

**GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS  
TRIBAL COURT  
PRE-SENTENCE QUESTIONNAIRE**

Please fill out this questionnaire completely. It is to your advantage to provide the information requested entirely, accurately, and promptly. Since the court ordered the pre-disposition, you have a legal responsibility to cooperate with the pre-disposition investigator.

**PERSONAL DATA**

NAME: \_\_\_\_\_ D/O/B: \_\_\_\_\_ AGE: \_\_\_\_\_

OTHER NAMES (S) USED: \_\_\_\_\_

ADDRESS: \_\_\_\_\_ CITY/STATE: \_\_\_\_\_

HOME TELEPHONE: \_\_\_\_\_ WORK PHONE: \_\_\_\_\_

SOCIAL SECURITY NUMBER: \_\_\_\_\_ DO YOU RENT OR OWN \_\_\_\_\_

TRIBAL AFFILIATION: \_\_\_\_\_ TRIBAL ID NUMBER: \_\_\_\_\_

EMAIL: \_\_\_\_\_

DRIVERS LICENSE #: \_\_\_\_\_ EXPIRATION DATE: \_\_\_\_\_

HEIGHT: \_\_\_\_\_ WEIGHT: \_\_\_\_\_ SEX: \_\_\_\_\_ HAIR COLOR: \_\_\_\_\_ EYE COLOR \_\_\_\_\_

SCARS, MARKS, OR TATOOS: \_\_\_\_\_

LIST ALL FORMS OF INCOME: \_\_\_\_\_

\_\_\_\_\_

LIST YOUR HOUSEHOLD EXPENSES: \_\_\_\_\_

\_\_\_\_\_

HOW LONG HAVE YOU LIVED IN THE COMMUNITY: \_\_\_\_\_

WHO LIVES IN YOUR HOME (NAMES & AGES): \_\_\_\_\_

\_\_\_\_\_

DO YOU HAVE ANY DOGS AT HOME? HOW MANY? (The dogs MUST be tied up when the Probation Officer makes a home visit). \_\_\_\_\_

HAS ANYONE IN THE HOME EVER BEEN CHARGED WITH AN ASSAULTIVE OFFENSE? (WHO, FOR WHAT, WHEN) \_\_\_\_\_

DOES ANYONE IN THE HOME HAVE A PERSONAL PROTECTION ORDER AGAINST THEM OR AGAINST SOMEONE ELSE? WHO? \_\_\_\_\_

**OFFENSE DATA:**

I AM CHARGED WITH: \_\_\_\_\_ DATE: \_\_\_\_\_

MY ATTORNEY IS: \_\_\_\_\_

IN COURT I PLEAD: \_\_\_\_\_ ON WHAT DATE: \_\_\_\_\_

I WAS ARRESTED BY: \_\_\_\_\_ ON: \_\_\_\_\_ (DATE)

I SPENT \_\_\_\_\_ DAYS IN JAIL. BOND AMOUNT: \_\_\_\_\_

BOND WAS POSTED BY: \_\_\_\_\_

**OFFENSE INFORMATION**

MY VERSION OF THE OFFENSE IS AS FOLLOWS: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WHY DID YOU COMMIT THE OFFENSE AND HOW DO YOU FEEL ABOUT WHAT YOU DID:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

