

North Carolina Department of Correction  
 Division of Community Corrections  
 Pre-sentence Investigation Report

Requested by: \_\_\_\_\_ Prepared by: \_\_\_\_\_

Date Requested: \_\_\_\_\_ Date Prepared: \_\_\_\_\_

**Defendant's Identification**

**Names:** \_\_\_\_\_  
*List every name the defendant has used*

Date of Birth: \_\_\_\_\_ Place of Birth: \_\_\_\_\_

Race:  White  Black  American Indian  
 Asian  Unknown

Gender:  Male  Female

Marital Status:  Single  Married  Separated  
 Divorced  Widowed  Unknown

**Physical Address:**

**Mailing Address:**

How long at current residence? \_\_\_\_\_

Lives With: \_\_\_\_\_  
*(name, relationship, phone)*

Own Room  Rent  House  Apt  
 Mobile Home

Offenses	Docket No.	Offense Date(s)

District Atty.: \_\_\_\_\_ Defense Atty.: \_\_\_\_\_ Retained   
 Appointed

Plea: \_\_\_\_\_

OTI Score:

**Sentencing Recommendations:** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**OTI Questions with Point Values**

**1. Convictions (0, 1, 2, 3)**

Select all applicable and add for score:

- 1 - DWI
- 2 - Housebreaking, B & E, Burglary, Stolen Property
- 2 - Robbery
- 3 - Forgery
- 0 - Other

**Total**

**2. Financial Status (0, 3, 6)**

- 0 - Self sufficient, capable of handling finances
- 3 - No known difficulty
- 6 - Some or severe difficulty in meeting court and other obligations

**Total**

**3. Marital (0, 3, 5)**

- 0 - Married/Widowed
- 3 - Separated/Divorced
- 5 - Single

**Total**

**4. Attitude (0,6)**

- 0 - Motivated to change, receptive to assistance
- 6 - Dependence or unwilling to accept responsibility, or rationalizes behavior, negative, not motivated to change

**Total**

**5. Drug Addiction (0, 5)**

- 0 - No history of drug addiction
- 5 - Past history of drug addiction

**Total**

**6. Employment (0, 4)**

- 0 - Employed more than 7 months
- 4 - Employed less than 7 months during the past 12 months

**Total**

**7. Employment (0, 4)**

- 0 - Employed, passing in school
- 4 - Unemployed/Unstable employment, problem student

**Total**

**8. High School Dropout (0, 3)**

- 0 - Finished or in school
- 3 - High school dropout

**Total**

**9. Gender (0, 7)**

- 0 - Female
- 7 - Male

**Total**

**10. Age (enter points based on age -see instructions)**

**Total**

**OTI Score**

Level	Average Risk	OTI Range
Minimum	9%	00-15
Low	14%	16-25
Moderate	23%	26-35
High	31%	36+

*Chart reflects the average risk of rearrest within the 1st year of supervision based upon the OTI score*

**Offender Traits Inventory (OTI) Assessment Instructions**

**The purpose of the OTI is to assess the offender's risk of rearrest (further criminal involvement) and not dangerousness or propensity toward violence**

**1. Convictions**

This item looks at the offender conviction history. It applies only to the offense(s) for which the offender was actually convicted - not arrested. Should an offender have multiple prior convictions, check all of the categories that apply; maximum points = 10

The crime categories with greater than 0 points assigned are those that were shown to be predictive when the OTI was developed. If an offender's offense cannot fit into any of these categories (for example, bribery), check the box marked "Other," and zero points will be assigned since it was not among the crimes determined to predict recidivism.

**2. Financial Situation**

This is an indication of one's ability to manage his financial situation

- 0 Self sufficient, capable of handling finances - Earns enough income to meet obligations and maintain savings.
- 3 No know difficulty - Can meet immediate expenses, but needs limited budgeting and counseling, including offenders where there is insufficient information to make a determination.
- 6 Some/severe difficulty in meeting court and other obligations - Sufficient resources with poor management of money or insufficient financial resources; heavy debt, totally incapable of managing financial matters.

**3. Marital**

The intent of this category is to evaluate the supportive relationships that exist.

- 0 Married/widowed - Currently married and living with spouse or spouse deceased
- 3 Separated/divorced - Married at one time, currently separated from spouse or legally divorced
- 5 Single - Never been married

**4. Attitude**

This is a judgmental question that is dependent on the officer's knowledge of the offender.

**5. Drug Addiction**

Serious problems: Major abuse or addiction, needs treatment for heroin, cocaine, barbiturate or other drug dependence.

