

**AUTHORIZATION TO RELEASE INFORMATION  
PRIVATE PERSON OR ORGANIZATION  
TO PROBATION OFFICER**

TO WHOM IT MAY CONCERN:

I, \_\_\_\_\_ (NAME) \_\_\_\_\_ (SSN) \_\_\_\_\_ (DOB)

the undersigned, hereby authorize the United States Probation Office for the Western District of North Carolina or its authorized representative(s) or employee(s), bearing release or copy hereof, to obtain any information in your files pertaining to any of the following:

**EMPLOYMENT AND SOCIAL SECURITY ADMINISTRATION RECORDS** (including but not limited to the Detailed Earnings History) under the Freedom of Information Act, **EDUCATION RECORDS** (including but not limited to academic achievement, attendance, athletic, personal history, and disciplinary records), **MEDICAL RECORDS, PSYCHOLOGICAL AND PSYCHIATRIC RECORDS** (including any alcohol and substance abuse diagnosis, treatment and after-care), **CREDIT BUREAU REPORTS, MILITARY RECORDS, and JUVENILE COURT RECORDS.**

I hereby direct you to release such information. This release is executed with full knowledge and understanding that the information is for the United States Probation Office's official use.

I hereby release you, as custodian of such records, from any and all liability for damages of whatever kind which may at any time result to me, my heirs, family, or associates because of compliance with this authorization and request for information or any other attempt to comply with it.

Regarding protected health information, I understand that this authorization is valid until my release from supervision, at which time this authorization to use or disclose this information expires. I understand that information used or disclosed pursuant to this authorization may be disclosed by the recipient and may no longer be protected by federal or state law.

Regarding protected health information, I understand that I have the right to revoke this authorization, in writing, at any time by sending such written notification to the program's privacy contact at:

**(Name and Address of Program)**

Regarding protected health information, I understand that if I revoke this authorization to release confidential information, I will thereby revoke my authorization to further disclosure of such information. I also understand that revoking this authorization before I satisfy the condition of my supervision that requires me to participate in the program will be reported to the court. My revocation of authorization under such circumstances could be considered a violation of a condition of my post-conviction supervision.

The information hereby obtained by the aforementioned probation office is to be used only for the purpose of presentence investigations and reports, and, if applicable, for supervision.

(Authorizing Signature)	(Name - Printed or Typed)	(Date)
(USPO/Witness Signature)	(Name - Printed or Typed)	

This release and request form is approved for official use by the United States Probation Officer by authority of the United States District Court for the Western District of North Carolina.

  
Frank D. Whitney  
Chief United States District Judge 

**UNITED STATES DISTRICT COURT  
NORTH CAROLINA WESTERN  
PROBATION OFFICE**



**PERSONAL AND FAMILY HISTORY**

**PLEASE COMPLETE THE REQUESTED INFORMATION BELOW:**

*(Attach Additional Pages if Necessary)*

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*The United States Probation Office ("USPO") requests this information as part of its duty to undertake a presentence investigation pursuant to Federal Rule of Criminal Procedure 32(c). The USPO may include the information provided in the defendant's presentence report, but it will not use the information for any other purpose. The presentence report will be disclosed to defense counsel, counsel for the U.S. government, and the U.S. District Court responsible for sentencing, and it may be disclosed to the U.S. Parole Commission and the Federal Bureau of Prisons. Subject to those exceptions, the USPO will not disclose the information provided to any other entity.*

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Defendant's Name: \_\_\_\_\_

WDNC Docket No: \_\_\_\_\_

***Failure to disclose requested information may adversely affect your defendant in sentencing designation and Bureau of Prisons programming (mental health, substance abuse, education, etc.). A presentence report cannot be changed once sentencing has occurred.***

**True, Complete/Full Name:**

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**Other Names Used by Defendant:** *Include maiden or married names, alternate names or nicknames.*


**NC Driver's License Number:** \_\_\_\_\_

Have you been issued a driver's license number in any other state? If so, where?

State	Driver's License No.

**Date of Birth:** \_\_\_\_\_

**Place of Birth:**

City	County	State

U.S. Citizen

Citizen of Another Country: \_\_\_\_\_  
(name of country)

What is your status in the United States?

