

CRIMINAL HISTORY

List all offenses, arrests, whether adjudicated or not (include out-of-state information).

<u>Offense</u>	<u>Date</u>	<u>Place</u>	<u>Disposition</u>

How old were you the first time you were in trouble with the law? _____

Do you have a juvenile record? Yes No Where and what offense(s)? _____

Are you on juvenile probation? Yes No

If yes, where? _____ Who is/was your agent? _____

Were you ever placed outside the home as a juvenile? Yes No Where? _____

Do you have any pending charges? Yes No If yes, please describe: _____

Have you ever been involved in a gang? Yes No

Have you ever had probation, parole, or work release violations? Yes No

Have you ever had your probation revoked? Yes No If yes, why? _____

Have you ever been in trouble for fighting, been assaultive, or used any other forms of violence? Yes No
If yes, please explain: _____

Have you ever used a weapon against another person? Yes No
If yes, please explain: _____

Do you have any weapons in your home? Yes No

If yes, what: _____

FAMILY BACKGROUND

Father's Name: _____ DOB: _____ Birthplace: _____

Address: _____ Telephone: _____

Employer: _____ Position Held: _____

How many times has your father been married? _____ Divorced? _____

How many children does he have? _____

Does he now, or has he ever, had:

Psychological problems? Yes No

Alcohol or drug problems? Yes No

Has he ever been convicted of a crime? Yes No

Mother's Name: _____ Maiden Name: _____

Birthplace: _____ DOB: _____

Address: _____ Telephone: _____

Employer: _____ Position Held: _____

How many times has your mother been married? _____ Divorced? _____

How many children does she have? _____

Does she now, or has she ever, had:

Psychological problems? Yes No

Alcohol or drug problems? Yes No

Has she ever been convicted of a crime? Yes No

Do you have step-parents? Yes No If yes, please list name, DOB, address, and phone #.

<u>Full Name/DOB</u>	<u>Address</u>	<u>Phone Number</u>

Please list your brothers and sisters (full, half, and step) listing full names and dates of birth. Include address, phone number and occupation:

<u>Full Name/age</u>	<u>Address</u>	<u>Phone Number</u>	<u>Occupation</u>

Have any of your siblings had:

Psychological problems? Yes No

Alcohol or drug problems? Yes No

If yes, please describe? _____

Have any of your siblings been convicted of a crime? Yes No If yes, who and what was the crime?

Who were you raised by? (Parents, relatives, foster parents, etc.) _____

What are the rules at home? _____

Do you think they are fair? Yes No Do you think you should obey them? Yes No

What do your parents do when you break the rules? _____

What are the consequences? _____

Do they follow through with those consequences? Yes No

Do your parents know what you are doing and whom you are with? Yes No

How do they feel about that / them? _____

How do you get along with your mother? _____

How would you describe your relationship with her? _____

How do you get along with your father? _____

How would you describe your relationship with him? _____

Do you get along with your brothers and sisters? _____

What kinds of things do you fight about? _____

Are there other relatives you are close to? Yes No If yes, who _____

If yes, how often do you have contact with them? _____

Has Social Services been involved with your family? Yes No If yes, please explain: _____

What religion are you? _____ How often do you attend services? _____

ACCOMMODATION

How do you like the place you live? _____

How long have you lived there? _____

Do you plan on moving? Yes No If yes, when and why? _____

With whom do you live? _____

List towns you have lived in and dates lived there:

City/State:

Dates:

PERSONAL INFORMATION

How would you describe yourself? _____

Would you describe yourself as a leader or a follower? _____

Do you consider yourself to be responsible and trustworthy? _____

What kinds of things make you especially angry? _____

How do you usually react when you are angry? _____

Are you easily frustrated or are you a fairly easygoing person? _____

Do you ever feel very anxious or depressed? _____ How often do you have these feelings? _____

Who do you talk to about your problems? _____

Do you feel that you are good at planning things or do you tend to do things on the spur of the moment? _____

Do you feel you have a lot of control over your own decision making? Yes No If no, why? _____

Do have problems saying "no" to your friends when you disagree with what they have decided? Yes No

What are your strengths and personality traits you value about yourself? _____

What things do you feel you could improve about yourself? _____

EDUCATION

What grade in school are you in? _____

If not in school, what was the highest grade you COMPLETED? _____ Year you left school? _____

Did you graduate from high school? Yes No Date of Graduation: _____

Do you have a GED? Yes No If yes, when did you receive it? _____

List names of schools and dates you attended: include high school, college, vo-tech, etc.

