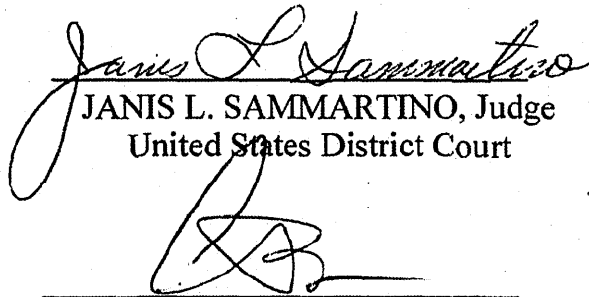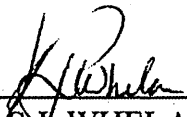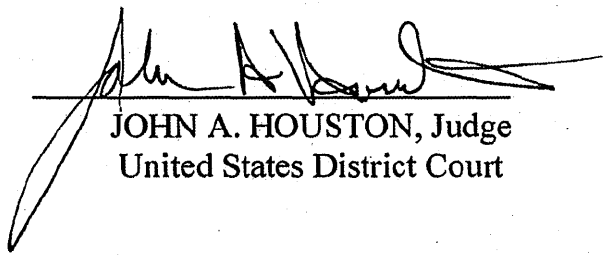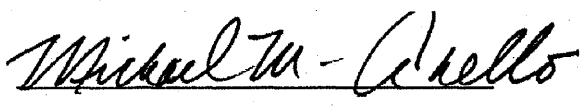ROGER T. BENITEZ, Judge
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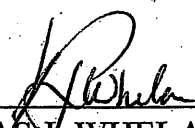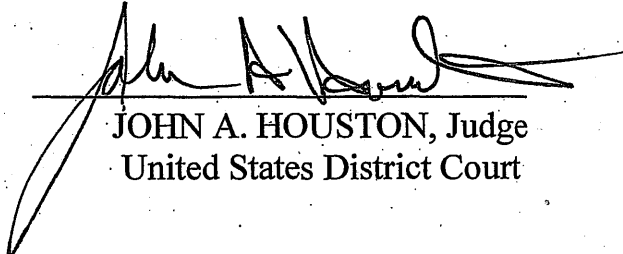
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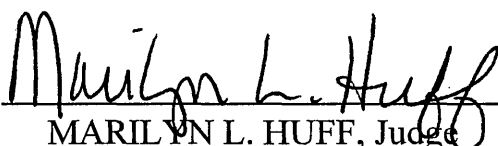United States District Court

PS2
(Rev. 03/10)

United States District Court
Worksheet for Pretrial Services Report

PACTS Client ID No.:	Docket/Defendant No.:	Arrest Date:	Interviewing Officer:	Interview Date:

CLIENT PERSONAL DATA - General

Prefix:	Title: (Dr., PhD., etc.)	Court Name: First	Middle	Last	Generation

SSN/EIN:	State Identification No.:	FBI No.:

Register/Marshal's No.:	ICE (INS) No.:	Driver's License No.: (Include state)

CLIENT PERSONAL DATA - Alternate Names and Ids (If more than three, attach list)

First	Middle	Last	Generation	☐ Also Known As ☐ Maiden Name ☐ Alternate Name ☐ True Name
First	Middle	Last	Generation	☐ Also Known As ☐ Maiden Name ☐ Alternate Name ☐ True Name
First	Middle	Last	Generation	☐ Also Known As ☐ Maiden Name ☐ Alternate Name ☐ True Name

Alternate IDs: (List any other alien numbers, state ID numbers, SSNs, DOBs)

Distinguishing Characteristics: (Scars, tattoos, etc.)

CLIENT PERSONAL DATA - Demographics

Sex: (Check one)	Race: (Check one)	Hispanic: (Check one)	Height:	Weight:
☐ Female ☐ Male ☐ Unknown	☐ American Indian or Alaska Native ☐ Asian ☐ Black or African American ☐ Native Hawaiian or Other Pacific Islander ☐ Other Race ☐ Unknown ☐ White	☐ Hispanic ☐ Non-Hispanic ☐ Unknown **Eye Color:** ☐ Blue ☐ Brown ☐ Green ☐ Hazel ☐ Other	**Age:** **Hair Color:** ☐ Black ☐ Blonde ☐ Brown ☐ Grey ☐ None ☐ Other ☐ Red ☐ White	**Date of Birth:**

