

## COMMUNITY CORRECTIONS ASSESSMENT QUESTIONNAIRE

This information is private. **Please fill out the questionnaire completely and accurately and bring it with you to your scheduled appointment. This will significantly reduce your appointment time.** Please print!

Full Name: \_\_\_\_\_ Alias (include nicknames): \_\_\_\_\_

### ADDRESS DATA

**\*Report any changes of residence within the last year**

CURRENT Address:	City, State, Zip:	Since:
PREVIOUS Address:	City, State, Zip:	Dates:
PREVIOUS Address:	City, State, Zip:	Dates:
PREVIOUS Address:	City, State, Zip:	Dates:

Do you have concerns regarding safety in your current neighborhood?  Yes  No

### MILITARY SERVICE

Branch of Service: \_\_\_\_\_ Date of Induction: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Rank: \_\_\_\_\_ Type of Discharge: \_\_\_\_\_ Disciplinary Actions: \_\_\_\_\_

Specialized Training: \_\_\_\_\_

Indicate any involvement with the 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:

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Did this offense involve the use or possession of drugs and/or alcohol?  Yes  No

If yes, please explain: \_\_\_\_\_

### LEGAL HISTORY

**\*List all arrests/citations outside the state of Minnesota, including juvenile and adult**

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

Are you currently on probation/supervised release? Yes No If yes, in what county(ies)? \_\_\_\_\_

Were you ever arrested under the age of 16? Yes No Age of first police contact: \_\_\_\_\_

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/placement? Yes No

Ever charged? Yes No

Ever had a probation/supervised release violation during prior supervision? Yes No If yes, explain: \_\_\_\_\_

Do you have a history of assaultive behavior? Yes No If yes, explain: \_\_\_\_\_

### EDUCATION

Highest Grade Completed: \_\_\_\_\_ If you did not graduate, explain: \_\_\_\_\_

Were you ever suspended out of school or expelled? Yes No

Did you obtain a G.E.D.? Yes No If yes, date and place: \_\_\_\_\_

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

Describe your current 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

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

Describe your relationship with your boss: \_\_\_\_\_

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

How would you rate your financial situation on a scale of one to ten (1 being no stress and 10 being stressed out)? 10 9 8 7 6 5 4 3 2 1 Please explain: \_\_\_\_\_

Do you have difficulty meeting your financial obligations (i.e. living expenses)? Yes No

If yes, explain: \_\_\_\_\_

Are you receiving any government assistance, unemployment, social security, or pension benefits?

Yes No If yes, explain: \_\_\_\_\_

Have you filed bankruptcy? Never In the past Currently in process

Please list your employment experience in the past year:

CURRENT Employer:	Start/Leave Dates:	Reason for Leaving:
PREVIOUS Employer:	Start/Leave Dates:	Reason for Leaving:
PREVIOUS Employer:	Start/Leave Dates:	Reason for Leaving:

Have you ever been fired or left before being fired?  Yes  No If yes, please explain: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_

**FAMILY HISTORY**

<b>Father:</b>	Phone:
Describe relationship:	
<b>Mother:</b>	Phone:
Describe relationship:	
<b>Step/Foster-Father:</b>	Phone:
Describe relationship:	
<b>Step/Foster-Mother:</b>	Phone:
Describe relationship:	

Describe your childhood: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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**

Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:
Name:	Relationship:	Age:

Describe your relationship with your siblings: \_\_\_\_\_

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: \_\_\_\_\_

If married, list date: \_\_\_\_\_ Ever separated/divorced? Yes No

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

Previous spouse's full name: \_\_\_\_\_ Years married: \_\_\_\_\_

**CHILDREN**

<b>Name:</b>	Age	M/F
Co-parent:	Child Support:	
Custody arrangement:		

<b>Name:</b>	Age	M/F
Co-parent:	Child Support:	
Custody arrangement:		
<b>Name:</b>	Age	M/F
Co-parent:	Child Support:	
Custody arrangement:		
<b>Name:</b>	Age	M/F
Co-parent:	Child Support:	
Custody arrangement:		

