



BROWN COUNTY PROBATION PSI QUESTIONNAIRE

The purpose of the pre-sentence investigation is to provide the Judge with as much information about you as possible. This information is private and 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.** Please print!

| CURRENT DATA | | | |
|--|-----------------|-----------------------------|------------|
| Full Name: | | Alias (including nickname): | |
| Address: | | City, State, Zip: | |
| Phone: | Length of Time: | Living with: | |
| D.O.B.: | Place of Birth: | Religion: | |
| Height: | Weight: | Hair Color: | Eye Color: |
| Social Security #: | | Driver's License #: | |
| Email: | | Driver's License Status: | |
| Do you have concerns regarding safety in your neighborhood? <input type="checkbox"/> Yes <input type="checkbox"/> No | | | |

Describe your tattoos and location(s):

| |
|--|
| |
| |
| |
| |
| |

| PREVIOUS DATA | |
|--|-------------------|
| ** Report any changes of residence within the last three years** | |
| Address: | City, State, Zip: |
| 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: |
| Disciplinary Actions: | | |
| Specialized Training: | | |
| 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:

PRIOR RECORD

(List all previous arrests including juvenile, traffic misdemeanor and felonies)

| Date | Place | Offense | Disposition (jail, fine, etc.) |
|------|-------|---------|--------------------------------|
| | | | |
| | | | |
| | | | |
| | | | |

Were you ever arrested under the age of 16: Yes No Age of first police contact: _____.

Have you ever had any juvenile convictions? Yes No If yes, what type of offense and what state and/or county? _____

Have you ever been confined (adult or juvenile) in any type of correctional facility, i.e., Red Wing, St. Cloud, workhouse, etc? Yes No If yes, please list below:

| Institution | Date Entered | Reason for Confinement | Date Released |
|-------------|--------------|------------------------|---------------|
| | | | |
| | | | |
| | | | |

Ever written up/locked down while incarcerated? Yes No If yes, explain: _____

Ever attempted, or succeeded, in an escape from an institution? Yes No Ever charged? Yes No

Ever had a probation/parole violation during prior supervision? Yes No If yes, explain: _____

Any history of assaultive behavior? Yes No

EDUCATION

Name and address of high school(s) attended: _____

Name and address of alternative school(s) attended: _____

Highest Grade Completed: _____ What year did you leave? _____ Explain: _____

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: |
|----------|---------------------|

Have you ever been suspended or expelled? Yes No Reason: _____

Have you ever been told, or do you believe, you have a hearing, reading, writing, or special learning problem?
 Yes No If yes, explain: _____

EMPLOYMENT

1. Describe your job: _____

What do you like best or least about your job: _____

How would you rate your job performance? _____

What has your boss said about your performance? _____

If I were to see you one year from now, would you still be working there? Yes No

2. Describe your relationship with co-workers: _____

Do they know you're involved with the Court System? Yes No

If they do, what do they think? _____

Do you spend time outside of work with them? Yes No

Do you eat lunch/take breaks with them? Yes No

Are your co-workers good influences on you? Yes No

Are they people you should/would like to hang around with? Yes No

3. Describe your relationship with your boss: _____

Do you feel your boss does a good job? Yes No

Please list your current and 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: | |
| Employer: | | Address (city, state, zip): | |
| Start/Leave dates: | Pay/hr: | Reason for leaving: | |

Have you ever been fired or left before being fired: Yes No Please explain: _____

| FAMILY HISTORY | | |
|---|---------|-------------------|
| Father: | D.O.B.: | Phone: |
| Address: | | City, State, Zip: |
| Employment: | | |
| Mother: | D.O.B.: | Phone: |
| Address: | | City, State, Zip: |
| Employment: | | |
| Step/Foster-Father: | D.O.B.: | Phone: |
| Address: | | City, State, Zip: |
| Employment: | | |
| Step/Foster-Mother: | D.O.B.: | Phone: |
| Address: | | City, State, Zip: |
| Employment: | | |
| Parents' marital status? <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Not Married | | |

Describe your childhood living arrangements: _____

Please provide the names and information of any other individuals (i.e. grandparents) you believe 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: |
| Name: | Phone: |
| Address: | Age: |
| Name: | Phone: |
| Address: | Age: |
| Name: | Phone: |
| Address: | Age: |
| Name: | Phone: |
| Address: | Age: |
| Name: | Phone: |
| Address: | Age: |

Any 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 Cohabiting Dependent

Current spouse/significant other: _____ D.O.B.: _____

If married, list date/place: _____ Ever separated/divorced? Yes No

If divorced/separated, please list the date and reason: _____

Previous spouse's full name: _____ Address: _____

City, State, Zip: _____ Years married: _____

CHILDREN

If married, please include their spouse's name.