Legal Alien     Naturalized Citizen     Permanent Resident Alien

Other: \_\_\_\_\_

If not a United States citizen, when did you first enter the United States? \_\_\_\_\_

**List Scars, Marks and Tattoos:**


**Defendant's Address:** *List city, county and state where you've lived from birth to present.*

Date You Lived at this Residence	Address

**Parents' Names:**

Name of Biological Mother	Address	DOB
Mother's Telephone No. and/or Email Address		
Mother's Occupation and Current Health Status		

Name of Biological Father	Address	DOB
Father's Telephone No. and/or Email Address		
Father's Occupation and Current Health Status		

**Name of any other individual(s) who was, or is today, an important person in your life:**  
*Step-parent, grandparent, foster parent, guardian, etc. Include age and address of this individual and your current relationship.*

Name	Relationship	Age	Address	Keep in Contact?/ How Often?

**Brother(s) and Sister(s) Name(s):** *Include age and address (city or county, and state)*

Name	Address	DOB or Age

**Spouse(s) Name(s):** *List the name of your current spouse, if applicable, and include the names of any former spouses. List the place and date (approximate if date unknown) of the marriage(s).*

Name	Address	DOB	Place & Dates of Marriage

**Children's Names:** *List the names of any children you may have (include their age and address and other parent's name and frequency of contact with children; if applicable; include the amount of financial support you provide.*

Name and Age	Address if the child does not live with you	Other Parent's Name	Frequency of Contact and Child Support Status

(continued from page 5)

Name and Age	Address if the child does not live with you	Other Parent's Name	Frequency of Contact and Child Support Status

**Educational Record:** List the name of the last high school you attended. Note the latest grade you completed, and/or date of your high school graduation.

Dates Attended	Name of High School and City and State	Year Graduated or Last Grade Completed

If you did not graduate from high school, have you obtained a GED or a high school equivalency certificate? If yes, where and when did you complete these requirements?

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**Colleges or Trade Schools You May Have Attended:** Include city and state where located, and note any degrees or certificates you may have received.

Dates Attended	College/Trade School Name and Address	Name of Degree or Certificate

**Military History:** Include branch(es) of service, date of enlistment, type and date of discharge, specialization, awards or medals and special skills.

Branch	Date of Enlistment	Type of Discharge	Specialization, Awards, etc.

**Current Employment Record:** *List current employment, when started, what your title or duties are, and your salary or hourly wage.*

Date Started	Employer's Name and Address	Position Held	Salary or Hourly Wage

**Past Employment:** *List employment for past ten years (include name of business or company, your title or duties, whether you were paid hourly or salary). Include your reason for leaving each employment.*

Dates of Employment	Employer's Name and Address	Position Held	Salary or Hourly Wage	Reason for Leaving

**Previous Medical Treatment:** *Provide information about any current, or ongoing, medical issues regarding your physical health. Note whether you are currently being treated for any conditions, and if so, what medications you are prescribed. List doctors associated with your healthcare, and include name of medical practice, city, and state.*

Dates You Received Treatment	Name of Medical Practice and/or Doctor & Location (City & State)	Medical Condition	Are you Currently Being Treated: If yes, list medications

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Dates You Received Treatment	Name of Medical Practice and/or Doctor & Location (City & State)	Medical Condition	Are you Currently Being Treated: If yes, list medications

**Mental Health:** *Provide information about any current or past mental health condition, including depression, anxiety, psychiatric issues, etc. Note whether you are currently being treated for any conditions, or were treated in the past. Includes dates and places of treatment. List any medications you may be prescribed currently.*

Dates You Received Treatment	Name of Medical Practice and/or Doctor & Location (City & State)	Medical Condition	Are you Currently Being Treated: If yes, list medications

**Substance Abuse:** *Provide information about any current or past substance abuse (including controlled substances, pharmaceutical drug addictions or issues, alcohol-related problems).*

Drug Use (indicate the type of drug, i.e. cocaine, marijuana, alcohol, etc.)	Frequency

*(If you have participated in substance abuse treatment, please complete the following)*

Dates You Received Treatment	Name of Medical Practice and/or Doctor & Location (City & State)	Are you Currently Being Treated: If yes, list medications

**What other factors about your personal life that we have not addressed do you believe are important for the Court to know before imposing a sentence?**

