**FIFTH JUDICIAL DISTRICT**

**DEPARTMENT OF CORRECTIONAL SERVICES**

**PSI QUESTIONNAIRE COVER SHEET**

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

Defendant’s Full Name Case Number

**\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

Current Address **(or address at the time of arrest if in jail now)**

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

Home Phone Number Email Address

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

Cell or Work Phone Number

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

Social Security Number Date of Birth

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

Race

\_\_\_\_\_\_\_\_\_\_ DEFENDANT **IS** IN CUSTODY

\_\_\_\_\_\_\_\_\_\_ DEFENDANT **IS NOT** IN CUSTODY

\_\_\_\_\_\_\_\_\_\_ DEFENDANT WAIVES THE USE OF THE PSI

(Interview shall be done ASAP if Defendant is in custody)

**COVER SHEET AND ORDER FOR PSI TO BE EMAILED TO BOTH** [**Tiffany.Dawson@iowa.gov**](mailto:Tiffany.Dawson@iowa.gov) **AND** [**Deb.Pearson@iowa.gov**](mailto:Deb.Pearson@iowa.gov)

(or if unable to email, fax to Tiffany at 515-444-2716)

If there are any problems call Tiffany at 242-6602.