



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 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

Form with fields: Full Name, Alias, Address, City, State, Zip, Phone, Length of time, Living with, D.O.B., Place of Birth, Religion, Height, Weight, Hair Color, Eye Color, Email, Driver's License Status

Describe your tattoos and location(s):

Empty text box for describing tattoos and locations

PREVIOUS ADDRESSES

Report any changes of residence within the last three years

Form with fields: Address, City, State, Zip (two rows)

MILITARY SERVICE

Form with fields: Branch of Service, Date of Induction, Date of Discharge, Rank, Type of Discharge

WEAPONS

Do you own a weapon? Yes No If yes, indicate type of weapon(s) and location(s):

Do you have access to weapons? Yes No If yes, explain:

Do you currently possess a permit to conceal and carry a handgun? Yes No
Have you ever owned a firearm? Yes No

PRIOR RECORD

Have you had any adult criminal offenses? Yes No If yes, which counties/states?

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: _____

Have you ever been written up/locked down while incarcerated? Yes No If yes, explain:

Have you ever had a probation/parole violation during prior supervision? Yes No If yes, explain:

Are you required to register as a predatory offender? 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:

Did you obtain a G.E.D.? Yes No Date and place: _____

****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

Please list your current and previous 3 years of employment experience.

Employer:	City/State:	
Start date:	Leave date:	Reason for leaving:
Employer:	City/State:	
Start date:	Leave date:	Reason for leaving:
Employer:	City/State:	
Start date:	Leave date:	Reason for leaving:

COMPLETE THIS SECTION IF CURRENTLY EMPLOYED:

Position/Title _____ How many hours per week do you work? _____

Describe your relationship with co-workers:

Describe your relationship with your boss:

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

PARENTS

Father:	D.O.B:	Phone:
Address:	City, State, Zip	
Mother:	D.O.B:	Phone:
Address:	City, State, Zip	
Step/Foster-Father:	D.O.B:	Phone:
Address:	City, State, Zip	
Step/Foster-Mother:	D.O.B.:	Phone:
Address:	City, State, Zip	
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.

Name:	Phone:
Address:	Age:
Name:	Phone:
Address:	Age:
Name:	Phone:

Address:	Age:
Name:	Phone:
Address:	Age:
Name:	Phone:
Address:	Age:
Name:	Phone:
Address:	Age:

Describe your childhood living arrangements:

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

Name of current spouse/significant other: _____ D.O.B.: _____

Describe your current relationship with this person:

Any previous marriages or divorces? Yes No If yes, please explain:

Previous spouse's full name: _____

CHILDREN

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:		

**FRIENDS/ACQUAINTANCES
(Non-family)**

Name:	Relationship:	M/F:
Age:	Phone:	
Address:		
Name:	Relationship:	M/F:
Age:	Phone:	
Address:		
Name:	Relationship:	M/F:
Age:	Phone:	
Address:		

Do any of your friends or acquaintances engage in criminal activity or use illegal drugs? Yes No
 Do any of your friends or acquaintances have any past or present criminal convictions? Yes No
 Are any of your friends or acquaintances presently on probation or incarcerated? Yes No

RECREATION

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

 Have you ever been part of a gang, or thought to be affiliated? Yes No If yes, please explain:

PHYSICAL HEALTH

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

CHEMICAL HEALTH

Alcohol:	Age first used: _____ Amount/Frequency of use: _____ If quit, when: _____	Date last used: _____ Method of use: _____ Number of years of consistent 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: _____
Hallucinogens:	Age first used: _____ Amount/Frequency of use: _____ If quit, when: _____	Date last used: _____ Method of use: _____ Number of years of consistent use: _____

Fentanyl:	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: _____
Heroin:	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: _____

Please list all involvements in chemical dependency treatment:

Date	Program	Inpatient/ outpatient	Location	Did you complete it?

In the past year, have you:

- Been to a detox facility? Yes No
- Completed a chemical use assessment/chemical dependency evaluation? Yes No
- Used drugs or alcohol until you passed out? Yes No
- Used drugs or alcohol to prevent a hangover? Yes No
- Used drugs or 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
- Had difficulty remaining abstinent? Yes No
- Made prior attempts to quit? Yes No

What is the longest you have gone without using drugs/alcohol: _____

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:

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 Counseling Gambling treatment program If yes, please explain:

Have you ever:

Been assigned a social worker or case manager (adult/juvenile)? Yes No Choose one:

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

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 (ie. 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 If yes, please explain: _____

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

If yes, please explain:

LICENSING

Do you hold a professional license (i.e. Bus Driver, Healthcare Worker, Nurse, Teacher)? If yes, please explain:

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:

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?

What is your opinion of the law, police and court?

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?

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?

WASHINGTON COUNTY COMMUNITY CORRECTIONS 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: _____

Current or most recent employment:

Employer:		Address (city, state, zip):	
Start date:	Leave date:	Pay/hr:	
Yearly Gross Income:			

Do you have any other sources of income? (i.e. Unemployment Compensation, Social Security, Disability, Retirement, Spousal Maintenance, Child Support) Yes No If yes, please explain: _____

Have you received any form of public assistance within the past 12 months? Yes No If yes, please explain: _____

Have you experienced financial problems during the past year? (i.e. paying bills, meeting financial obligations) Yes No If yes, please explain: _____

Do you have any assets (i.e. vehicles, real estate, bank accounts, jewelry) Yes No If yes, what types: _____

Indicate what you spend per month on the following:

- Housing/Mortgage \$ _____/month Own Rent
- Utilities \$ _____/month (include gas, electric, trash, sewer, water)
- Groceries \$ _____/month
- Car Payment(s) \$ _____/month
- Car Insurance \$ _____/month
- Health Insurance \$ _____/month
- Transportation costs \$ _____/month
- Child Support \$ _____/month Are you in arrears? Yes No
- Child Care \$ _____/month
- Cell Phone \$ _____/month Is this your only phone? Yes No
- Internet/subscriptions \$ _____/month
- Entertainment \$ _____/month (Movies/Concerts, Lottery tickets/Gambling)
- Health club/gym membership \$ _____/month
- Pets \$ _____/month (food, vet bills, etc)
- Restitution/Fines \$ _____/month

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

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

Signature: _____ Date: _____