**6. Employment during last 12 months**

This item refers to all offenders who are members or potential members of the labor force. The issue here is not the number of jobs an offender may have had, but the actual length of time spent employed. In determining the score, consider the following:

- The value is scored based on full-time employment - 30 hours or more per week;
- Part-time employment - less than 30 hours per week; give only half the value of full-time;
- Students, homemakers, retired persons, or physically disabled persons are not considered part of the labor force; scoring is based on a percentage of time in the labor force.

**7. Unstable Employment/Problem Student**

Concerns those offenders who have shown a tendency to work irregularly, lose jobs as a result of absenteeism or in other ways there is an indication that continued employment is unlikely.

Student - Offender attending school and having school related problems

**8. High school dropout (self explanatory)**

**9. Male (self explanatory) Gender is scored 7 points for male and 0 points for female**

**10. Age (self explanatory)**

AGE	POINTS	AGE	POINTS
< 19	8	47-48	-1
19-21	6	49	-2
22-24	7	50-51	-3
25-32	6	52	-4
33-35	5	53	-5
36-38	4	54-55	-6
39-40	3	56	-7
41-42	2	57	-8
43-44	1	58	-9
45-46	0	59	-10
		60+	-11

**Criminal History**

**List Prior Convictions and Dates** *(run global CRC)*

Convictions	Dates

**History of Prior Probation/Parole Supervision Periods** *(from PP05 if applicable)*

Begin Date	End Date	Type of Release

**Crime Version Information**

**Court Record Crime Version** *(attach additional pages if necessary)*


**Defendant's Version of Crime** *(attach additional pages if necessary)*


Co-defendant(s)?       Yes                       No

If yes, Name(s) and Relationship(s) \_\_\_\_\_

**Financial/Employment/Education/Military**

**FINANCIAL**

Total Monthly Income:                      Sources of Income: \_\_\_\_\_  
 \$ \_\_\_\_\_ Do you earn enough income to meet financial obligations?       Yes       No  
 Child Support Payment:                      If no, do you need financial assistance?       Yes       No  
 \$ \_\_\_\_\_

**EMPLOYMENT STATUS**

Employed?      How long?                       Unemployed?      How long?  
 Verified by:       Phone                       Letter       Recent pay stub

Current Employer \_\_\_\_\_      Employer Phone \_\_\_\_\_  
 Employer Address \_\_\_\_\_      Hours \_\_\_\_\_

Previous Employer \_\_\_\_\_      Dates Employed \_\_\_\_\_  
*(if employed less than 1 year)*

**EDUCATION/VOCATIONAL SKILLS**

Highest grade completed: \_\_\_\_\_

Name and Location of School (list most recent first)	Dates Attended	Degree, Diploma, Certificate

Specialized skills or training: \_\_\_\_\_  
\_\_\_\_\_

Professional License(s): \_\_\_\_\_  
\_\_\_\_\_

**MILITARY**

None                       Active                       Reserves                       Inactive

Branch of Service \_\_\_\_\_ Date of Enlistment \_\_\_\_\_

Type of Discharge \_\_\_\_\_ Date of Discharge \_\_\_\_\_

**Substance Abuse**

The defendant has no history of alcohol or drug use and no history of treatment for substance abuse.

Which of the following substances has the defendant used?

- |                                       |   |  |
|---------------------------------------|---|--|
| <input type="checkbox"/> Alcohol      | <input type="checkbox"/> Heroin/Opiates | <input type="checkbox"/> Marijuana                   |
| <input type="checkbox"/> Barbiturates | <input type="checkbox"/> Cocaine        | <input type="checkbox"/> Hallucinogens               |
| <input type="checkbox"/> Crack        | <input type="checkbox"/> Inhalants      | <input type="checkbox"/> Amphetamine/Methamphetamine |
| <input type="checkbox"/> Other        |   |  |

When was alcohol or controlled substance last used? \_\_\_\_\_

What is the defendant's drug of choice and frequency of use? \_\_\_\_\_

Has the defendant attended prior treatment?                       Yes                       No

If yes, what was the outcome of treatment? \_\_\_\_\_

TASC screening results: \_\_\_\_\_  
(need signed release of information)

**Mental/Physical Health**

Any known mental health issues?                       Yes                       No

Is the defendant receiving counseling?                       Yes                       No

Doctor's name: \_\_\_\_\_

Mental health medications (List): \_\_\_\_\_

Any known physical health issues?                       Yes                       No

List any MH general observations (if applicable) \_\_\_\_\_