

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. Client #: _____

Full Name: _____ Alias (include nicknames): _____

Do you have any Spiritual and/or Cultural Considerations: _____

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:

How many address changes have you had in the last year? _____

What is your current living situation? _____

Who do you live with? _____

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

MILITARY SERVICE

Branch of Service: _____ Date of Induction: _____

Currently Serving Yes No; Date of Discharge: _____

Rank: _____ Type of Discharge: _____ Disciplinary Actions: _____

Specialized Training: _____

Deployments: _____

Indicate any involvement with the V.A.: _____

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. County Jail, Prison, Juvenile Detention)? Yes No

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:

EDUCATION

Highest Grade Completed: _____ Last School Attended: _____

Where did you graduate high school/? _____ Year Graduated: _____

If you did not graduate, explain: _____

Were you ever suspended out of school or expelled? Yes No If yes, please explain

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: _____

Did you attend any college/trade-school/other post-secondary? _____ If so, where? _____

EMPLOYMENT

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

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

If you are employed, what is your current rate of pay? _____

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: _____

Income Other than Employment:

Social Security \$ _____ Retirement/Pension \$ _____ Disability \$ _____

VA Benefits \$ _____ Child Support \$ _____ Other _____

Monthly Expenses: Restitution/Fines \$ _____ Attorney Fees \$ _____ Housing \$ _____

Utility Bills \$ _____ Child Support \$ _____ Car/Transportation \$ _____

Credit Cards \$ _____ Taxes \$ _____ Medical Bills \$ _____

Are you receiving any government assistance?

Yes No If yes, explain: _____

Is anyone (family, friends) assisting you with bills/expenses? _____

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

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

Have you ever worked at the same job for one year or longer? Yes No

If yes, where and when: _____

FAMILY HISTORY

Biological Father:	Phone:
Describe relationship:	
Biological Mother:	Phone:
Describe relationship:	
Parent/Guardian (if other than or in addition to biological):	Phone:
Specify and Describe relationship:	
Parent/Guardian (if other than or in addition to biological):	Phone:
Specify and Describe relationship:	

What city were you born in? _____ Where were you raised? _____

Were you ever placed in foster care or removed from the family home? If so, please explain _____

Describe your childhood: _____

Please explain any experienced trauma, abuse or violence in your home when you were growing up?

Please list persons (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:

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: _____

RELATIONSHIP STATUS

Single Dating Married Widowed Separated Divorced Cohabiting Dependent

Current spouse/significant other: _____

How long have you been in your current relationship? _____

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: _____

Are you satisfied with your current relationship status? _____ If no, explain: _____

CHILDREN

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

Are you presently in arrears regarding child support? Yes No If yes, amount: _____

Do you have current or recent child protection involvement through Health and Human Services? Yes No

If yes, who is your assigned social worker? _____

COMPANIONS

Tell me about your support systems outside of your family (who do you confide in/seek advice from/etc):

How many close friends do you have? _____ How many acquaintances? _____

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 or acquaintances engage in criminal activity or use illegal drugs? Yes No
Are any of your friends or acquaintances presently on probation or incarcerated? Yes No If yes, how
are they doing presently? _____

How many of your friends or acquaintances have ever had legal concerns? _____

How many of your friends are presently in recovery? _____

How long have they been clean? _____

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: _____

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? _____

CHEMICAL HEALTH

Have you ever had an alcohol problem? Yes No

Have you ever had a drug problem? Yes No

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:
Alcohol	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:

Opiates/Heroin/Morphine	Age first used:		Date last used:	
	Amount/Frequency of use:		Method of use:	
	If quit, when:		Number of years of consistent use:	
Fentanyl/Norfentanyl	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? _____

How were you able to maintain your sobriety that long; what was going on in your life during that time? _____

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

Have you completed a chemical dependency evaluation in the last year? Yes No If yes, where? _____

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:

- Exchanged a sexual act, photo or video for drugs? Yes No
- Used drugs or alcohol until you passed out? Yes No
- Used drugs or alcohol to prevent a hangover/withdrawal? 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? _____

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 (physical and mental health):

When was the last time you saw a medical professional? _____

Reason: _____

MENTAL HEALTH

Describe how you feel on a daily basis: _____

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: _____

Have you ever:

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

Been treated by a psychiatrist? Yes No

Suffered/diagnosed with severe head trauma or brain injuries? Yes No

Witnessed abuse (physical, sexual, or emotional)? Yes No

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

Have you ever participated in any of the programming, please list below:

- Anger Management
 Individual Counseling
 Family or Group Counseling
 Domestic Abuse Programming

Date	Type of Programming	Name of Program	Location	Did you complete it?

Do you have a history of assaultive behavior or been involved in an assault in any way? Yes No If yes, explain: _____

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

What does it look like when you get angry (name calling, yelling, damaging property, harming pets)?

Has anyone close to you expressed concerns about your anger? _____

Have you ever hit, kicked, slapped, choked/strangled, or otherwise physically assaulted/sexually assaulted/injured your partner or another family member? If yes, please explain.

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

Have you ever threatened or used a gun, knife, or other weapon against your partner(s) or another family member? If yes, please explain.

Have you ever made comments to harm or kill yourself or others? If yes, explain:

Have you ever thought about or attempted suicide? Yes No If yes, explain: _____

Please list any treatment/hospitalizations for mental health:

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

Have you ever experienced or been a witness of:

- Assault
- Emotional/Verbal Abuse
- Identity Theft
- Threat of violence (weapon?)
- Bullying
- Family Violence
- Sexual Assault
- Other: _____
- Burglary/Theft
- Hate Crime
- Stalking/Harassment

Have you ever felt tricked, pressured, forced or like there was not another option to exchange any sexual act (to include pictures/videos) for something of value (housing, transportation, food, money, drugs/alcohol)?

- Yes No

Do you know anyone that has ever been involved in this type of situation? Yes No

Did anyone else benefit from this act as well? Yes No

GAMBLING

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: _____

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:

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

If yes, please explain: _____

Were children present or involved in the offense? Yes No

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?

What goals do you have for yourself in the next 5 years? List obstacles to achieving those goals.

What are your thoughts about the potential rules and restrictions of being placed on probation?

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? _____

OTHER

Is there any additional information you feel is important? _____
