



Release of Information

Patient Name (Last, First, MI):

Date of Birth:

Status:

Adult Juvenile

Patient ID No:

Date

I Authorize / Autorizo:

Name of organization or individual / Nombre

Mecklenburg County Jail

Address / Dirección

To Release Information To / A divulgar Información a:

Name of organization or individual / Nombre

U.S. Probation Office

Address / Dirección

1 This authorization includes records relating to the following (please check) / La presente autorización comprende los registros relacionados con lo que se detalla a continuación (por favor, marque la opción correcta):

- All remaining records / Otros registros restantes
 - Mental health treatment / Tratamiento de salud mental
 - Chemical dependency treatment / Tratamiento de drogadicción o alcoholismo
 - HIV or AIDS related tests and treatment / Tratamiento o pruebas de SIDA o VIH
- Specify / Especificar any prescribed medication

2 Purpose for disclosure (this line must be completed) / Propósito de la divulgación (se debe completar este renglón): _____

3 Indicate dates of interest / Indique las fechas importantes. _____
If no date-range is provided, release will cover the previous year only / Si no se indica el periodo de divulgación, la misma tendrá lugar sólo por el término del año anterior.

4. I understand that I may revoke this authorization at any time by providing written notice, except to the extent that release of information has already occurred in reliance upon it.

4. Comprendo que puedo revocar la presente autorización en cualquier momento siempre que notifique mi decisión por escrito, salvo que la divulgación de mi información se haya efectuado dependiendo de dicha autorización.

5. I understand that under Federal Law (42 CFR Part 2) records relating to treatment for chemical dependency cannot be released without my specific authorization as indicated under "1."

5. Comprendo que conforme a la Ley Federal (42CFR – Código de Normativa Federal – Parte 2) los registros relacionados con el tratamiento para el alcoholismo o drogadicción no pueden divulgarse sin mi previa autorización específica tal como indica el punto "1."

6. 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.

6. Entiendo que la información utilizada o revelada conforme a esta autorización puede ser divulgada por el destinatario y ya no estar protegida bajo ley federal o estatal

7. I understand that my treatment, payment, enrollment or eligibility for benefits may not be conditioned upon whether I sign this Release of Information.

7. Comprendo que mi tratamiento, pago, o elegibilidad de beneficios no esta condicionados a mi firma que consentira el acceso de la información. pertinente.

8. I agree to hold harmless all persons acting upon this authorization in good faith.

8. Acepto eximir de responsabilidad a todas las personas que actúen con buena fe bajo la presente autorización.

9. It is my intention that a photocopy will be as valid as this original.

9. Manifiesto que una fotocopia tendrá el mismo valor que su copia original.

10. **This authorization shall be valid for one year from the date of my signature.**

10. **La presente autorización tendrá validez por el plazo de un año a partir de la fecha de mi firma.**

Patient or authorized signature / Firma del paciente o persona autorizada	Date / Fecha
If other than patient signature, relationship to patient / Si no es la firma del paciente, indicar relación con el paciente	Date / Fecha
Witness signature / Firma del testigo	Date / Fecha

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



PERSONAL AND FAMILY HISTORY

PLEASE COMPLETE THE REQUESTED INFORMATION BELOW:

(Attach Additional Pages if Necessary)

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.

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

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

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

Defendant

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)