<u>School</u>	<u>Address</u>	<u>Dates</u>	<u>Area of Study</u>

Did you ever repeat a grade? Yes No If yes, which grade? _____

Were you ever expelled or suspended? Yes No If yes, why? _____

Do you skip school? Yes No How often? _____ What do you do? _____

Describe any problems you experienced in school: _____

How well are you doing in your schoolwork? _____ What grades are you getting? _____

Have you been doing better (or worse) recently? _____

How do you get along with other students and/or teachers? _____

What school organizations or special activities did you participate in? _____

Do you have a learning disability? Yes No If yes, what is the disability? _____

Are you in special education classes? Yes No Do you have an IEP? _____

EMPLOYMENT

Present employer: _____

Address: _____ Phone: _____

Wage per hour: _____ Hours per week: _____

Date of employment: _____ Supervisor: _____

Describe your position: _____

How long do you plan on working where you are currently at? _____

Do your employers and co-workers know about the presenting offense? Yes No

What do they think of that? _____

Please describe your relationship with your boss: _____

Please list your last three jobs:

<u>Employer</u>	<u>City/State</u>	<u>Start/End Dates</u>	<u>Position</u>	<u>Wage</u>	<u>Reason for leaving</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

Have you ever been fired? Yes No Why? _____

Have your legal charges ever caused you to leave a job? Yes No

Have you ever walked off the job without giving notice? Yes No

Have you ever just quit going to a job? Yes No

FINANCIAL

Do you have a savings or a checking account? _____

Do you have any credit cards (please list)? _____

Please list all debts:

<u>Person/Place Owed</u>	<u>Initial Amount</u>	<u>Monthly Payment</u>	<u>Balance</u>
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

During the past year have you or your family received any type of financial assistance (i.e. food stamps, WIC, disability, etc.) Yes No If yes, please explain: _____

LEISURE/RECREATION

What do you like to do for fun? _____

Do you play video games at home? Yes No If yes, what games do you frequently play? _____

How much time do you estimate you spend playing video games? _____

Do you spend most of your leisure time with your family or friends? _____

Have you been active in any organizations or clubs during the past year (church, clubs, sports, etc.)?
 Yes No If yes, please describe: _____

PEER RELATIONSHIPS

With whom do you spend most of your time? _____

What types of things do you do with your friends? _____

How many of your friends have never been in trouble with the law and have never engaged in criminal behavior? _____

How many of your friends have been in trouble with the law and have been involved in criminal behavior? _____

What did they say about your offense? _____

HEALTH

Have you ever been seriously ill? Yes No Are you healthy now? Yes No If no, explain: _____

List present medical problem(s) or disability (s) _____

Are you currently taking medications? Yes No If yes, please explain: _____

Have you ever been a victim of physical or sexual abuse or violent criminal behavior? Yes No
If yes, please explain? _____

MENTAL HEALTH

Have you ever had a psychiatric evaluation or diagnosis? (Depression, Bi-Polar etc.) Yes No

Have you ever been diagnosed with Attention Deficit Disorder? Yes No

Do you take prescribed medications for mental health reasons? Yes No If yes, please list _____

Have you ever taken prescribed medications in the past? Yes No

In the past year, have you been in any kind of counseling or treatment? Yes No If yes, where? _____

Have you ever tried to harm yourself? (cutting/Suicide attempts, etc.) Yes No If yes, explain: _____

CHEMICAL USE

Was the use or possession of drugs or alcohol involved in this offense? Yes No If yes, explain: _____

Please describe any chemical dependency treatment or education experiences: (list treatment center name(s) and dates attended) _____

Have you ever been in detox? Yes No If yes, where and when: _____

What age did you begin using alcohol / drugs? _____

When was your last use of alcohol / drugs? _____

Which drugs have you tried? _____ How often do you use? _____ How much? _____

How much do you drink? _____ When you get drunk, how do you act? _____

Have you ever experienced problems with the following because of your usage?

Family/friends Yes No School/work Yes No Money Yes No

Do you use drugs / alcohol when you are by yourself Yes No With friends? Yes No

What concerns you most about your drinking / drug use? _____

What have your parents said about your chemical use? _____

Do you think your criminal activity is related to drug or alcohol use? Yes No If yes how? _____

Would you like to get some help to stop drinking or using drugs? Yes No

ATTITUDES/ORIENTATION

How do you feel about the offenses you committed? _____

What are your feelings about the victims of the crimes? _____

Do you think you have been treated fairly by the police? Yes No The Court? Yes No

How do you feel about what happened in court? _____

Is there anything else you would like to discuss with me? Yes No

Are there any questions you would like to ask? _____