| | | |
|----------------------|----------------|------|
| NAME: | D.O.B.: | M/F: |
| Co-parent: | Child Support: | |
| Address: | | |
| Custody arrangement: | | |
| NAME: | D.O.B.: | M/F: |
| Co-parent: | Child Support: | |
| Address: | | |
| Custody arrangement: | | |
| NAME: | D.O.B.: | M/F: |
| Co-parent: | Child Support: | |
| Address: | | |
| Custody arrangement: | | |
| NAME: | D.O.B.: | M/F: |
| Co-parent: | Child Support: | |
| Address: | | |
| Custody arrangement: | | |
| NAME: | D.O.B.: | M/F: |
| Co-parent: | Child Support: | |
| Address: | | |
| Custody arrangement: | | |
| NAME: | D.O.B.: | M/F: |
| Co-parent: | Child Support: | |
| Address: | | |
| Custody arrangement: | | |

Have custody arrangements been handled through the Court? Yes No
 Do you have Court-Ordered custody/visitation rights with your children? Yes No If yes, in what County/State was the order issued? _____
 Are you presently in arrears regarding child support? Yes No If yes, amount: \$_____

WEAPONS

Do you own, or have you ever owned a weapon? Yes No If yes, indicate type of weapon(s) and Locations (s): _____

THREE PEOPLE WHO KNOW ME

| | | |
|-------------------|---------------|------|
| 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: |

| | | |
|-------------------|---------------|------|
| NAME: | Relationship: | M/F: |
| Cell Phone: | Home Phone: | |
| Address: | | |
| City, State, Zip: | | Age: |

RECREATION/COMPANIONS

1. What organized activities do you participate in? _____
2. What do you do in your spare time? _____

3. Do any of your friends engage in criminal activity or use illegal drugs? Yes No
4. Are any of your friends presently on probation or incarcerated? Yes No If yes, how are they doing presently? _____
5. How many of your friends have never had legal concerns? _____
6. How many of your friends are presently in recovery? _____
 How long have they been clean? _____

PHYSICAL HEALTH

1. List any serious illnesses, surgeries, or accidents you have suffered in the past: _____

Do you have any residual difficulties that are a result of the above? Please explain: _____

2. How is your current physical health? Please list any special or chronic health concerns you currently have:

3. List any prescribed medications you currently take: _____

4. Name of your health insurance provider: _____

Policy Number: _____

CHEMICAL HEALTH

1. Have you ever had an alcohol problem? Yes No Age of first use: _____

2. Have you ever had a drug problem? Yes No

3. When was the 1st time you drank any alcohol? _____

4. When was the last time you used any drugs? _____

- If you have quit using drugs, when did you quit? _____
- How many consistent years of drug use? _____
- What drugs did/do you use? _____

| | |
|-----------------------------------|--|
| Cocaine/Crack: | Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____ |
| Marijuana: | Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____ |
| Methamphetamine/ Amphetamines: | Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____ |
| Hallucinogenics: | Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____ |
| Inhalants: | Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____ |

| | |
|---------------------|---|
| Prescription Pills: | Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____ |
| Synthetics: | Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____ |
| Alcohol: | Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____ |
| Nicotine: | Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____ |

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

6. Have you ever been in Detox? Yes No
If yes, please explain: _____

Please list all involvements in chemical dependency treatment:

| Date | Program | Inpatient/ Outpatient | Location | Did you Complete it? |
|------|---------|--------------------------|----------|-------------------------|
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

7. 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: _____

8. 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? _____

9. Where are you now with your use? _____

MENTAL HEALTH

1. Describe how you feel on a daily basis: _____

2. Have you ever participated in any of the following:
 Anger Management Individual Counseling Family or Group Counseling Please explain: _____

3. Have you ever:
- | | | |
|--|------------------------------|-----------------------------|
| Been assigned a social worker or case manager (adult/juvenile)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been treated by a psychiatrist? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been treated by your general doctor for mental health? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Been placed on medications for mental health reasons? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Suffered/ Diagnosed with severe head trauma or brain injuries? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Had a mental health diagnosis? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Were you ever placed in foster care or removed from the family home? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Suffered abuse (physical, sexual, or emotional)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| Witnessed abuse (physical, sexual, or emotional)? | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

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

4. Have you ever thought about or attempted suicide? Yes No Explain: _____

5. What are your presently prescribed medications? _____

6. Please indicate which of the following you have ever been diagnosed with (check all that apply):
- | | | | |
|--|---|---|---|
| <input type="checkbox"/> Major Depressive Disorder | <input type="checkbox"/> Anxiety Disorder | <input type="checkbox"/> Bipolar Disorder | <input type="checkbox"/> Schizophrenia |
| <input type="checkbox"/> Borderline Personality | <input type="checkbox"/> ADHD | <input type="checkbox"/> PTSD | <input type="checkbox"/> Traumatic Brain Injury |
| <input type="checkbox"/> Other: _____ | | | |

Please list any treatment/hospitalizations for mental health:

| Date | Doctor/Therapist | Program/Hospital and Location | Reason/Diagnosis |
|------|------------------|-------------------------------|------------------|
| | | | |
| | | | |
| | | | |

