

Pre Sentence Report (Template for reports delivered orally)

[A fictional PSR case © Andrew Bridges 2016]

Pre-Sentence Report

Court Details

Sentencing Court: MIDFORD MAGISTRATES COURT

Hearing date: 1st August 2014

Offender's Details

Name: Alan Falsename NONN

Address: 4 Holly Terrace
MIDFORD

Telephone number(s): 07*** *****

Date of Birth: 1ST July 1990 Age: 24

Case Reference No: *****/08 PNC ID Number: *****/04

Offence Details

1. Credit card fraud c£500 (Jan-May 2014)
2. Att Credit card fraud c£80 (1/7/14)

Court Directions

Seriousness: Low ☐ Medium ☒ High ☐
Custody ☐ N/A or not stated ☐

Sentencing Purpose(s)

Punishment ☐ Crime Reduction ☐ Reform/Rehabilitation ☒
Public Protection ☐ Reparation ☐ N/A or not stated ☐

Report Writer Details

Name: Natalie Report-Writer

Office Location: Midford NPS Telephone Number: 07*** *****

Date Report Completed & Signed: 1st August 2014

Reasons for offending and impact on victim

Mr Nonn was angry at what he felt was unfair treatment and even mocking from his immediate boss, and found he was able to use the company credit card to obtain various goods and services over a period of several weeks before it came to light. There was also an altercation with his boss but no evidence was offered

Accommodation:

Tenant Owner/Occupied ☒ B&B/Hotel ☐ Hostel ☐ NFA ☐
Living with **Male flatmate John Soames**
Stable ☒ Unstable ☐

Employment:

Unemployed ☒ Casual Seasonal ☐ Employed Part Time ☐
Employed Full Time ☐ Education/Training ☐ Retired ☐
Other ☐ (Please specify)

Hours of work/education/training per week:

Skills For Life: Assessment Required ☒ Not Required ☐

Substance misuse: Drugs ☐ Alcohol ☒ Other ☐

Drinks a lot, so this and employment would be main focus of Supervision

Physical/Mental Health Problems: Yes ☐ No ☒

Response to supervision: Good ☐ Satisfactory ☐ Poor ☐ N/A ☒

Risk of Harm: Very High ☐ High ☐ Medium ☒ Low ☐

Likelihood of reconviction: High ☐ Medium ☒ Low ☐

Proposal:

Conditional Discharge ☐ Fine ☐ **Community Order** ☒ -
with Supervision and an Alcohol Specified Activity requirement
Custody ☐ Unpaid Work ☐ Curfew ☐
Other

Signature: Natalie Report-Writer

Result:

Community Order 12 months with Supvn & Alcohol Treatment Requirement

ASSESSOR'S NAME		Date:	
Signature	Natalie Report-Writer		
OFFICE:			