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

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| --- | --- | --- |
|  | | 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 Specialist  Copy - Contracted Conditional Release Provider | |