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| **DEPARTMENT OF HEALTH SERVICES**Division of Care and Treatment ServicesF-01332 (09/2016) |  | **STATE OF WISCONSIN** |
| **PREDISPOSITIONAL INVESTIGATION REPORT****(PDI)** |

|  |  |
| --- | --- |
|  | Date |
| **PDI Format** |  |
| **Demographic Information** |
| Name: |
|  |
| Date of Birth: |
|  |
| Birthplace: |
|  |
| Case Number: |
|  |
| Charges: |
|  |
| Sex: |
|  |
| Ethnicity: |
|  |
| Address: |
|  |
| Phone Number: |
|  |
| Education: |
|  |
| Religion: |
|  |
| Family: |
|  |
| Marital Status: |
|  |
| Defense Attorney: |
|  |
| District Attorney: |
|  |
| Probation Agent: |
|  |
| Diagnosis: |
|  |
| Medication: |
|  |
| Services: |
|  |
| **Present Offense** |
|  |
| **Prior Record** |
|  |
| **Family Background** |
|  |
| **Personal History** |
| Academic/Vocational Skills: |
|  |
| Military: |
|  |
| Marital Relationship: |
|  |
| Employment: |
|  |
| Financial Management: |
|  |
| Emotional Health: |
|  |
| Physical Health: |
|  |
| Chemical Usage: |
|  |
| Mental Ability: |
|  |
| Religion: |
|  |
| Leisure Time Activities: |
|  |
| Residence History: |
|  |
| Other Agency Involvement: |
|  |
| **Summary and Conclusion** |
| Investigators Assessment and Conclusions: |
|  |
| Recommendation: |
|  |
| Respectfully Submitted: |
|  |
| **Sources of Information** |
|  |
| **PDI REPORT DISTRIBUTION:** | Original – Court of Commitment; Copy - DHS Conditional Release SpecialistCopy - Contracted Conditional Release Provider |