



Tri-County Community Corrections

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PRE-SENTENCE INVESTIGATION QUESTIONNAIRE

Date: _____

Full name: _____ Male Female Other

Date of Birth: _____ Place of Birth: _____ Social Security #: _____

Driver's License #: _____

Status of Driver's License: Valid Revoked Cancelled Never obtained

List all states/cities you have lived in (include dates): _____

Other names you have used (maiden, married, nick names): _____

Current mailing address: _____

Street address (if different from mailing): _____

Full names of all persons living in same household: _____

Do you own any weapons or have access to them in your home? _____

Home phone #: _____ Work phone #: _____

Cell phone #: _____ E-mail address: _____

Height: _____ Weight: _____ Color of eyes: _____ Color hair: _____

The following three questions are optional and will only be used to achieve more specific supervision of your case and cannot be used against you: Ethnicity: _____ Citizenship: _____ (4.4) Religious Preference: _____

Describe all scars, marks, tattoos, and where located: _____

Accommodation

How do you like the place where you are living? (4.2, 4.3) _____

How long have you lived there? _____

Do you plan on moving? Yes No If so, when and why? _____

Please list your last three addresses:

<i>Address</i>	<i>Start & End Dates</i>	<i>Who else lived there?</i>

1.1 Prior Record

How old were you the first time you were in trouble with the law? _____

List any juvenile offenses: _____

How many adult convictions do you have? _____ Include the year, type of offense and location: _____

Have you committed any of the following:

Driving While Impaired/Under the Influence (2.2.15) Yes No Shoplifting (2.2.16) Yes No

White Collar Crime (2.2.17) Yes No Gang Participation (2.2.18) Yes No

Organized Crime (2.2.19) Yes No Hate Crime (2.2.20) Yes No

Terrorist Activity (2.2.21) Yes No Sexual Assault (2.2.1) Yes No

Assault (2.1.8) Yes No Stalking/Harassment (2.1.12) Yes No

Have you ever been incarcerated for any crime? Yes No If so, for what: _____

Have you ever been disciplined (verbal warning, sent to segregation, etc.) while being incarcerated? Yes No

If so, for what? _____

Have you ever been on probation? Yes No Are you currently on probation? Yes No

If so, give the name of your last or current probation officer and county: _____

Do you currently have any other pending offenses? (2.1.13) Yes No If so, please list: _____

Have you ever violated probation, parole, or supervised release? Yes No If so, what was violation? _____

1.2 Employment / Finances

What is your current employment (job) status:

Employed full-time Employed part-time Hours per week: _____ Unemployed Length? _____

List three most recent places of employment, giving the most recent first:

<i>Employer</i>	<i>Location</i>	<i>Length of time</i>	<i>Wage per hour</i>	<i>Reason for leaving</i>

In the last 12 months, how many months were you employed full-time? _____

How many jobs have you held in the last 12 months? _____

Where is the longest full-time job you have ever held? How long? _____

Tell me about your job. _____

What do you like best about your job? _____

How would you rate your performance? _____

What would your boss say about your performance? _____

Describe your relationship with your boss: _____

Describe your relationship with your co-workers: _____

Do you spend time outside of work with your co-workers? Yes No

List any other sources of income (include Social Security, child support, disability, unemployment, income from spouse or significant other, etc.):

<i>Income Source</i>	<i>Monthly Amount Received</i>

List major monthly expenses paid per month (house payments, rent, credit card payments, car payments, cell phone bill, utilities, medical bills, etc.):

<i>Expense</i>	<i>Amount Paid Monthly</i>	<i>Expense</i>	<i>Amount Paid Monthly</i>

Do you have any debts? Yes No If yes, please list below.

<i>Debt</i>	<i>Amount owed</i>

Are you worried about having enough money to meet your needs? (4.1) Yes No

In the past year, have you experienced any financial problems? (4.1) Yes No If yes, please explain: _____

Military

Did you participate in the United States Military? Yes No If no, skip to education section.

