



PRE-SENTENCE INVESTIGATION

To: The Honorable
County Superior Court

Date of report:

Name DOC number Sentence date

Alias(es)

Crime(s)

Cause number(s)

Date of offense(s)

County Prosecuting Attorney Defense Attorney

OFFICIAL VERSION OF OFFENSE

VICTIM IMPACT STATEMENT/CONCERNS

FAMILY IMPACT STATEMENT

DEFENDANT'S STATEMENT REGARDING OFFENSE

CRIMINAL HISTORY, INCLUDING SOURCE(S)

Juvenile Felony

Offense date: _____ Crime: _____ County/cause #: _____
Sentence date: _____ Disposition: _____ Score/Wash: _____

Offense date: _____ Crime: _____ County/cause #: _____
Sentence date: _____ Disposition: _____ Score/Wash: _____

Adult Felony

Offense date: _____ Crime: _____ County/cause #: _____
Sentence date: _____ Disposition: _____ Score/Wash: _____

Offense date: _____ Crime: _____ County/cause #: _____
Sentence date: _____ Disposition: _____ Score/Wash: _____

Offense date: _____ Crime: _____ County/cause #: _____
Sentence date: _____ Disposition: _____ Score/Wash: _____

Offense date: _____ Crime: _____ County/cause #: _____
Sentence date: _____ Disposition: _____ Score/Wash: _____

Misdemeanor(s)

Offense date: _____ Crime: _____ County/cause #: _____
Sentence date: _____ Disposition: _____ Score/Wash: _____

Offense date: _____ Crime: _____ County/cause #: _____
Sentence date: _____ Disposition: _____ Score/Wash: _____

Offense date: _____ Crime: _____ County/cause #: _____
Sentence date: _____ Disposition: _____ Score/Wash: _____

Offense date: _____ Crime: _____ County/cause #: _____
Sentence date: _____ Disposition: _____ Score/Wash: _____

SCORING

Seriousness Level	Score	Standard Range
Count I		to _____ months
Count II		to _____ months

Count III		to	months
Count IV		to	months

COMMUNITY CUSTODY, IF APPLICABLE

Seriousness Level	Score	Standard Range	
Count I		to	months
Count II		to	months
Count III		to	months
Count IV		to	months

COMMUNITY CUSTODY BOARD, IF APPLICABLE

Seriousness Level	Score	Standard Range		
Count I		Min	to	Max
Count II		Min	to	Max
Count III		Min	to	Max
Count IV		Min	to	Max

RISK/NEEDS ASSESSMENT

A risk/needs assessment interview was completed with the individual. The following risk/needs area(s) and strengths have implications for potential risk, supervision, and interventions. Unless otherwise noted, the following information was provided by the individual and has not been verified.

Criminal history:

Education/employment:

Financial:

Family/marital:

Accommodation:

Leisure/recreation:

Companions:

Alcohol/drug use:

Emotional/personal:

Attitude/orientation:

COMMUNITY CONCERNS

CONCLUSIONS

SENTENCE OPTIONS

- | | |
|---|--|
| <input type="checkbox"/> Exceptional sentence | <input type="checkbox"/> Drug Offender Sentencing Alternative (DOSA) |
| <input type="checkbox"/> Community Custody Board (CCB) | <input type="checkbox"/> Family Offender Sentencing Alternative (FOSA) |
| <input type="checkbox"/> First-Time Offender Waiver (FTOW) | <input type="checkbox"/> Mental Health Sentencing Alternative (MHSA) |
| <input type="checkbox"/> Confinement within the Standard Sentence Range | <input type="checkbox"/> Special Sex Offender Sentencing Alternative (SSOSA) |

RECOMMENDATIONS

Sentence type/option:
Confinement: to months
Offender Accountability Act: Non-Prison - Length of Community Custody: months
CCB: Minimum term: Maximum Term:
Conversions:
Supervision type and duration:
Length of community supervision:
Conditions of supervision: See attached DOC 09-131: PSI - Judgment & Sentence (Felony) - Appendix H Community Placement/Custody
Comments:

MONETARY OBLIGATIONS

Restitution:	Court costs:	Fine:
Victim penalty:	Drug fund:	Attorney fees:
Other:		

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Community Corrections Officer	Signature	Date

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Community Corrections Supervisor	Signature	Date

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The contents of this document may be eligible for public disclosure. Social Security Numbers are considered confidential information and will be redacted in the event of such a request. This form is governed by Executive Order 16-01, RCW 42.56, and RCW 40.14.

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