Place of Birth:	Country of Birth:	Citizenship: (Check one)	Immigration Status: (Check one)
		☐ U.S. Citizen ☐ U.S. National ☐ Naturalized U.S. Citizen ☐ Citizen of Another Country ☐ Unknown	☐ Humanitarian Migrant (Refugee) ☐ Illegal Alien ☐ Permanent Resident (green card) ☐ Temporary Visa (travel, student, emp.) ☐ Unknown
Do you possess a passport/visa? ☐ Yes ☐ No Location:		Country of Citizenship:	Date Naturalized: _____

Have you traveled outside the United States?

Date Immigrated to the United States: _____   Date Entered the United States: _____

CLIENT PERSONAL DATA - Remarks

Include in PACTS? ☐ Yes ☐ No

CLIENT PERSONAL DATA - Addresses

Current Address:		Phone (Residence):	Phone (Mobile):

City:	State:	Zip Code:	County:	Phone (Pager/Fax):

Address Type:	Date Moved to This Address (From Date):	E-Mail:
☐ Residence ☐ Legal Address ☐ Mailing Address	Time in Community of Residence: (Client Personal Data/Profile)	

Name on Lease/Mortgage:	Name on Utilities:	Monthly Payment:

Have you ever lived outside the state/country? ☐ Yes ☐ No
Explain:

Do you own any firearms? ☐ Yes ☐ No
Are there any firearms where you live? ☐ Yes ☐ No
Any dogs or dangerous animals where you live? ☐ Yes ☐ No

Other/Prior Residences	Start Date	End Date	With Whom?

CLIENT PERSONAL DATA - Collateral Contacts
(Family, Friends, Other Frequent Contacts, etc.)

(Check box if living with defendant)

Name/Age	Relationship/Frequency of Contact	Citizenship Status	Address and Phone Number	Miscellaneous Notes/ Occupation
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				
☐				

MARITAL HISTORY (Including cohabitation)

(Check box if living with defendant)

Current Marital Status: ☐ Cohabiting ☐ Divorced ☐ Married ☐ Separated ☐ Single ☐ Widowed ☐ Unknown
(Current Personal Data/Profile)

Name	Marital Status	Citizenship	Address/ Telephone No.	Dates of Marriage	No. of Children
☐ Current:	███████				

CHILDREN

(Check box if living with defendant)

Name/Age of Children	Children Live With Whom?	Citizenship	Address/ Telephone No.	Frequency of Contact	Support?
☐					
☐					
☐					
☐					

EDUCATION

Education Level: (Client Personal Data/Profile)

☐ No High School Diploma/GED   ☐ Some College   ☐ Doctorate

☐ Graduate Equivalency   ☐ Associate Degree   ☐ Unknown

☐ Vocational/Apprentice Graduate   ☐ Bachelor's Degree

☐ High School Diploma   ☐ Master's Degree

Date Education Obtained/Last Year Attended: _____

Name/Location of Current School: _____

Grade Completed: _____

Certificates/Degrees: _____

MILITARY HISTORY

Branch of Service:

Dates of Service:

Type of Discharge:

Were you court-martialed?
☐ Yes ☐ No

Was any disciplinary action taken?

English Language Skills: (Client Personal Data/Profile)

☐ Fluent in English as Primary Language   ☐ Mute - Fluent in International Sign Language

☐ Fluent in English as Secondary Language   ☐ Mute - Limited or No Fluency in International Sign Language

☐ Limited Fluency in English   ☐ Unknown

☐ No Fluency in English   Primary Language (if not English): _____

CURRENT EMPLOYMENT/UNEMPLOYMENT
(Client Personal Data - Employment/Unemployment)

Start Date of Unemployment: _____

Reasons for Unemployment: (Code as excused in PACTS)

☐ Caregiver ☐ Long-Term Treatment
☐ Court Order ☐ Retired
☐ Disabled ☐ Student
☐ Homemaker ☐ Other:
☐ Looking for Work (Code as not excused in PACTS)

Company Name:	☐ Self-Employed?	Address (Street):			
Start Date:	Phone No.:	City:	State:	Zip Code:	County:

Hours Per Week:		Gross Income for This Employment:	

Occupation:	Job Title:
How Long Employed?	Work Hours:

$ _____

☐ Hourly ☐ Semi-Monthly
☐ Weekly ☐ Monthly
☐ Biweekly ☐ Yearly

Can you return to your job?