If so, what branch and rank? _____

Were you ever deployed? If yes, where and what year? _____

Were you discharged from the military? Yes No If so, what was your discharge reason? _____

Do you receive any VA benefits? Yes No If yes, please explain: _____

1.2 Education

Did you graduate high school? Yes No If so, what year? _____

If you did not finish high school, what was the last grade you completed? _____

Did you receive your GED? Yes No If yes, what year? _____

List all schools you attended, beginning with high school (include any post-secondary schooling):

<i>School Name</i>	<i>Location</i>	<i>Year(s)</i>	<i>Diploma/Degree Received</i>

Did you receive any Special Education Services? (4.8) Yes No If so, for what reason: _____

Do you have any learning disabilities? (4.8) Yes No If yes, please explain: _____

Describe what kind of student you were (grades, activities, sports): _____

Were you ever suspended? Yes No Expelled? Yes No If so, for what reasons? _____

How would you rate your participate in school? _____

Describe your relationship with other students. _____

Describe your relationship with your teachers: _____

1.3, 1.4, 1.5 Family and Friends

Marital Status: Single Married Divorced Separated Widowed

If not in a relationship, how do you feel about that? _____

If you have a significant other, please list name: _____ Age: _____

How long have you been in this relationship? _____

Describe your relationship: _____

How satisfied are you with your marital (or equivalent) situation? _____

List all prior marriages (to whom and length): _____

Do you have any children? Yes No If yes, please list them below:

<i>Child's Name</i>	<i>Age</i>	<i>City & State Living In</i>	<i>Bio</i>	<i>Step</i>	<i>Co-parent's Name</i>

Do you have regular contact with the children listed above? (4.5) Yes No

Have you taken steps to increase your contact with your children? (4.5) Yes No N/A

On a scale of 1 to 10, how stressful is parenting? (4.5) _____ Explain why you chose that number: _____

Are you getting support / help in raising the children? (4.5) Yes No If so, by whom? _____

Have you ever been investigated for abuse or neglect resulting in your involvement in child / family services? (4.5)
Yes No If so, when? _____

Do you currently have an Order for Protection, No Contact Order, or Harassment Restraining Order against you?

Yes No If so, by whom? _____

Have you had any against you in the past? Yes No If so, by whom/when? _____

Your Father's Name: _____ Age: _____

City & State living in: _____

Frequency of contact with father: _____

Describe current relationship with father: _____

Describe your relationship with your father as a child: _____

What does your father say about your current offense? _____

Your Mother's Name: _____ Age: _____

City & State living in: _____

Frequency of contact with mother: _____

Describe current relationship with mother: _____

Describe your relationship with your mother as a child: _____

What does your mother say about your current offense? _____

Are your parents: Married Divorced Separated Never Married Are you adopted? Yes No

Do you have a step-parent(s)? Yes No If so, please list names: _____

Describe your childhood living arrangements: _____

Please describe your upbringing: _____

Were you ever placed in foster care or removed from the family home? Yes No

Brothers and Sisters (List biological, step, half and adopted siblings):

<i>Name</i>	<i>Age</i>	<i>City & State Living In</i>

Describe relationship with siblings: _____

What do your siblings say about your current offense? _____

Have you ever been a victim of physical abuse? (4.16, 4.17) Yes No If so, please explain: _____

Have you ever been a victim of sexual abuse? (4.16, 4.18) Yes No If so, please explain: _____

Did you ever observe your parents abuse each other or other siblings? Yes No If so, please explain: _____

Have any of your family (spouse, children, parents, siblings, ex-relationship, or other close relative) ever been involved in the criminal justice system? Yes No If yes, whom: _____

What organized activities do you participate in? _____

What do you do in your spare time? _____

Please list your friends / acquaintances: _____

What types of things do you do with your friends? _____

What do your friends say about your current offense? _____

Have any of your friends been in trouble with the law? Yes No If yes, for what? _____

How many of your friends have never been in trouble with the law? _____

Have any of your acquaintances been in trouble with the law? Yes No If yes, for what? _____

How many of your acquaintances have never been in trouble with the law? _____

Physical Health

Describe your current physical health: (4.7) _____

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

Do you have any communicable diseases? Yes No If yes, please list: _____

Do you currently have health insurance? Yes No If yes, provider: _____

List all medications you are currently taking.

