UNITED STATES DISTRICT COURT Federal Probation System

QUESTIONS FOR ORGANIZATIONAL DEFENDANTS

1. COURT DATA				
Organization's Court Name:				
Organization's Other Names: (Including former names, doing business as, subsidiaries, parent company, etc.)				
Docket No.:				
Sentence Date:				
District:				
Judge/Magistrate:	USPO:			
Assistant U.S. Attorney: (Including name, address, and telephone)	Defense Counsel: (Including name, address, and telephone)			
Organization's Representative: (Including name, address, and telephone)				
2. CHARGES AND	CONVICTIONS			
Date Information/Indictment Filed:				
Date(s) Superseding Information/Indictment Filed:				
Date of Conviction:				
Convicted by: (Guilty plea, trial or bench jury, etc.)				

3. ORGANIZATION'S IDENTIFICATION			
Date of Incorporation/Establishment:	Place of Incorporation:		
Federal Employer ID #:	Other ID #:		
Organization's Headquarter's Address: (Including telephone and directions)	How Long?		
Organization's Address and Other Business Locations: (If different from above)			
Physical Description of Organization: (Including building and office description, square footage of space, prope inventory and value of general equipment, etc.)	rty owned or leased,		

4. PLEA AGREEMENT

Details of Plea Agreement: (Written, oral, substantial assistance motion, no agreement, etc.)

5. COUNTS DISMISSED PURSUANT TO PLEA AGREEMENT

Count Nos.	Statutes Violated	Date of Offense	Statutory Penalties (Including mandatory minimums, etc.)	Guidelines Apply?

6. OTHER COURT-RELATED INFORMATION

NOTES:

7. COUNTS OF CONVICTION				
Count Nos.	Statutes Violated	Date of Offense	Statutory Penalties (Including mandatory minimums, etc.)	Guidelines Apply?
			8. CODEFENDANTS	
Codefenda (Including de	nts: :fendant number, sta	atus, etc.)		

9. RELATED CASES

Related Cases: (Including docket number, status, etc.)

10. VICTIM IMPACT

Identify all Victims and Financial Losses:

(Include name, address, and telephone numbers of victims, restitution paid, remedial orders, civil settlements, etc.)

Victim(s) (List each victim separately)	Amount of Loss(es)
TOTAL LOSSES: \$	
RESTITUTION PAID: \$	
OUTSTANDING TO BE PAID: \$	

11. OTHER VICTIM IMPACT

Describe any social, psychological, or medical impact upon the victim in this offense. Also report the status of any civil suits filed by victims that are pending or settled. Note any remedial orders for corrective action that have been issued, including judicial, administrative, or civil:

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12. PRIOR HISTORY OF MISCONDUCT

Identify any prior similar misconduct:

(Describe all similar in	ncidents of misconduc	t, including crir	ninal, civil, or administrative.
Include prior license s	supervision, revocation	, or rejection, in	ncluding pending charges)

Date	Charge	Court/Agency	Sentence/Action
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Identify any prior similar misconduct:

(Describe all similar incidents of misconduct, including criminal, civil, or administrative. Include prior license supervision, revocation, or rejection, including pending charges)

Date	Charge	Court/Agency	Sentence/Action

13. ORGANIZATION'S HISTORY

Nature of Organization's Business:

Organization Officers:

(Include name, business address, telephone, shares held, involvement in instant offense, etc.)

(If involved in the offense, also identify any other companies or organizations officers may have financial interest.

Do these companies have some relationship with the defendant organization?)

Organizational Structure: (Include number of departments, subsidiaries, etc.) (Does the organization file its own tax return? If not, who?)

Total Number of Employees:

(Describe numbers of employees based on the organization structure (i.e., number of employees in organization, including number of employees in subsidiary or sub-division, if applicable)

Identify Employees involved: (Include name, business address, telephone, position, title, and role in offense)

History: (Provide brief history of organization, describe growth/expansion, product lines, and services) ®PROB 1B (Rev. 4/97)

13. ORGANIZATION'S HISTORY (Continued)

Community Reputation/Impact of the Prosecution:

Licensing and Registration Requirements to do business: (Including SEC licensing, liquor licensing, or other requirements)

Compliance Plan?

(Describe written and unwritten plans and other efforts to correct violation and/or prevent reoccurrence, date plan implemented, etc.)

NOTES: