Interview Date/P.O.

DEPARTMENT OF COMMUNITY CORRECTIONS
PSI and LS/CMI QUESTIONNAIRE

The purpose of the pre-sentence investigation is to provide the Judge with as much information about you as possible. This information will assist the Judge in determining a disposition. In order to speed up this investigation, it is essential for you to fill out the following questionnaire. It is very important that you fill the form out accurately and completely. **Please answer all questions to the best of your ability.** Please print!

CURRENT DATA

Full Name:		Alias/Previous Name(s):	
Residing with:		Address:	
Time at Residence:	Own or Rent:	Phone Numbers: Home: Cellular:	
D.O.B.:	Place of Birth:	Religion:	
Height:	Weight:	Hair Color:	Eye Color:
Social Security #:		Driver's License #:	
Do you have concerns regarding safety in your neighborhood? ☐Yes ☐No Any plans to move? ☐Yes ☐No			

PREVIOUS HOUSING
****Report any changes of residence within the last year****

Address:	City, State, Zip:
Address:	City, State, Zip:
Address:	City, State, Zip:

MILITARY SERVICE

Branch of Service: _____ Date of Induction: _____ Date of Discharge: _____ Rank: _____
Type of Discharge: _____ Indicate any involvement with V.A.: _____

CURRENT OFFENSE

Describe in your own words, your side of the incident which brought you into Court. Include any comments you think would be helpful for the Court to better understand your case:

1. What is the first thing that comes to mind when you think about the trouble you have been in?___
   _____
   In your opinion, what are the most significant reasons for the trouble you have been in?_____
   _____
   Who was affected by your actions? How?_____
   _____
   What needs to happen to make things right with those you have harmed?_____
   _____
2. What is your opinion of the law, police and court?_____
   _____
   Is there ever a good reason to break the law? _____
   _____
   Do you feel you have been treated fairly by the Criminal Justice System?_____
   _____
   If you are placed on probation for this offense, what problem areas in your life would you like help working on?_____
   _____
3. Do you think the potential rules of your supervision are appropriate and fair?_____
   _____
   What obstacles, if any, do you foresee in achieving your goals and successfully completing probation?
   _____
   _____
   What strengths do you see in yourself that will help you achieve your goals and successfully complete probation?_____
   _____
4. Did the current offense involve the use or possession of drugs and/or alcohol? ☐Yes ☐No
5. Did the current offense involve gambling in any way? ☐Yes ☐No

PRIOR RECORD

1. Have you had any adult criminal or traffic offenses? ☐Yes ☐No If yes, which counties/states?
   _____
2. Do you have any pending charges in other counties or states? ☐Yes ☐No Where?_____
   _____
3. Are you currently under any type of community supervision (i.e. probation, parole, supervised release)? ☐Yes ☐No If yes, which type, and where? _____
4. How old were you when first arrested?_____ For what?_____
5. Were you on probation as a juvenile? ☐Yes ☐No If so, where?_____
6. Have you ever been incarcerated in a juvenile facility, adult jail, or prison? ☐Yes ☐No
7. Have you ever escaped or attempted to escape from a jail, prison, a juvenile placement, a halfway house, or not returned to work release? ☐Yes ☐No Details:_____
8. How many times have you been written-up while incarcerated?_____ For what?_____
   _____
9. Have you ever had a formal violation of your probation or parole? ☐Yes ☐No For what?_____
   _____
10. Have you ever physically assaulted another person? ☐Yes ☐No Details:_____
    _____

EDUCATION

Name and address of high school(s) attended: _____
Highest Grade Completed:_____ What year did you leave?_____ Explain why you left:_____

_____
Name of alternative school(s) attended:_____

_____
Did you obtain a G.E.D.? ☐Yes ☐No Date and place:_____
Have you ever been told you have a learning disability? ☐Yes ☐No If yes, explain: _____

_____
Did you receive special education services? _____ Details: _____
Were you ever been suspended or expelled? ☐Yes ☐No Reason:_____

****List any additional college, vocational, or business training you have had****

Place:	Area(s) of study:
Date(s):	Degree/Certificate:
Place:	Area(s) of study:
Date(s):	Degree/Certificate:

EMPLOYMENT

1. Are you presently employed? ☐Yes ☐No If so, how long have you held the job?_____
2. Name of Company/Employer?_____ Location:_____
3. What is your title/position?_____ Rate of pay:_____ Hours per week:_____
4. How many months have you been employed full-time during the past year?_____
5. What is the longest period of time you have held one full-time job?_____
6. Have you ever been fired or left a job in order to avoid being fired? ☐Yes ☐No Please explain:_____
7. Describe your relationship with your boss (and does he/she know about your current legal problems):
8. Describe your relationship with co-workers (and do they know about your current legal problems:_____
9. How would your employer rate your performance at work?_____

Please list your prior employment experience.

Employer:	Address (city, state, zip):	
Start/Leave dates:	Pay/hr:	Reason for leaving:
Employer:	Address (city, state, zip):	
Start/Leave dates:	Pay/hr:	Reason for leaving:

FAMILY HISTORY		
Father:	D.O.B:	Phone:
Address:	City, State, Zip	
Describe your relationship with this person:		
Mother:	D.O.B:	Phone:
Address:	City, State, Zip	
Describe your relationship with this person:		
Step/Foster-Father:	D.O.B:	Phone:
Address:	City, State, Zip	
Describe your relationship with this person:		
Step/Foster-Mother:	D.O.B.:	Phone:
Address:	City, State, Zip	
Describe your relationship with this person:		
Parents' marital status? ☐Married ☐Divorced ☐Separated ☐Not married		

Describe your childhood living arrangements:_____

Please provide the names and information of any other individuals (ie. Grandparents, Aunts, Uncles, Coaches) you believe have played, or currently play a vital role in your life, and have been a role model:

SIBLINGS List brothers/sisters, including step-siblings. Include spouses if married. **Continue on reverse side if more space is needed.**	
Name:	Phone:
Address:	Age:
Describe your relationship with this person:	Last contact?
Name:	Phone:
Address:	Age:
Describe your relationship with this person:	Last contact?
Name:	Phone:
Address:	Age:
Describe your relationship with this person:	Last contact?
Name:	Phone:
Address:	Age:
Describe your relationship with this person:	Last contact?

Have any of your family members been convicted of a crime? ☐Yes ☐No If yes, explain:_____

Does your family have a history of: ☐Chemical dependency ☐Depression ☐Anxiety ☐Abuse ☐Other mental health concerns ☐Gang Affiliation If yes, explain:_____

MARITAL

☐ Single ☐ Married ☐ Widowed ☐ Separated ☐ Divorced ☐ Cohabitating ☐ Dependent
Are you satisfied with your current marital/relationship status?_____ Comments:_____
Current spouse/significant other:_____ Age:_____
Describe your relationship with this person:_____
Has your current spouse/significant other ever been on probation? ☐Yes ☐No For what? _____
If married, list date/place:_____ Ever separated/divorced? ☐Yes ☐No

CHILDREN

***If married, please include their spouse's name.**

Name:	D.O.B.:	M/F:
Co-parent:	Child's Address:	
Custody arrangement:		
Name:	D.O.B.:	M/F:
Co-parent:	Child's Address:	
Custody arrangement:		
Name:	D.O.B.:	M/F:
Co-parent:	Child's Address:	
Custody arrangement:		
Name:	D.O.B.:	M/F:
Co-parent:	Child's Address:	
Custody arrangement:		

COLLATERAL SOURCES CORRECTIONS MAY CONTACT

Name:	Relationship:	M/F:
Cell Phone:	Home Phone:	
Address:		
City, State, Zip:		Age:
Name:	Relationship:	M/F:
Cell Phone:	Home Phone:	
Address:		
City, State, Zip:		Age:

LEISURE/RECREATION

1. What organized activities do you participate in?_____
2. What do you do in your spare time?_____
   _____
3. How many close friends do you have whom you have regular contact with?_____
4. Do any of your friends engage in criminal activity or use illegal drugs? ☐Yes ☐No
5. Are any of your friends presently on probation or incarcerated? ☐Yes ☐No If yes, how are they doing presently? _____
6. How many of your friends have never had legal concerns?_____

PHYSICAL HEALTH

1. How is your current physical health? Please list any special or chronic health concerns you currently have:_____
   _____
2. List any prescribed medications you currently take for physical health problems:_____
   _____

CHEMICAL HEALTH

Alcohol	Age first used:_____ Date last used:_____ History of use, including frequency and amount of use:_____ _____ _____
Marijuana	Age first used:_____ Date last used:_____ Method of use:_____ History of use, including frequency and amount of use:_____ _____ _____
Methamphet-amine/ Amphetamine	Age first used:_____ Date last used:_____ Method of use:_____ History of use, including frequency and amount of use:_____ _____ _____ _____
Cocaine/Crack	Age first used:_____ Date last used:_____ Method of use:_____ History of use, including frequency and amount of use:_____ _____
Hallucinogens	Age first used:_____ Date last used:_____ Method of use:_____ History of use, including frequency and amount of use:_____ _____ _____
Opiates/Opiate Derivatives	Age first used:_____ Date last used:_____ Method of use:_____ History of use, including frequency and amount of use:_____ _____ _____
Prescription Pills	Age first used:_____ Date last used:_____ Method of use:_____ History of use, including frequency and amount of use:_____ _____ _____
Inhalants	Age first used:_____ Date last used:_____ History of use, including frequency and amount of use:_____ _____

Synthetics	Age first used:_____ Date last used:_____ Method of use:_____ History of use, including frequency and amount of use:_____ _____ _____

1. Did this offense involve the use or possession of drugs or alcohol? ☐Yes ☐No
   If yes, please explain:_____
   _____

2. Have you ever been in detox? ☐Yes ☐No
   If yes, please explain:_____
   _____

Please list all current and prior involvement in chemical dependency treatment:

Date	Program	Inpatient/ outpatient	Location	Did you complete it?

3. Within the past year, has your use of drugs or alcohol contributed or affected any of the following:
   ☐Marital/Family ☐School ☐Work ☐Medical If yes, please explain:_____
   _____

4. In the past year, have you:
   - Used drugs or alcohol until you passed out? ☐Yes ☐No
   - Used drugs or alcohol to prevent a hangover? ☐Yes ☐No
   - Drank alcohol first thing in the morning? ☐Yes ☐No
   - Experienced a blackout? ☐Yes ☐No
   - Attempted to limit your usage? ☐Yes ☐No
   - Been violent while using? ☐Yes ☐No
   - Used more or longer than you intended? ☐Yes ☐No
   - Overdosed? ☐Yes ☐No
   - Injected/used intravenously? ☐Yes ☐No
   - Had cravings? Decreased/increased tolerance? ☐Yes ☐No
   - Had muscle aches? Tremors/shakes? Withdrawal? Hallucinations? ☐Yes ☐No
   - Made prior attempts to quit? ☐Yes ☐No
   - Had difficulty remaining abstinent? ☐Yes ☐No
   - What is the longest you have gone without using drugs/alcohol:_____

5. Do you believe you are currently in need of chemical dependency treatment services? ☐Yes ☐No

MENTAL HEALTH

1. Describe how you feel on a daily basis:_____
   _____
2. Please indicate which of the following you have ever been diagnosed with (check all that apply):
   ☐ Major Depressive Disorder ☐ Anxiety Disorder ☐ Bipolar Disorder ☐ Schizophrenia
   ☐ Borderline Personality ☐ ADHD ☐ PTSD ☐ Traumatic Brain Injury
   ☐ Other: _____
3. What medications have you been prescribed to treat the above condition(s)? _____
   _____
4. Who prescribed them?_____
6. How long did you take them? _____ Were/Are they helpful? ☐Yes ☐No
   Comments: _____
8. Have you ever participated in any of the following:
   ☐ Individual Counseling ☐ Family Counseling ☐ Group Counseling ☐ Sex Offender Treatment
   Details:_____
9. Have you had problems controlling your anger? ☐Yes ☐No If yes, explain:_____
   _____
10. Have you participated in anger management and/or domestic abuse counseling? ☐Yes ☐No
    If so, where and when?_____ Did you successfully complete the recommended programming? ☐Yes ☐No Comments:_____
11. Have you ever thought about or attempted suicide? ☐Yes ☐No Explain: _____
    _____
12. Have you ever been hospitalized for a mental health condition? ☐Yes ☐No If so, please explain (Date, Location, Reason):_____
13. Have you ever been civilly committed for mental health or chemical dependency issues? ☐Yes ☐No
    Details:_____
14. Have you ever:

Been assigned a social worker or case manager (adult/juvenile)?	☐Yes	☐No
Been treated by a psychiatrist?	☐Yes	☐No
Suffered/diagnosed with severe head trauma or brain injuries?	☐Yes	☐No
Were you ever placed in foster care or removed from the family home?	☐Yes	☐No
Suffered abuse (physical, sexual, or emotional)?	☐Yes	☐No
Witnessed abuse (physical, sexual, or emotional)?	☐Yes	☐No

If you marked yes to any of the above, please explain:_____
_____

GAMBLING: 609.52, 609.54, 609.625, 609.63, 609.631

1. Have you ever participated in gambling activities (ie. sports-betting, lottery or pull-tab, Bingo, poker, slot machines, casinos, etc)? ☐Yes ☐No If yes, what kind, and how frequently? _____
   _____
2. Do you believe you have a problem with gambling, or has anyone expressed concerns about your gambling? ☐Yes ☐No Concerns expressed:_____
   _____
3. List involvement in any prior gambling treatment programs:_____
   _____

GANG AFFILIATION

1. Have you ever been part of a gang? ☐Yes ☐No If yes, explain:_____
2. Are you presently affiliated? ☐Yes ☐No

VICTIMIZATION

1. Have you ever been the **victim** of:

☐ Assault ☐ Bullying ☐ Burglary/Theft
☐ Emotional/Verbal Abuse ☐ Family Violence ☐ Hate Crime
☐ Identity Theft ☐ Sexual Assault ☐ Stalking/Harassment
☐ Threat of violence (weapon? ☐) ☐ Other: _____

2. If you have been victimized, were charges filed? ☐Yes ☐No
3. Have you ever been the **perpetrator** of the following actions:

☐ Assault ☐ Bullying ☐ Burglary/Theft
☐ Emotional/Verbal Abuse ☐ Family Violence ☐ Hate Crime
☐ Identity Theft ☐ Sexual Assault ☐ Stalking/Harassment
☐ Fire-setting/Arson ☐ Threat of violence (weapon? ☐)

4. Are you now, or have you ever been, party to a Harassment or Protective Order? ☐Yes ☐No

LICENSING

1. Do you hold a professional license (i.e. Bus Driver, Healthcare Worker, Nurse)?_____
2. Do you currently possess a permit to conceal and carry a handgun? ☐Yes ☐No
3. Do you own any firearms?_____ If so, where are they stored?_____

INCOME OTHER THAN EMPLOYMENT

Social Security Income: $_____Retirement Income: $_____

Disability Income: $_____ VA Benefits: $_____

Other (rental income, interest, dividends, etc): $ _____

Are you on or have you within the last 12 months received public assistance? ☐ Yes ☐ No

If yes, what type of assistance? _____

Do you receive child support?_____ If yes, how much each month? _____

FINANCIAL

1. Have you experienced financial problems during the past year (i.e. paying bills, meeting financial obligations)? ☐ Yes ☐ No Comments:_____
2. Do you have any bank accounts? ☐ Yes ☐ No What type(s)_____
3. Outstanding Debt:
   Housing: _____ Utility Bills: _____
   Car Payments: _____ Attorney Fees: _____
   Credit Cards: _____ Taxes: _____
   Medical Bills: _____ Restitution/Fines: _____

Additional information you wish to provide to the Court prior to sentencing: _____
_____
_____
_____

The above is a true and accurate representation of my circumstances to the best of my knowledge.

Signed: _____ Dated: _____

Please return form and all documentation by _____

Mail to:
Anoka County Community Corrections
Attn: Adult Court Unit
325 East Main Street
Anoka, MN 55303