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 location(s): \_\_\_\_\_

\_\_\_\_\_

**COMPANIONS**

Describe your friends: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What kinds of things do you like to do with your friends? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

How do your friends feel about this offense? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Do any of your friends engage in criminal activity or use illegal drugs? Yes No

Are any of your friends presently on probation or incarcerated? Yes No If yes, how are they doing presently? \_\_\_\_\_

How many of your friends have ever had legal concerns? \_\_\_\_\_

How many of your friends are presently in recovery? \_\_\_\_\_

How long have they been clean? \_\_\_\_\_

**RECREATION**

What organized activities do you participate in? \_\_\_\_\_

What do you do in your spare time? \_\_\_\_\_

Do your activities involve the use of alcohol/drugs? \_\_\_\_\_

**PHYSICAL HEALTH**

List any serious illnesses, surgeries, or accidents you have suffered in the past: \_\_\_\_\_

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

List any prescribed medications you currently take: \_\_\_\_\_

**CHEMICAL HEALTH**

Have you ever had an alcohol problem? Yes No

Have you ever had a drug problem? Yes No

<b>Cocaine/Crack</b>	Age first used:	Date last used:
	Amount/Frequency of use:	Method of use:
	If quit, when:	Number of years of consistent use:
<b>Marijuana</b>	Age first used:	Date last used:
	Amount/Frequency of use:	Method of use:
	If quit, when:	Number of years of consistent use:
<b>Methamphetamine/Amphetamines</b>	Age first used:	Date last used:
	Amount/Frequency of use:	Method of use:
	If quit, when:	Number of years of consistent use:
<b>Hallucinogenics</b>	Age first used:	Date last used:
	Amount/Frequency of use:	Method of use:
	If quit, when:	Number of years of consistent use:

<b>Inhalants</b>	Age first used:		Date last used:
	Amount/Frequency of use:	Method of use:	
	If quit, when:	Number of years of consistent use:	
<b>Prescription Pills</b>	Age first used:		Date last used:
	Amount/Frequency of use:	Method of use:	
	If quit, when:	Number of years of consistent use:	
<b>Alcohol</b>	Age first used:		Date last used:
	Amount/Frequency of use:	Method of use:	
	If quit, when:	Number of years of consistent use:	
<b>Synthetics</b>	Age first used:		Date last used:
	Amount/Frequency of use:	Method of use:	
	If quit, when:	Number of years of consistent use:	
<b>Opiates/Heroin/Morphine</b>	Age first used:		Date last used:
	Amount/Frequency of use:	Method of use:	
	If quit, when:	Number of years of consistent use:	

What is your longest period of sobriety? \_\_\_\_\_ What caused your relapse? \_\_\_\_\_

Have you ever been in detox? Yes No If yes, please explain: \_\_\_\_\_

Please list all involvement 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

In the past year, how much money have you spent on drugs and/or alcohol? \_\_\_\_\_/week

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: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

Do you have trouble controlling your feelings?  Yes  No If yes, 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 If yes, explain: \_\_\_\_\_  
 \_\_\_\_\_

What medications are you currently prescribed? \_\_\_\_\_  
 \_\_\_\_\_

Please indicate which of the following you have ever been diagnosed with (check all that apply):

- 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? \_\_\_\_\_

\_\_\_\_\_

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?

\_\_\_\_\_

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**

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? Yes No If yes, explain: \_\_\_\_\_

Have you ever been arrested for gang activity? Yes No

Have you ever been a victim of gang violence? Yes No

Have you ever been in a prison gang? Yes No

Are you aware of gang activity/issues in your neighborhood? Yes No Please explain: \_\_\_\_\_

\_\_\_\_\_

**VICTIMIZATION**

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: _____    |  |

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

**OTHER**

Is there any additional information you feel is important? \_\_\_\_\_

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