

ADULT PSI/INTAKE INTERVIEW WORKSHEET

DATE RECEIVED: _____ P.S.I.: _____ INTAKE: _____

DATE INTERVIEW: _____ SET FOR: _____

DATE OF SENTENCING: _____ PROBATION OFFICER: _____

THE HONORABLE: _____, JUDGE

NAME: _____ COUNTY: _____

AKA/MAIDEN: _____ CASE #: _____

RACE: _____ SEX: _____ VIOLATION: _____

HT: _____ WT: _____

EYES: _____ HAIR: _____

D.O.B. _____ AGE _____ OFFENSE: _____

SCARS/TATTOOS: _____

PLACE OF BIRTH: _____

HOME PHONE#: _____ ATTORNEY: _____

CELL PHONE#: _____ [] PLEA [] BENCH [] JURY

MSG PHONE#: _____ DATE OF OFFENSE: _____

ADDRESS:

LENGTH OF TIME: _____ DATE OF ARREST: _____

MAILING ADDRESS:

BOND POSTED: _____

IS VICTIM PRESENT IN HOME? YES NO

MARITAL STATUS: _____ CO-DEFENDANTS: _____

OF DEPENDENTS: _____

SS#: _____

MILITARY: _____ RELATIONSHIP TO CO-DEFENDANT: _____

EMPLOYMENT:

RESTITUTION DUE: _____

EDUCATION:

RESTITUTION PAID: _____

ORDERS OF PROTECTION:

DATE FILED	DATE ISSUED	CASE# COUNTY	DESCRIPTION (Include petitioner, restrictions, date of expiration)

PREVIOUS PROBATION: PERFORMANCE AND PROBLEMS:

PREVIOUS PROBATION:

SUPERVISION:

PAROLE INFORMATION:

POST ARREST INFORMATION:

ANY ARREST AFTER POSTING BOND? IF THERE ARE ARRESTS, LIST THEM. INCLUDE DATE OF ARREST, COUNTY, CASE NUMBER AND DISPOSITION IF AVAILABLE. IF THERE ARE NO ARRESTS, STATE "NO KNOWN VIOLATIONS." ALSO, INDICATE BEHAVIOR WHILE IN CUSTODY.

FAMILY HISTORY:

ARE YOU ADOPTED? YES NO IF YES, FURTHER INFORMATION

THE DEFENDANT IS THE _____ OF _____ CHILDREN BORN TO:

FATHER: _____ MOTHER: _____

ADDRESS: _____ ADDRESS _____

DOB: _____ PHONE: _____ DOB: _____ PHONE: _____

EMPLOYMENT: _____ EMPLOYMENT: _____

CURRENT HEALTH: _____ CURRENT HEALTH: _____

PARENTS MARITAL STATUS: [] MARRIED [] DIVORCED [] SEPARATED [] NEVER MARRIED

*IF PARENTS DIVORCED, HOW OLD WAS DEFENDANT AT TIME OF DIVORCE? _____

LIVING ARRANGEMENT DURING CHILDHOOD: I.E. - PARENTAL CUSTODY, FOSTER CARE,

OTHER LIVING ARRANGEMENTS:

IS FATHER REMARRIED? YES NO N/A WHEN? _____ IS MOTHER REMARRIED? YES NO N/A WHEN? _____

STEPMOTHER: _____ STEPFATHER: _____

DOB: _____ DOB: _____

EMPLOYMENT: _____ EMPLOYMENT: _____

SIGNIFICANT OTHER

SIGNIFICANT OTHER

DOB: _____

DOB: _____

EMPLOYMENT: _____

EMPLOYMENT: _____

OTHER MISCELLANEOUS INFORMATION:

DOES EITHER PARENT HAVE A DRUG, ALCOHOL, OR MENTAL HEALTH PROBLEM? YES NO
DESCRIBE:

HAS EITHER PARENT BEEN ARRESTED OR CONVICTED? YES NO DESCRIBE:

WERE YOU PHYSICALLY ABUSED OR NEGLECTED AS A CHILD? YES NO

WERE YOU SEXUALLY ABUSED AS A CHILD? YES NO

DESCRIBE:

PUNISHMENT WAS: VERBAL PHYSICAL WITHDRAWAL OF PRIVILEGES

DESCRIBE:

RELATIONSHIP WITH PARENTS / STEP-PARENTS ACCORDING TO OFFENDER:

AGE MOVED OUT OF CHILDHOOD/FAMILY HOME _____ WHY?