WAS THERE ALCOHOL INVOLVED: \_\_\_\_\_

WAS THERE DRUGS

INVOLVED: \_\_\_\_\_

**MARITAL STATUS:**

ARE YOU: SINGLE \_\_\_\_\_ MARRIED \_\_\_\_\_ DIVORCED \_\_\_\_\_ WIDOWED \_\_\_\_\_

SPOUSE'S NAME \_\_\_\_\_ NUMBER OF CHILDREN: \_\_\_\_\_

NAME (S) AND AGES OF CHILDREN: \_\_\_\_\_

YOU RESIDE WITH: \_\_\_\_\_

CHILDREN RESIDE WITH: \_\_\_\_\_

**FAMILY INFORMATION:**

FATHER'S NAME: \_\_\_\_\_ GTB MEMBER: \_\_\_\_\_ D/O/B: \_\_\_\_\_

MOTHER'S NAME: \_\_\_\_\_ GTB MEMBER: \_\_\_\_\_ D/O/B: \_\_\_\_\_

BROTHER (S) AND SISTER (S): \_\_\_\_\_

DESCRIBE YOUR FAMILY LIFE (GOOD OR BAD) AS YOU GREW UP: \_\_\_\_\_

WERE YOU EVER ABUSED: \_\_\_\_\_

**EDUCATION:**

HIGH SCHOOL, COLLEGE, OR UNIVERSITY	ADDRESS	LAST GRADE COMPLETED	YEAR	DID YOU GRADUATE

G.E.D. CERTIFICATE: \_\_\_\_\_ YEAR: \_\_\_\_\_ ANY VOCATIONAL TRAINING: \_\_\_\_\_

WHAT FIELD (S): \_\_\_\_\_ WHAT SCHOOL: \_\_\_\_\_

DID YOU COMPLETE YOUR VOCATIONAL TRAINING: \_\_\_\_\_ YEAR \_\_\_\_\_

OTHER SKILLS: \_\_\_\_\_

DO YOU PLAN ON CONTINUING YOUR EDUCATION: \_\_\_\_\_ HOW: \_\_\_\_\_

**EMPLOYMENT:**

PRESENT EMPLOYER: \_\_\_\_\_

WHAT IS YOUR JOB DESCRIPTION: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

HOW LONG: \_\_\_\_\_ WAGE: \_\_\_\_\_

DO YOU LIKE YOUR JOB: \_\_\_\_\_

ARE YOU FULL, PART OR A SEASONAL EMPLOYEE: \_\_\_\_\_

**MILITARY DATA:**

WHAT MILITARY SERVICE DID YOU JOIN: \_\_\_\_\_

WHAT WAS YOUR JOB DISCRIPTION: \_\_\_\_\_

WHAT IS THE HIGHEST RANK RECIEVED \_\_\_\_\_

DATE ENTERED: \_\_\_\_\_ DISCHARGE DATE: \_\_\_\_\_

TYPE OF DISCHARGE: \_\_\_\_\_

**INTEREST AND ACTIVITIES:**

WHAT DO YOU LIKE TO DO BEST: \_\_\_\_\_

WHAT ARE YOUR HOBBIES: \_\_\_\_\_

WHAT DO YOU DO IN YOUR FREE TIME: \_\_\_\_\_

**HEALTH:**

HAVE YOU EVER BEEN TREATED OR EVALUATED BY BHS, SOCIAL SERVICES, OR CRISIS INTERVENTION: \_\_\_\_\_ EXPLAIN AND GIVE DATE: \_\_\_\_\_

HAVE YOU EVER BEEN IN ANY IN-PATIENT OR OUT-PATIENT TREATMENT PROGRAM: \_\_\_\_\_

IF SO WHEN AND WHERE: \_\_\_\_\_

DO YOU HAVE ANY HEALTH PROBLEMS: \_\_\_\_\_ IF SO, ARE THEY TEMPORARY OR PERMANENT: \_\_\_\_\_ PLEASE EXPLAIN: \_\_\_\_\_

DO YOU DRINK ALCOHOLIC BEVERAGES: \_\_\_\_\_

WHAT KIND: \_\_\_\_\_ HOW OFTEN: \_\_\_\_\_

DO YOU NEED ALCOHOL IN ORDER TO RELAX OR HAVE A GOOD TIME: \_\_\_\_\_

HAVE YOU EVER USED ANY ILLEGAL DRUGS: \_\_\_\_\_

WHAT KIND AND HOW OFTEN: \_\_\_\_\_

**VALUES AND OUTLOOK:**

WHAT ARE YOUR FUTURE PLANS IN LIFE: \_\_\_\_\_

WHAT DO YOU VALUE MOST IN LIFE: \_\_\_\_\_

HOW DO YOU VIEW YOUR LIFE AT THE PRESENT TIME: \_\_\_\_\_

**CRIMINAL HISTORY:**

LIST AND EXPLAIN ANY PAST CRIMINAL AND JUVENILE COURT CONVICTIONS. LIST WHAT THE OFFENSE WAS, WHEN, AND WHERE IT HAPPENED, WHAT THE SENTENCE WAS, AND EXPLAIN THE OFFENSE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

ARE YOU OR HAVE YOU EVER BEEN ON PROBATION OR PAROLE: \_\_\_\_\_

IF YES, WHEN AND WHERE: \_\_\_\_\_

IS THERE ANYTHING THAT YOU THINK THE COURT SHOULD TAKE INTO CONSIDERATION WHEN DECIDING YOUR SENTENCE: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

BY SIGNING YOUR NAME BELOW, YOU UNDERSTAND AND UNDER PENALTIES OF PERJURY THAT THE INFORMATION YOU HAVE PROVIDED IS THE TRUTH. IF THE COURT DISCOVERS THAT YOU LIED OR GAVE MISLEADING ANSWERS ON THIS FORM, YOU MAY BE CHARGED WITH CONTEMPT OF COURT.