**DECLARATION OF DEFENDANT OR  
OFFENDER NET WORTH & CASH FLOW  
STATEMENTS**

**Docket No.:** \_\_\_\_\_

I, \_\_\_\_\_, residing at \_\_\_\_\_,  
in the city (or county) of \_\_\_\_\_, in the state of \_\_\_\_\_,  
have completed the attached:

Net Worth Short Form Statement (Prob. Form 48EZ) and

Cash Flow Statement (Prob. Form 48B)

that fully describe my financial resources, including a complete listing of all assets owned or controlled by me as of this date and any transfers or sales of assets since my arrest. The Cash Flow Statement (Prob. Form 48B) also includes my financial needs and earning ability and the financial needs and earning ability of my spouse (or significant other) and my dependent(s) living at home.

I declare under penalty of perjury that the foregoing is true and correct.

False statements may result in revocation of supervision, in addition to possible prosecution under the provisions of 18 U.S.C. § 1001 which carries a term of imprisonment of up to 5 years and a fine of up to \$250,000, or both.

\_\_\_\_\_  
(Defendant' Signature)

\_\_\_\_\_  
(Social Security Number)

Executed on:

\_\_\_\_\_  
(Date)

**Net Worth Statement  
(Short Form)**

**Instructions**

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer an affidavit fully describing your financial resources, including a complete listing of all assets you own or control as of this date and any assets you have transferred or sold since your arrest. Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(d)(2)(D) to clarify that the assets owned, jointly owned, or controlled by a defendant, and liabilities, are all relevant to the court's decision regarding the ability to pay. Your Net Worth Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) that you enjoy the benefits of or make occasional contributions toward. The court may require relating to such other factors as the court deems appropriate (see 18 U.S.C. § 3664(d)(3)).

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Please complete the Net Worth Short Form Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. The Probation Officer may request supporting documentation for all entries at a later time.



## **Monthly Cash Flow Statement**

### **Instructions**

Having been convicted in the United States District Court, you are required to prepare and file with the probation officer a statement fully describing your financial resources, including a complete listing of all monthly cash inflows and outflows.

If you are placed on probation or supervised release (or other types of supervision), you may be periodically required to provide updated information fully describing your financial resources and those of your spouse, significant others, or dependents, as described above, to keep a probation officer informed concerning compliance with any condition of supervision, including the payment of any criminal monetary penalties imposed by the court (see 18 U.S.C. § 3603).

Amendments were made to 18 U.S.C. §§ 3663(a)(1)(B)(i), 3664(d)(3), and 3664(f)(2), and Rule 32(d)(2)(D) to clarify that the assets owned, jointly owned, or controlled by a defendant, liabilities, and the financial needs and earning ability of a defendant and a defendant's dependents are all relevant to the court's decision regarding a defendant's ability to pay. Your Cash Flow Statement should include assets or debts that are yours alone (I-Individual), assets or debts that are jointly (J-Joint) held by you and a spouse or significant other, assets or debts that are held by a spouse or significant other (S-Spouse or Significant Other) that you enjoy the benefits of or make occasional contributions toward, and assets or debts that are held by a dependent (D-Dependent) living in your home that you enjoy the benefits of or make occasional contributions toward.

Please complete the Monthly Cash Flow Statement in its entirety. You must answer "None" to any item that is not applicable to your financial condition. Attach additional pages if you need more space for any item. The Probation Officer may request supporting documentation for all entries at a later time.