☐ Yes ☐ No ☐ Unknown

Does your employer know about your arrest? ☐ Yes ☐ No

Can your employer be contacted? ☐ Yes ☐ No

Supervisor's Name:	Supervisor's Title:	Supervisor's Phone No.:	Supervisor's Cell/Pager No.:

Vocational/Training Skills: (Check all that apply) (Client Personal Data/Profile)

☐ Architecture and Engineering
☐ Arts, Design, Entertainment and Media
☐ Child/Adult Care
☐ Community and Social Services
☐ Computers and Mathematics
☐ Construction and Extraction
☐ Cosmetology/Barber
☐ Data Processing - Education, Training, Library Science
☐ Farming, Fishing, Forestry

☐ Finance
☐ Food/Lodging Services
☐ Healthcare
☐ Janitorial/Cleaning Service
☐ Laborer
☐ Landscape/Ground Maintenance
☐ Legal
☐ Life, Physical, and Social Science
☐ Management

☐ Military Service
☐ Office/Clerical/Administrative Support
☐ Production/Assembly
☐ Sales
☐ Tradesman (Electrician/Plumber/Mechanic)
☐ Transportation and Material Moving
☐ Other

PREVIOUS EMPLOYMENT/UNEMPLOYMENT

Start and End Dates	Name of Employer/ Unemployed	Address of Employer	Nature of Work, Hours Per Week, Salary, Reason for Leaving

FINANCIAL INFORMATION

EMPLOYMENT INCOME:	Other Source of Income: (Client Personal Data/Employment)	

EMPLOYMENT INCOME:

Yearly/Monthly/Weekly $_____

PAYMENT METHOD: (Check One)
☐ Cash ☐ Check ☐ Commission ☐ Other

SPOUSE/SIGNIFICANT OTHER'S OCCUPATION _____

Yearly/Monthly/Weekly $_____
Yearly/Monthly/Weekly $_____

Other Source of Income: (Client Personal Data/Employment)

Alimony	$_____	Payback on Loans	$_____
Child Support	$_____	Retirement Pension	$_____
Disability Insurance/	$_____	Severance Pay	$_____
Employee Benefit		Trust	$_____
Dividend	$_____	Unemployment Comp.	$_____
Family Support	$_____	Unknown	$_____
Food Stamps	$_____	Other	$_____
Investments	$_____	Social Security	$_____
Lawsuit Payout	$_____	Social Security (disability)	$_____

ASSETS		LIABILITIES	BALANCE	MONTHLY PAYMENT
Cash	$	Rent or Mortgage Payment		
Savings Account	$	Other Mortgage		
Checking Account	$	Past Due/Pending Foreclosure? ☐ Yes ☐ No		
Stocks/Bonds/Retirement Accounts? ☐ Yes ☐ No Describe:	$			
		Utilities		
		Groceries		
		Child Care		
Other Accounts	$	Child Support (Ordered or Voluntary?)		
	$			
	$	Alimony		
Valuable Property (collections, jewelry, etc.)	$	Personal Loans		
Business Assets	$	Business Liabilities		

Motor Vehicles - Ownership			Motor Vehicles - Loans/Leases			
Year	Make	Model	Amount	Creditor		

Real Estate:	Auto Insurance		
Date Purchased:	Total Credit Card Debt		
Address:	School Loans		
Current Market Value $	Outstanding Medical Bills		
Equity $	Outstanding Taxes/Fines/Restitution		
Down Payment $	Other Debts/Monthly Expenses		

Have you ever filed for bankruptcy? ☐ Yes ☐ No	Type of Bankruptcy Filed: _____
Location of Court:	Year Filed: _____ Amount Discharged: _____

ADDITIONAL NOTES

HEALTH

Physical Health

Brief Description:

Physical Health Status: (Client Personal Data/Profile)

☐ Minor Medical Problems Only

☐ Significant Medical Disorder (Under control but follow-up care required)

☐ One or More Chronic or Recurrent Medical Problems

☐ Uncontrolled Significant Disorder

☐ Diagnostic Evaluation or Specific Treatment in Progress

☐ None

☐ Unknown

Names of Medications and Reason(s) for Use:

Mental Health

Current Mental Health Status: (Check all that apply) (Client Personal Data/Profile)

☐ No evidence of a current or past mental health condition.