1.6 Chemical Health

<i>Have you ever used:</i>	<i>Age of first use:</i>	<i>Amount and Frequency</i>	<i>Numbers of years of consistent use</i>	<i>Date/Age of last use:</i>
Alcohol				
Marijuana				
Methamphetamine				
Amphetamines				
Fentanyl				
Cocaine / crack				
Heroin				
Hallucinogens				
Inhalants				
Prescription pills				
Synthetics				
Over-the-Counter				
Other:				

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

Do you feel you currently have a problem with alcohol? Yes No

Have you ever had a problem with alcohol? Yes No

Do you feel you currently have a problem with drugs? Yes No

Have you ever had a problem with drugs? Yes No

In the past year, has your use of drugs or alcohol contributed to law violations? Yes No

In the past year, has your family expressed concern about your drinking / drug use? Yes No

Is there a history or chemical abuse in your immediate family (parents, grandparents, siblings)? Yes No

If yes, who? _____

Have you ever participated in a chemical dependency treatment program and / or education? Yes No

If yes, please list.

<i>Date</i>	<i>Program</i>	<i>Inpatient/Outpatient</i>	<i>Location</i>	<i>Did you complete it?</i>

Have you attended community support groups, such as AA, NA, Celebrate Recovery or Smart Recovery? Yes No

In the past year:

- Have you experienced a blackout after drinking alcohol? Yes No
- Have you used chemicals to relieve a hangover? Yes No
- Have you had problems at school or work because of your use of alcohol/drugs? Yes No
- Have any of your relationships with family or friends been damaged by your chemical use? Yes No
- Have you had any health problems related to your chemical use? Yes No
- Has a doctor told you to quit or cut back on drinking or using? Yes No
- Have you ended up in detox due to chemical use? Yes No
- Have you been unable to stop drinking or using drugs when you wanted to? Yes No
- Has anyone told you to quit or cut back on drinking or using? Yes No
- Have you injected drugs intravenously? Yes No
- Have you been sneaking drinks or fixes? Yes No

Check your reasons for using chemicals:

- | | | |
|--|---|--|
| <input type="checkbox"/> Like feeling high | <input type="checkbox"/> To alleviate physical pain | <input type="checkbox"/> To cope with abusive partner |
| <input type="checkbox"/> Like feeling numb | <input type="checkbox"/> Alleviates boredom | <input type="checkbox"/> To cope with family problems |
| <input type="checkbox"/> Trying to forget problems | <input type="checkbox"/> Partner encourages it | <input type="checkbox"/> Cope with depression/anxiety |
| <input type="checkbox"/> To cope with stress | <input type="checkbox"/> Can't function without it | <input type="checkbox"/> Afraid of withdrawal symptoms |

What is the longest you have gone without using drugs or alcohol? _____

What does your chemical use look like right now? _____

Mental Health

After each of the following questions, please tell us the last time that you had the problem, if ever, by answering “Past Month” (4), “2 to 6 months ago” (3), “7 to 12 months ago” (2), “1 + years ago” (1), or “Never” (0).

