



PRE-DISPOSITION QUESTIONNAIRE
To be used in conjunction with the PDI/YLS/CMI

The purpose of the pre-disposition 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:
Race:	Gender Identity:	Ethnic Origin:	Heritage:
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 any tattoos, scars and location(s): _____

PRESENT OFFENSE

Please tell your version of the offense, how you became involved and the circumstances leading up to it (use additional paper if necessary):

Name(s) of others involved: _____

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? _____

Have you ever been confined (adult or juvenile) in any type of correctional facility, i.e. juvenile detention? Yes No

If yes, 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: _____

WEAPONS

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 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		

SIBLINGS		
List brothers/sisters, including step-siblings. Include spouses if married. Continue on reverse side if more space is needed.		
Name:	D.O.B.:	Phone:
Address:	City, State, Zip:	
Name:	D.O.B.:	Phone:
Address:	City, State, Zip:	
Name:	D.O.B.:	Phone:
Address:	City, State, Zip:	
Name:	D.O.B.:	Phone:
Address:	City, State, Zip:	
Name:	D.O.B.:	Phone:
Address:	City, State, Zip:	
Name:	D.O.B.:	Phone:
Address:	City, State, Zip:	

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: _____

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:

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? _____

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? _____

Describe your living arrangements (Who resides in your home):

List towns you have lived in and dates lived there:

City/State: _____ Dates: _____

PERSONAL INFORMATION

How would you describe yourself in three or more words? _____

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 Attended</u>	<u>Area of Study</u>
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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? _____

Social Security Income: \$ _____ Disability Income: \$ _____

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: _____

RECREATION / COMPANIONS

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? _____

PHYSICAL HEALTH

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:

—

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

—

List any prescribed medications you currently take:

—

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 last 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: _____ Amount/Frequency of use: _____ If quit, when: _____	Date last used: _____ Method of use: _____ Number of years of consistent use: _____
Marijuana:	Age first used: _____ Amount/Frequency of use: _____ If quit, when: _____	Date last used: _____ Method of use: _____ Number of years of consistent use: _____
Methamphetamine/ Amphetamines:	Age first used: _____ Amount/Frequency of use: _____ If quit, when: _____	Date last used: _____ Method of use: _____ Number of years of consistent use: _____
Hallucinogenics:	Age first used: _____ Amount/Frequency of use: _____ If quit, when: _____	Date last used: _____ Method of use: _____ Number of years of consistent use: _____
Inhalants:	Age first used: _____ Amount/Frequency of use: _____ If quit, when: _____	Date last used: _____ Method of use: _____ Number of years of consistent use: _____
Prescription Pills:	Age first used: _____ Amount/Frequency of use: _____ If quit, when: _____	Date last used: _____ Method of use: _____ Number of years of consistent use: _____
Synthetics:	Age first used: _____ Amount/Frequency of use: _____ If quit, when: _____	Date last used: _____ Method of use: _____ Number of years of consistent use: _____

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

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?

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: _____

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? _____

Where are you now with your use?

MENTAL HEALTH

Describe how you feel on a daily basis: _____

Have you ever participated in any of the following:

- Anger Management Individual Counseling Family or Group Counseling

Please explain: _____

Have you ever:

- Been assigned a social worker or case manager (adult/juvenile)? Yes No
- Been treated by a psychiatrist? Yes No
- Been treated by your general doctor for mental health? Yes No
- Been placed on medications for mental health reasons? Yes No
- Suffered/diagnosed with severe head trauma or brain injuries? Yes No
- Had a mental health diagnosis? 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: _____

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

What are your presently prescribed medications? _____

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: _____

Please list any treatment/hospitalizations for mental health:

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

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? _____

Do you believe you have a problem with gambling, or has anyone expressed concerns about your gambling? Yes No

List involvement in any prior gambling treatment programs: _____

PERSONAL REFLECTION

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?

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? _____

VICTIMIZATION

Have you ever been the victim of:

- Assault
- Emotional/Verbal Abuse
- Identity Theft
- Threat of violence (weapon)

- Bullying
- Family Violence
- Sexual Assault
- Other: _____

- Burglary/Theft
- Hate Crime
- Stalking/Harassment