☐ History of a mental health condition. No active symptoms.

☐ Mental health condition requiring ongoing treatment.

☐ Has been in therapy within the last 12 months for a mental health condition.

☐ Currently taking medication for a mental health condition (psychotropic drug).

☐ Has seen a physician within the last 12 months for a mental health condition.

☐ Has been hospitalized within the last 24 months for a mental health condition.

Have you ever seen a doctor for any emotional or psychiatric problems? ☐ Yes ☐ No ☐ Unknown If yes, when, where, and last visit?

Have you ever been hospitalized for emotional problems? ☐ Yes ☐ No ☐ Unknown If yes, when and where?

Have you ever thought of or attempted suicide? ☐ Yes ☐ No ☐ Unknown If yes, when, and what method was used or thought of?

Have you ever been prescribed medication for emotional or psychiatric problems? ☐ Yes ☐ No ☐ Unknown
If yes, name of medication(s) and how long you used it:

Do you have current thoughts of suicide, hearing voices, or seeing things? ☐ Yes ☐ No ☐ Unknown If yes, explain.

Do you have a history of gambling? ☐ Yes ☐ No ☐ Unknown
If yes, describe the type of gambling activities, frequency, and amount:

Do you have a history of domestic violence? ☐ Yes ☐ No ☐ Unknown Explain:

Mental Health Treatment

Dates	Name of Program	Location	Purpose	Inpatient/Outpatient	Completed? If no, why?
					☐ Yes ☐ No
					☐ Yes ☐ No

SUBSTANCE ABUSE HISTORY (Client Personal Data/Profile)

Drug Use	Indicate Drugs of 1st, 2nd, and 3rd Choice	Current	History of	Age Use Began	Last Used	Frequency Used
Alcohol		☐	☐			
Amphetamines		☐	☐			
Benzodiazepines		☐	☐			
Cannabinoids		☐	☐			
Club/Designer Drugs		☐	☐			
Cocaine		☐	☐			
Hallucinogens (PCP, LSD)		☐	☐			
Heroin		☐	☐			
Methamphetamines		☐	☐			
Prescription Opiates		☐	☐			
Other		☐	☐			

Substance Abuse Treatment

Substance Abuse Treatment History (Check all that apply)	Current	History of	Notes
Inpatient Treatment	☐	☐	
Outpatient Treatment	☐	☐	
Self-Help (AA/NA)	☐	☐	
Confined Treatment Program (BOP)	☐	☐	

Dates	Name of Program	Location	Purpose	Inpatient/ Outpatient	Type of Discharge (Satisfactory/Unsatisfactory)

If a drug test were taken today, would it reveal any illegal substance or medications?   ☐ Yes   ☐ No   ☐ Unknown
If so, what illegal drugs/medications?

Would you like to receive treatment?   ☐ Yes   ☐ No

ADDITIONAL NOTES

SELF-REPORTED CRIMINAL HISTORY (including juvenile adjudications)

Date Arrested/Age	Agency/Location	Offense Charged and Bail	Disposition or Next Court Date

Probation/Parole History? ☐ Yes ☐ No	Where?	Any violations?

Probation/Parole Officer's Name, Address, and Telephone No.:

Are you a member of, or have you ever been in a gang? ☐ Yes ☐ No

Gang Name	Initiation Date	When did you get out?

Will this information bring harm to you or your family? ☐ Yes ☐ No

INTAKE - Prior Tab

Prior Failures to Appear:	Prior Escapes:	Prior Abscondings:

Prior Record	Charges (No.)	Convictions (No.)	Drugs (No.)	Violent (No.)	Pending Cases (No.)
Misdemeanors					
Felonies					

INVESTIGATION - General Tab (Complete when an investigation is completed)

Docket No.: (e.g., 1:07M101 or 1:07CR101)		Type of Investigation: ☐ Pretrial Services ☐ Material Witness ☐ Pretrial Diversion

Investigation Officer:	Date Assigned:	Date Due:	Date Report Submitted:

Temporary Duty? ☐ Yes ☐ No

Judicial Officer: (Leave blank if pretrial diversion)	Jurisdictional Authority: ☐ Court (District Court) ☐ Other District ☐ Magistrate ☐ U.S. Attorney (Use for PTD)

ADDITIONAL NOTES