\_\_\_\_\_  
DATE

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

\_\_\_\_\_  
WITNESS SIGNATURE

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS TRIBAL COURT  
PROBATION DEPARTMENT  
2605 N. WEST BAY SHORE DRIVE  
PESHAWBESTOWN, MI 49682  
231.534.7050

**RELEASE OF CONFIDENTIAL INFORMATION**

NAME \_\_\_\_\_ D/O/B \_\_\_\_\_ DATE \_\_\_\_\_  
PRINT

I, do hereby authorize the release of any and all MEDICAL, PSYCHIATRIC, and PSYCHOLOGICAL evaluation reports and/or records for use in my Probation and Pre Sentencing Report for the Grand Traverse Band Tribal Probation Department. (\_\_\_\_\_)

Initial

I, do hereby authorize the release of any and all ALCOHOL and/or DRUG ABUSE counseling and treatment records and/or reports for use in my Probation and Pre Sentencing Report for the Grand Traverse Band Tribal Probation Department. (\_\_\_\_\_)

Initial

I, do hereby authorize the release of any and all ADULT CRIMINAL AND JUVENILE reports and/or records for use in my Probation and Pre Sentencing Report for the Grand Traverse Band Tribal Probation Department. (\_\_\_\_\_)

Initial

I, do hereby authorize the release of any and all FINANCIAL reports and/or records for use in my Probation and Pre Sentencing Report for the Grand Traverse Band Tribal Probation Department. (\_\_\_\_\_)

Initial

I, do hereby authorize the release of any and all SCHOOL reports for use in my Probation and Pre Sentencing Report for the Grand Traverse Band Tribal Probation Department. (\_\_\_\_\_)

Initial

I, do hereby authorize the release of any and all MENTAL HEALTH reports and/or records for use in my Probation and Pre Sentencing Report for the Grand Traverse Band Tribal Probation Department. (\_\_\_\_\_)

Initial

DEFENDANT'S SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

WITNESS SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please forward all information to the Grand Traverse Band Tribal Court at:

Probation Officer Trisha Knauf  
231-534-7546, office or 231-631-4239, work cell  
2605 N. West Bay Shore Drive  
Peshawbestown, MI 49682

Assistant Probation Officer Tom Mercer  
231-534-7027, office or (231) 492-6863, work cell  
2605 N. West Bay Shore Drive  
Peshawbestown, MI 49682

VAWA Intensive Probation Officer John Sabatini  
231-534-7024, Office or  
231-492-6771, Work Cell  
2605 N. West Bay Shore Dr.  
Peshawbestown, MI 49682

GRAND TRAVERSE BAND OF OTTAWA AND CHIPPEWA INDIANS TRIBAL COURT  
PROBATION DEPARTMENT  
2605 N. WEST BAY SHORE DRIVE  
PESHAWBESTOWN, MI 49682  
231.534.7050

**RELEASE OF INFORMATION AND CONFIDENTIALITY**

I authorize the GTB Tribal Court Probation Department, Sherri Vezina, Trisha Knauf, John Sabatini, & Tom Mercer to release information to:

Women's Resource Center, GTB TVA Project Director, GTB Clinic, AFS, BHS, Other GTB Departments, Nexus Family Services, CMH, Goodwill, and other agencies on a need-to-know basis for purposes of helping \_\_\_\_\_ (name). These same listed programs are authorized to do the same on my behalf (i.e. a two-way release of confidential information) and release my confidential information to the GTB Tribal Court Probation Department, Sherri Vezina, Trisha Knauf, John Sabatini, & Tom Mercer and any information that may be pertinent to \_\_\_\_\_ (name) and being on probation.

The following information I choose not to be released is:

\_\_\_\_\_  
This \_\_\_ is \_\_\_ is not a two-way release of information for the above-named persons and/or organizations.

**This release expires one year from the date I sign it.**

A photocopy of the original will serve in place of the original.

\_\_\_\_\_  
Name of Client – Printed

\_\_\_\_\_  
Signature of Client

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Witness

\_\_\_\_\_  
Date

**EXCEPTIONS TO CONFIDENTIALITY**

Michigan Law states that confidential communications between victims/survivors of sexual or domestic violence counselors/advocates are privileged. This means that in most cases the Probation Officer will not release information about you or the services you receive to anyone. There are some exceptions to this general form.

1. **Release of Information.** You may waive the privilege of releasing information to specific agencies by completing and signing the above release form.
2. **Child Protection Law.** The Probation Officers are required to report cases of suspected child abuse or neglect to the GTB Protective Service staff, Indian Child Welfare and/or the DHHS Protective Services.
3. **Danger to you or others.** If the Probation Officers have reason to believe that you or another person is in danger of being physically harmed, we will take steps to protect the person who is being threatened. This may involve releasing information to another agency.
4. **The court ordered Petition.** Probation Officers may be required to testify at probation revocation hearings if you are not complying with the terms of your probation.
5. **Recent Case Law.** A recent Michigan court case indicates that in some criminal cases a person who is accused of assaulting you may request access to your records. This will only be allowed under very specific circumstances.