7. Have you ever participated in gambling activities (i.e. sports-betting, lottery or pull-tab, BINGO, poker, slot machines, casinos, etc.)? Yes No How often? _____
8. Do you believe you have a problem with gambling, or has anyone expressed concerns about your gambling?
 Yes No
9. List involvement in any prior gambling treatment programs: _____
- _____

PERSONAL REFLECTION

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? _____

3. 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? _____

4. 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? _____

GANG AFFILIATION

1. Have you ever been part of a gang? Yes No If yes, explain: _____
Are you presently affiliated? Yes No If no, when did you denounce? _____
Have you ever been thought to be affiliated? If yes, explain: _____
Have you ever been arrested for gang activity? Yes No Victim of gang violence? Yes No
Have you ever been in prison? Yes No Prison gang? Yes No
Are you aware of gang activity/issues in your neighborhood? Yes No Please explain: _____

VICTIMIZATION

1. Have you ever been the victim of:
- | | | |
|--|--|--|
| <input type="checkbox"/> Assault | <input type="checkbox"/> Bullying | <input type="checkbox"/> Burglary/Theft |
| <input type="checkbox"/> Emotional/Verbal Abuse | <input type="checkbox"/> Family Violence | <input type="checkbox"/> Hate Crime |
| <input type="checkbox"/> Identity Theft | <input type="checkbox"/> Sexual Assault | <input type="checkbox"/> Stalking/Harassment |
| <input type="checkbox"/> Threat of violence (weapon <input type="checkbox"/>) | <input type="checkbox"/> Other: _____ | |

FINANCIAL ASSESSMENT

The purpose of the Financial Assessment is to provide Community Corrections with as much financial information about you as possible. This information is private and will assist Community Corrections in case management and decisions regarding program fees. In order to speed up this process, 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. Please print! MUST BE SIGNED.

Name: _____ DOB : _____ SSN: _____

INCOME

If more than one employer, please list all.

Employer: _____ How Long: _____

Employer: _____ How Long: _____

If unemployed, previous employer: _____ How Long: _____

Gross Salary: \$ _____ Net Salary \$ _____ Bonuses/Tips/Commissions: \$ _____

Household Income: \$ _____ Unemployment Income: \$ _____

Spouse's yearly income: \$ _____

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 assistance? Yes No

If yes, what type of assistance? _____

When and where? _____

Have you ever had your wages garnished? Yes No

Have you ever filed for Bankruptcy? Yes No

Have you ever filed for Worker's Compensation? Yes No

Have you ever had financial problems with Credit Cards? Yes No

ASSETS

Checking: \$ _____ Savings: \$ _____

IRA, CD's, Savings Bonds: \$ _____ Stocks: \$ _____

House Value: \$ _____

Other Property Value (Cabin, Land, etc.): \$ _____ Monthly Payments: \$ _____

Other Accounts: \$ _____ Cash on Hand: \$ _____

Vehicles: Cars, Trucks, Motorcycles, RV's, Boats, Snowmobiles, ATV's, etc.:

| Year | Make | Model | Value | Balance Owed | \$/mo. |
|-------|-------|-------|----------|--------------|----------|
| _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |
| _____ | _____ | _____ | \$ _____ | \$ _____ | \$ _____ |

Any other Capital or Assets which have not been included, (Jewelry, Collections, Antiques, etc.)
List Item(s) and Value:

EXPENSES/LIABILITIES

Check if any of the following apply to you, and fill in the estimated monthly expense:

- Housing/Mortgage \$ _____ / month Own Rent
- House Insurance \$ _____ / month (If not included in mortgage)
- Taxes \$ _____ /month (If not included in mortgage)
- Utilities \$ _____ /month (include gas, electric, trash, sewer, water)
- Groceries \$ _____ /month
- Car Payment(s) \$ _____ /month
- Car Insurance \$ _____ /month
- Gas \$ _____ /month
- Other Transportation \$ _____ /month (bus, taxi, other)
- Child Support \$ _____ /month
- Child Care \$ _____ /month
- Alcohol products \$ _____ /month

- Cable/Satellite TV \$ _____/month
- Cell Phone \$ _____/month Is this your only phone? Yes No
- Computer \$ _____/month (payments, internet service, etc.)
- Entertainment \$ _____/month (Movies/Concerts, Lottery tickets/Gambling)
- Health club/gym membership \$ _____/month
- Magazine/newspaper subscriptions \$ _____/month
- Pets \$ _____/month (food, vet bills, etc.)
- Restitution, Fines, Fees \$ _____/month
- Tobacco products \$ _____/month
- Union Dues \$ _____/month

Other Loan Payments (list what for and balance owed): _____

| Other Financial Obligations (credit cards, student loans and any other loans) | Amount Owed | Monthly Payment |
|--|-------------|-----------------|
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |
| | \$ | \$ |

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

Signed: _____ Dated: _____

Please return form and all documentation by _____

Mail to:
 Brown County Probation Department
 PO Box 248
 1 South State Street
 New Ulm, MN 56073