## MONTHLY CASH FLOW STATEMENT

### Monthly Cash Inflows

Defendant	Gross	Net
<b>Your Salary/Wages</b> (List both monthly gross earnings and take-home pay after payroll deductions.)		
<b>Your Cash Advances</b> (List all payroll advances or other advances from work.)		
<b>Your Cash Bonuses</b> (List all payments from work in addition to your salary that are not an advance.)		
<b>Commissions</b> (List all non-employee earnings as an independent contractor.)		
<b>Business Income</b> (List both monthly gross income and net income after deducting expenses.)		
<b>Interest</b> (List all interest earned each month.)		
<b>Dividends</b> (List all dividends earned each month.)		
<b>Rental Income</b> (List all monthly income received from real estate properties owned.)		
<b>Trust Income</b> (List all trust income earned each month.)		
<b>Alimony/Child Support</b> (List all alimony or child support payments received each month.)		
<b>Social Security</b> (List all payments received from Social Security.)		
<b>Other Government Benefits</b> (List all amounts received from the government not yet reported (e.g., Aid to Families with Dependent Children.)		
<b>Pensions/Annuities</b> (List all funds received from pensions and annuities each month.)		
<b>Allowances-Housing/Auto/Travel</b> (List all funds received from housing allowances, auto allowances, travel allowances, and any other kind of allowance.)		
<b>Gratuities/Tips</b> (List all gratuities and tips received each month from any and all sources.)		
<b>Spouse/Significant Other Salary/Wages</b> (List all gross and net monthly salary and wages received by your spouse or significant other.)		
<b>Other Joint Spousal Income</b> (List any monthly income jointly earned with your spouse or significant other [e.g., any income from spouse or income from a business owned or operated by the spouse that you have a joint ownership interest in or control]).		
<b>Income of Others In-House</b> (List all monthly income of others living in the household or the monthly amount actually paid for household bills by these persons.)		
<b>Gifts from Family</b> (List all amounts received as gifts from family members each month.)		
<b>Gifts from Others</b> (List all gifts received from any sources not yet reported.)		
<b>Loans from Your Business</b> (List all loan amounts received each month from all businesses owned or controlled by you.)		
<b>Mortgage Loans</b> (List all amounts received each month from mortgage loans owed to you.)		
<b>Other Loans</b> (List all other loan amounts received each month not yet reported.)		
<b>Other (specify)</b> (List all other amounts received each month not yet reported.)		
<b>TOTALS</b>		

<b>Necessary Monthly Cash Outflows</b>		<b>Amount</b>
<b>Rent or Mortgage</b> (List monthly rental payment or mortgage payment.)		
<b>Groceries</b> (List the total monthly amount paid for groceries and number of people in your household.) # _____		
<b>Utilities</b> (List the monthly amount paid for electric, heating oil/gas, water/sewer, telephone, and basic cable.)		
<b>Electric</b>		
<b>Heating Oil/Gas</b>		
<b>Water/Sewer</b>		
<b>Telephone</b>		
<b>Basic Cable</b> (no premium channels)		
<b>Transportation</b> (List monthly amount paid for gasoline, motor oil, necessary auto repairs, or the cost of public transportation.)		
<b>Insurance</b> (List the monthly amount paid for auto, health, homeowner/rental, and life insurance.)		
<b>Auto</b>		
<b>Health</b>		
<b>Homeowner/Rental</b>		
<b>Life</b>		
<b>Clothing</b> (List the monthly amount actually paid for clothing.)		
<b>Loan Payments</b> (List all monthly amounts paid toward verified loans, other than loans to family members, which are non-allowable expenses.)		
<b>Credit Card Payments</b> (List all monthly credit card or charge card payments.)		
<b>Medical</b> (List all monthly payments for necessary medical care or treatment.)		
<b>Alimony/Child Support</b> (List all alimony or child support payments made each month.)		
<b>Co-payments</b> (List the total monthly payments made for electronic monitoring and drug and mental health treatment.)		
<b>Other</b> (specify) (List all other necessary monthly amounts paid each month not yet reported.)		
<b>Other Factors That May Affect Monthly Cash Flow</b> (Describe)		
<b>TOTAL</b>		
<b>NET MONTHLY CASH FLOW:</b> _____ (CASH INFLOWS LESS NECESSARY CASH OUTFLOWS)		
<b>MONTHLY CRIMINAL MONETARY PENALTY PAYMENT:</b> \$ _____		
<b>PROSPECT OF INCREASE IN CASH INFLOWS</b> (Give a general statement of the prospective increase of the value of any cash inflows reported.)		

**U.S. PROBATION OFFICE  
WESTERN DISTRICT OF NORTH CAROLINA**

**Acceptance of Responsibility**

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Defendant

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Docket Number

In order to qualify for a reduction for acceptance of responsibility pursuant to USSG §3E1.1, the defendant should truthfully admit the conduct comprising the offense(s) of conviction, and truthfully admit, or not falsely deny, any additional relevant conduct.

**The above statement best describes my involvement in the instant offense(s) and addresses the elements of each offense(s) of conviction.**

Signed: \_\_\_\_\_

*(If more space is needed, please attach additional pages)*