<i>When was the last time you had significant problems with:</i>	<i>Past Month</i>	<i>2 to 6 months ago</i>	<i>7 to 12 months ago</i>	<i>1 + years ago</i>	<i>Never</i>
Feeling trapped, lonely, sad, blue, depressed, or hopeless about the future?	4	3	2	1	0
Sleep trouble, such as bad dreams, sleeping restlessly or falling asleep during the day?	4	3	2	1	0
Feeling very anxious, nervous, tense, scared, panicked or like something bad was going to happen?	4	3	2	1	0
Becoming very distressed and upset when something reminded you of the past?	4	3	2	1	0
Thinking about ending your life or committing suicide?	4	3	2	1	0
Seeing or hearing things that no one else could see or hear or feeling that someone else could read or control your thoughts?	4	3	2	1	0

<i>When was the last time you did the following things <u>two or more</u> times:</i>	<i>Past Month</i>	<i>2 to 6 months ago</i>	<i>7 to 12 months ago</i>	<i>1 + years ago</i>	<i>Never</i>
Lied or conned to get things you wanted or to avoid having to do something?	4	3	2	1	0
Had a hard time paying attention at school, work, or home?	4	3	2	1	0
Had a hard time listening to instructions at school, work, or home?	4	3	2	1	0
Had a hard time waiting for your turn?	4	3	2	1	0
Were a bully or threatened other people?	4	3	2	1	0
Started physical fights with other people?	4	3	2	1	0
Tried to win back your gambling losses by going back another day?	4	3	2	1	0

<i>When was the last time you:</i>	<i>Past Month</i>	<i>2 to 6 months ago</i>	<i>7 to 12 months ago</i>	<i>1 + years ago</i>	<i>Never</i>
Had a disagreement in which you pushed, grabbed, or shoved someone?	4	3	2	1	0
Took something from a store without paying for it?	4	3	2	1	0
Sold, distributed, or helped to make illegal drugs?	4	3	2	1	0
Drove a vehicle while under the influence of alcohol or illegal drugs?	4	3	2	1	0
Purposely damaged or destroyed property that did not belong to you?	4	3	2	1	0

Do you have other significant psychological, behavioral, or personal problems that you want treatment for or help with?
 Yes No If yes, please describe: _____

Have you ever been diagnosed or treated for mental illness? (2.1.2, 2.1.3, 4.14, 5.9, 5.10) Yes No If yes, please explain: _____

Have you ever been referred to a counselor / psychologist / psychiatrist / hospital? Yes No If yes, please explain: _____

Please list your current medications: _____

Have you ever inflicted injury on yourself? (Cutting, burning, etc.) Yes No If so, when was the last time? _____

Have you ever been suicidal or attempted suicide? (4.11) Yes No

Do you currently feel depressed? (4.10) Yes No

Are you quick to become angry? (2.1.6) Yes No

What types of things make you angry? (2.1.6) _____

How do you act when you are angry? (2.1.6) _____

How do you manage your anger? (2.1.6)? _____

Gambling

Do you gamble? (Includes lottery tickets, casino trips, pull tabs, raffles, etc.) Yes No

Have you ever thought you might have a gambling problem or been told that you might? Yes No

Have you ever borrowed money in order to gamble or cover lost money? Yes No

Have you ever felt the need to bet more and more money? Yes No

Have you been untruthful about the extent of your gambling or hid it from others? Yes No

Have you ever tried to stop or cut back on how much or how often you gamble? Yes No

Have you ever gambled with money that you needed for paying your bills? Yes No

Personal Reflections

What is the first thing that comes to your mind when you think about the trouble you have been/are in?

In your opinion, what are the most significant reasons for the trouble you have been in?

Who was affected by your actions? _____

What needs to happen to make things right with those that have been affected? _____

What is your opinion of the law, police, and the courts? _____

Is there ever a good reason to break the law? _____

Do you feel your plea agreement was appropriate and fair? _____

If you were the judge, what sentence would you give yourself? _____

How do you feel about being placed on probation as part of sentencing? _____

If you are currently under supervision, do you feel your supervising probation officer is fair and reasonable? _____

YOUR VERSION OF THIS OFFENSE

Please write down your version of this offense and circumstances leading up to it: