

Traffic:

Have you ever served any jail or prison time? Yes No

Have you ever escaped from a youth or adult corrections facility? Yes No

While incarcerated or in a residential facility were you ever written up and what were the consequences?

Have you ever had a probation, parole or work release violation? Yes No

Have you ever had probation, parole or work release revoked Yes No

Have you ever been assaultive or used other forms of violence?

Was anyone else charged in this offense?

DEFENDANT'S VERSION

Tell in your own version of the offense, how you got involved in the offense and the circumstances that led up to it. (you may write on the back)

ATTITUDES/ORIENTATION

How do you feel about what you have done?

How do you think your crime impacted the victim(s)?

How do you think your attitudes and beliefs need to change to avoid further problems?

What plans, if any, do you have for the future?

What is your recommendation to the Judge for sentencing?

PERSONAL HISTORY:

How would you describe yourself?

What is the most significant thing that has happened in your life?

What do you do best?

What do you like and dislike about yourself?

*Do you have many friends?

*Do any of your friends have criminal records?

*How would you describe your neighborhood that you live?

What do you consider your strongest personality points?

<input type="checkbox"/> easy going	<input type="checkbox"/> personable	<input type="checkbox"/> kind
<input type="checkbox"/> stubborn	<input type="checkbox"/> hot-tempered	<input type="checkbox"/> abusive
<input type="checkbox"/> honest	<input type="checkbox"/> dependable	<input type="checkbox"/> even-tempered
<input type="checkbox"/> angry	<input type="checkbox"/> lazy	<input type="checkbox"/> jealous
<input type="checkbox"/> trustworthy	<input type="checkbox"/> dishonest	<input type="checkbox"/> hard working
<input type="checkbox"/> impulsive	<input type="checkbox"/> outgoing	<input type="checkbox"/> considerate
<input type="checkbox"/> lonely	<input type="checkbox"/> shy	<input type="checkbox"/> other _____

What would you like to be doing at this time in your life?

*Have you ever hurt someone physically?

Have you ever been diagnosed with any mental health condition?

Have you ever attempted to hurt yourself or contemplated suicide?

*Have you ever been hospitalized or diagnosed for a mental health disorder?

What is the biggest problem that you are encountering other than the pending court hearing?

What are your goals?

*Do you have any hobbies?

*What do you enjoy doing during your free time?

*Do you belong to any clubs or organizations?

EDUCATION:

Please list the schools you have attended and the dates attended:

School	Address	Dates

*What is the highest level of education that you have completed? _____

*Did you graduate from High School? _____ What date? _____

*If not what grade did you complete? _____

What year did you leave school? _____

*What was your reason for terminating your education?

*Have you ever been suspended or expelled from school?

What type of student were you in high school?

*Did you belong to any extra curricular activities?

Have you attended college, vocational school or other educational programs?

Name of School _____ Dates _____

Area of Study _____

Did you graduate?

MILITARY

Give date of induction, last rank, dates of service, and type of discharge.

Have you ever been diagnosed with post-traumatic stress disorder? If so, what kind of services have you received?

EMPLOYMENT

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

What is the longest full time job you have ever held? How long?

*How long have you worked at your present job?

*Do you enjoy your present line of work?

*What type of relationship do you have at work with your co-workers?

List all jobs you have had:

Employer/address	Position	Started/terminated	Wages
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*Have you ever been fired from a job?

ECONOMICS

What were your earnings in the past 12 months?

What were your spouse's earnings in the past 12 months?

*Are you presently receiving or have you received in the past year income from welfare, social security, or some other type of monetary compensation?

*Have you ever filed bankruptcy? _____ When _____

List any property of value and give estimate of worth (home, car, stereo, etc.)

Please list Debts:

Place Owed	Amount Owed	Monthly Payment	Owing
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Describe your financial situation:

*Do you feel that you have any financial problems at this time?

SPOUSE/PARTNER:

***** With whom are you now living? _____
 Are you married? ___ Have you ever been married? ___ Name of Person Dating _____
 What is the current status of your relationship? _____ Married Living together.
 ___ Not Married, Living together. ___ Married Living apart.
 ___ Divorced, Living together. ___ Divorced Living apart.
 Spouse/Partner's Name _____ Maiden Name _____
 Spouse/Partner's Date of Birth _____ Date of Marriage: _____
 Place of Marriage: _____
 Spouse/Partner's Employment _____
 Has your spouse been married previously? _____ How many times? _____
 How many times have you been married? _____

Name of previous wife or husband	Date of Birth	Current Address	Date married	Divorced

CHILDREN:

Children's Name	Date of Birth	Address	Natural/Step/Adopted

Have you given up any children for adoption? _____
 Do your children live with you? _____
 Are children from other relationships living with you? _____
 Has child protection ever been contacted regarding your children? _____

Marriage:

How did you and your spouse/partner meet?

What activities do you do as a family?

Describe the communications in your family.

*How is your marriage going?

*Do you have any concerns about your marriage?

*Does your spouse/partner have an alcohol or drug problem?

Is your spouse/partner abusive?

Are your children having any problems that concern you?

Have you ever been involved in a family counseling program?

If so where? _____

Divorce: If you have been through a divorce or are separated please complete.

*What was the major problem in your marriage(s)?

What type of communication do you and your ex-spouse have?

How do you feel about your divorce or separation now?

*Do you feel you are you having any trouble managing your life?

Is there anything about yourself you would like to change?

Do you have problems controlling your temper?

PARENTS :

Father's Name _____ Date of Birth _____

Address _____ City/State _____

Employment _____ City/State _____

If retired, previous employment _____

Phone _____

Mother's Name _____ Date of Birth _____

Address _____ City/State _____

Employment _____ City/State _____

If retired previous employment _____

phone _____

Date of parent's marriage _____

Are your parents divorced? _____ Date of divorce _____

Are your parents living? _____ Date of death _____

Did your parents remarry? _____

Name of step-parent Date of marriage Date of divorce

What was your childhood like?

Was there anything about it you did not like?

*How do you feel about your father?

*What do you feel about your mother?

How would your parents describe you?

What did you learn from your family?

*What activities did your family participate in?

*What is your relationship to your family now?

How would you describe communications in your family?

*Has any member of your family had any legal or criminal problems?

Where you ever sexually or physically assaulted by a relative?

*Are any of your family members chemically dependent?

SIBLINGS

Name: DOB: Employment: Address:

Are any half or step siblings?

How do you get along with your brothers and sisters?

How have they influenced you?

*What do you like best about your family?

Please list all the communities you have lived in: Dates:

HEALTH

Are you currently under a physician's care for any reason?

*Do you have any physical or emotional disabilities? If so what?

*Do you have any chronic disease , illness, or allergies?

Are you on any medications? If yes, what?

Have you had any serious injury or illness in the past?

Have you ever had a serious head injury?

Are you restricted from any type of work?

*How would you describe your current state of health?

ALCOHOL/DRUGS

*Have you ever had an alcohol problem?

How old were you when you first started to drink alcohol?

Do you have a favorite alcoholic beverage?

How often do you drink?

How much do you drink?

*Has anyone ever expressed concern to you about your alcohol usage?

*Do you feel you have a problem with alcohol usage?

How old were you when you first used drugs?

What non-prescription drugs have you used?

<input type="checkbox"/> marijuana	<input type="checkbox"/> LSD/Haluncigens	<input type="checkbox"/> Inhalants
<input type="checkbox"/> hashish	<input type="checkbox"/> heroin	<input type="checkbox"/> prescription drugs
<input type="checkbox"/> speed	<input type="checkbox"/> uppers	<input type="checkbox"/> Other _____
<input type="checkbox"/> cocaine	<input type="checkbox"/> downers	
<input type="checkbox"/> Quaaludes	<input type="checkbox"/> methamphetamine/amphetamine	

How often do you use these drugs?

How much did you use them in the past?

*Have you ever been in treatment for alcohol or drug usage?

If so, where and when: _____

*Have you ever been in any counseling programs?

If so, Where and when: _____

Have you ever been sexually or physically abused?

How often do you gamble?

Is there anything you would like to have known about yourself that has not already been asked?

Write in your own words a brief history outlining your life to the present.