PRESENT LIVING ARRANGEMENTS

MOVEMENT OF FAMILY (BIRTH ON ...):

PREVIOUS ADDRESS:

LENGTH OF TIME AT CURRENT ADDRESS: _____

IS HOME AN: APARTMENT TRAILER CONDO DUPLEX 1 STORY 2 STORY

DO YOU: OWN YOUR HOME _____ BUYING _____ RENT _____ MONTHLY PAYMENT: _____

LIVING WITH: _____

IF OTHER NON-RELATIVE RESIDES WITH THE DEFENDANT:

NAME: _____ NAME: _____

DOB: _____ DOB: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

NAME: _____ NAME: _____

DOB: _____ DOB: _____

RELATIONSHIP: _____ RELATIONSHIP: _____

HAS ANYONE LIVING IN THE HOME BEEN CHARGED WITH A SEX OFFENSE? YES NO

IF YES DESCRIBE:

SAFETY PLAN FOR THE RESIDENCE (IF NOT COVERED BY EVALUATOR). ALSO, IF THE DEFENDANT IS LIVING IN GOVERNMENT FUNDED HOUSING; HAS HE/SHE ASKED AUTHORITIES IF HE/SHE WILL HAVE TO MOVE?

“DRIVE BY” DEFENDANT’S RESIDENCE: DESCRIBE TYPE OF DWELLING AND NEIGHBORHOOD: INCLUDE NEAR BY PARKS, PLAYGROUNDS, DAYCARE CENTERS OR ANY OTHER FACILITY WHERE CHILDREN/MINORS WOULD GATHER.(TAKE PICTURE OF RESIDENCE)

FUTURE LIVING PLANS (IF THE DEFENDANT PLANS TO MOVE, HE/SHE NEEDS TO SUPPLY ALL OF THE SAME INFORMATION OF THE PEOPLE HE/SHE WILL BE LIVING WITH. **ALSO, TRANSFER OUT OF STATE FOR A SEX OFFENDER CANNOT BE IMMEDIATE UNLESS HE/SHE IS A RESIDENT OF THE OTHER STATE**):

LIST BROTHERS AND SISTERS NAMES AND DOB’S:

FULL:

NAME: _____ ADDRESS: _____

DOB: _____ AGE: _____ EMPLOYMENT: _____

NAME: _____ ADDRESS: _____

DOB: _____ AGE: _____ EMPLOYMENT: _____

NAME: _____ ADDRESS: _____

DOB: _____ AGE: _____ EMPLOYMENT: _____

NAME: _____ ADDRESS: _____

DOB: _____ AGE: _____ EMPLOYMENT: _____

NAME: _____ ADDRESS: _____

DOB: _____ AGE: _____ EMPLOYMENT: _____

NAME: _____ ADDRESS: _____

DOB: _____ AGE: _____ EMPLOYMENT: _____

HALF:

NAME: _____ ADDRESS: _____
DOB: _____ AGE: _____ EMPLOYMENT: _____
NAME: _____ ADDRESS: _____
DOB: _____ AGE: _____ EMPLOYMENT: _____
NAME: _____ ADDRESS: _____
DOB: _____ AGE: _____ EMPLOYMENT: _____
NAME: _____ ADDRESS: _____
DOB: _____ AGE: _____ EMPLOYMENT: _____
NAME: _____ ADDRESS: _____
DOB: _____ AGE: _____ EMPLOYMENT: _____
NAME: _____ ADDRESS: _____
DOB: _____ AGE: _____ EMPLOYMENT: _____

STEP:

NAME: _____ ADDRESS: _____
DOB: _____ AGE: _____ EMPLOYMENT: _____
NAME: _____ ADDRESS: _____
DOB: _____ AGE: _____ EMPLOYMENT: _____
NAME: _____ ADDRESS: _____
DOB: _____ AGE: _____ EMPLOYMENT: _____
NAME: _____ ADDRESS: _____
DOB: _____ AGE: _____ EMPLOYMENT: _____

DO ANY SIBLINGS HAVE A DRUG, ALCOHOL OR MENTAL HEALTH PROBLEM? YES NO

DESCRIBE:

HAVE ANY SIBLINGS BEEN ARRESTED: YES NO

DESCRIBE:

DESCRIBE RELATIONSHIP WITH SIBLINGS:

MISC:

MARITAL HISTORY:

OFFENDER: [] SINGLE [] MARRIED [] DIVORCED [] SEPARATED [] WIDOWED

PRESENT: ____ SPOUSE ____ LIVE IN

NAME: _____ DOB: _____

AKA/MAIDEN NAME: _____

ADDRESS (IF DIFFERENT FROM DEFENDANT): _____

EMPLOYMENT: _____

MARRIAGE DATE: _____ COUNTY: _____

CHILDREN: _____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

DESCRIBE RELATIONSHIP WITH SPOUSE:

SPOUSE S/LIVE IN'S CRIMINAL RECORD:

DATE OF OFFENSE	DATE OF DISPOSITION	CASE # COUNTY	OFFENSE AND DISPOSITION

PRIOR RELATIONSHIPS: _____ EX SPOUSE _____ OTHER

NAME: _____ DOB: _____

AKA/MAIDEN NAME: _____

ADDRESS (IF DIFFERENT FROM DEFENDANT): _____

EMPLOYMENT: _____

MARRIAGE DATE: _____ COUNTY: _____

DIVORCE DATE: _____ COUNTY: _____

GROUND: _____

CHILDREN: _____ DOB: _____

_____ DOB: _____

_____ DOB: _____

_____ DOB: _____

DESCRIBE RELATIONSHIP WITH EX-SPOUSE:

WHO HAS CUSTODY OF THE CHILDREN? _____

DESCRIBE VISITATION: _____

WAS SUPPORT ORDERED? YES NO AMOUNT: _____

ARE PAYMENTS CURRENT? YES NO DESCRIBE: _____

PRIOR RELATIONSHIPS: _____ EX SPOUSE _____ OTHER

NAME: _____ DOB: _____

AKA/MAIDEN NAME: _____

ADDRESS (IF DIFFERENT FROM DEFENDANT): _____

EMPLOYMENT: _____

MARRIAGE DATE: _____ COUNTY: _____

DIVORCE DATE: _____ COUNTY: _____

GROUND: _____

CHILDREN: _____ DOB: _____
_____ DOB: _____
_____ DOB: _____
_____ DOB: _____

DESCRIBE RELATIONSHIP WITH EX-SPOUSE:

WHO HAS CUSTODY OF THE CHILDREN? _____

DESCRIBE VISITATION: _____

WAS SUPPORT ORDERED? YES NO AMOUNT: _____

ARE PAYMENTS CURRENT? YES NO DESCRIBE: _____

PRIOR RELATIONSHIPS: _____ EX SPOUSE _____ OTHER

NAME: _____ DOB: _____

AKA/MAIDEN NAME: _____

ADDRESS (IF DIFFERENT FROM DEFENDANT): _____

EMPLOYMENT: _____

MARRIAGE DATE: _____ COUNTY: _____

DIVORCE DATE: _____ COUNTY: _____

GROUND: _____

CHILDREN: _____ DOB: _____
_____ DOB: _____
_____ DOB: _____
_____ DOB: _____

DESCRIBE RELATIONSHIP WITH EX-SPOUSE:

WHO HAS CUSTODY OF THE CHILDREN? _____

DESCRIBE VISITATION: _____

WAS SUPPORT ORDERED? YES NO AMOUNT: _____

ARE PAYMENTS CURRENT? YES NO DESCRIBE: _____

MISC: _____

HAVE YOU EVER BEEN PLACED UNDER AN ORDER OF PROTECTION? YES NO

HAVE YOU EVER FILED AN ORDER OF PROTECTION AGAINST ANYONE? YES NO

DESCRIBE: _____

ANY SOCIAL SERVICE INTERVENTION (DCFS, ETC.):

INTERVIEW SPOUSE OR SIGNIFICANT OTHER, BY PHONE OR IN PERSON (OFFICE OR HOME): DESCRIBE YOUR RELATIONSHIP WITH DEFENDANT (GOOD, BAD...):

DESCRIBE HISTORY OF MARRIAGE / RELATIONSHIP: (GOOD, VOLATILE, SEPARATIONS)

IS THERE RESENTMENT DIRECTED AT THE DEFENDANT DUE TO PRESENT OFFENSE?

YES NO DESCRIBE:

IS THERE DENIAL WITHIN THE FAMILY OF THE DEFENDANT'S GUILT IN THE PRESENT OFFENSE? YES NO DESCRIBE:

WILL THE VICTIM LIVE IN THE FAMILY HOME? YES NO

SAFETY PLAN:

CHILDREN'S INTERVIEW: (ONLY IF THEY ARE IN THEIR TEENS, WANT TO SPEAK WITH YOU AND YOU HAVE THE PERMISSION OF PARENT) IF THE CHILD IS THE VICTIM, THE VICTIM'S ADVOCATE SHOULD HAVE ALREADY INTERVIEWED

THEM:

EDUCATION:

CAN OFFENDER READ? YES NO WRITE? YES NO

DOES THE OFFENDER HAVE A LEARNING DISABILITY? YES NO

DESCRIBE:

SCHOOLS, YEARS ATTENDED AND LOCATION:

CURRENT SCHOOL ATTENDING:

LAST SCHOOL ATTENDED: _____

GRADUATE? YES NO YEAR: _____ IF NOT, LAST GRADE COMPLETED:

OBTAINED GED? YES NO N/A YEAR: _____ FROM WHERE: _____

IQ & OTHER RELEVANT TESTINGS: SEND RELEASE TO SOURCE OF TESTING.

HAVE YOU EVER QUIT SCHOOL? YES NO N/A WHEN: _____

REASON FOR QUITTING: _____

WERE YOU EVER EXPELLED? YES NO SUSPENDED? YES NO

DESCRIBE CIRCUMSTANCES:

GRADE AVERAGE: A B C D FAILING (CHECK ONE)

DESCRIPTION OF GRADES THROUGHOUT SCHOOL YEARS:

REPEATED GRADES: _____

CLASSROOM ASSIGNMENT: REGULAR _____ SPECIAL EDUCATION _____

DESCRIBE RELATIONSHIP WITH PEERS AT SCHOOL:

EXTRACURRICULAR ACTIVITIES: _____

VOCATIONAL CLASSES: _____

TRADE SCHOOLS ATTENDED OR COMPLETED (YEARS ATTENDED, CERTIFICATE EARNED,
VOCATION, ETC.): _____

APPRENTICESHIP: _____

COLLEGES ATTENDED (YEARS ATTENDED, DEGREES EARNED, IF CURRENTLY ATTENDING
INCLUDE MAJOR, ETC.):

ANY FUTURE EDUCATION PLANS: _____

DOES THE VICTIM ATTEND THE SAME SCHOOL AS THE DEFENDANT? YES NO

SAFETY PLAN:

MILITARY SERVICE:

BRANCH: ARMY NAVY MARINES AIR FORCE COAST GUARD NONE
 ENLISTED DRAFTED DATE: _____

LOCATION OF BASIC TRAINING: _____

DUTIES: _____

OVERSEAS DUTIES: _____

COMBAT DUTY: YES NO WHERE: _____

SERVICE RELATED INJURIES/DISABILITIES:

MEDALS: _____

DISCIPLINARY ACTIONS (COURT MARTIAL, ARTICLE 15, CAPTAIN'S MAST):

DISCHARGE DATE: _____ TYPE: _____

HIGHEST RANK ATTAINED: _____ RANK AT TIME OF DISCHARGE: _____

RESERVES: ARMY NAVY MARINES AIR FORCE NATIONAL GUARD
 AIR NATIONAL GUARD ROTC NONE

ENLISTED DRAFTED DATE: _____

LOCATION OF BASIC TRAINING: _____

DUTIES: _____

OVERSEAS DUTIES: _____

COMBAT DUTY: YES NO WHERE: _____

SERVICE RELATED INJURIES/DISABILITIES:

MEDALS: _____

DISCIPLINARY ACTIONS (COURT MARTIAL, ARTICLE 15, CAPTAIN'S MAST):

DISCHARGE DATE: _____ TYPE: _____

HIGHEST RANK ATTAINED: _____ RANK AT TIME OF DISCHARGE: _____

EMPLOYMENT:

AT TIME OF INTERVIEW:

UNEMPLOYED EMPLOYMENT FULL TIME PART TIME

AT TIME OF OFFENSE:

UNEMPLOYED EMPLOYMENT FULL TIME PART TIME

DOES EMPLOYER KNOW ABOUT THIS OFFENSE? YES NO

CURRENT SOURCE OF INCOME:

NONE EMPLOYED FAMILY PENSION
 FRIENDS UNEMPLOYMENT COMPENSATION SPOUSE OTHER
 PUBLIC AID SOCIAL SECURITY DISABILITY

TOTAL AMOUNT OF INCOME: _____

PRESENT EMPLOYER/SUPERVISOR: _____

ADDRESS: _____ CITY: _____ STATE: _____

DATE OF HIRE: _____ JOB TITLE: _____

DOES EMPLOYMENT FALL WITHIN THE DESCRIPTION OF EMPLOYMENT RESTRICTIONS?
YES NO _____

TYPE OF BUSINESS: _____

702 ILCS 5/11-9.4 - It is unlawful for a child sex offender to operate, manage, be employed by, volunteer at, be associated with or be present at any facility providing programs or services exclusively directed towards persons under the age of 18. Child sex offender - when victim is under 18 years of age.

DOES THE VICTIM WORK AT THE SAME BUSINESS? YES NO _____

DOES EMPLOYER HAVE A SAFETY PLAN? YES NO N/A

DESCRIBE: _____

WOULD THE DEFENDANT CONSIDER OBTAINING OTHER EMPLOYMENT? YES NO

PAST EMPLOYMENT HISTORY:

PREVIOUS EMPLOYER: _____ ADDRESS: _____
JOB DESCRIPTION: _____ SALARY _____
DATES EMPLOYED: _____ REASON FOR TERMINATION: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____
JOB DESCRIPTION: _____ SALARY _____
DATES EMPLOYED: _____ REASON FOR TERMINATION: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____
JOB DESCRIPTION: _____ SALARY _____
DATES EMPLOYED: _____ REASON FOR TERMINATION: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____
JOB DESCRIPTION: _____ SALARY _____
DATES EMPLOYED: _____ REASON FOR TERMINATION: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____
JOB DESCRIPTION: _____ SALARY _____
DATES EMPLOYED: _____ REASON FOR TERMINATION: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____
JOB DESCRIPTION: _____ SALARY _____
DATES EMPLOYED: _____ REASON FOR TERMINATION: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____
JOB DESCRIPTION: _____ SALARY _____
DATES EMPLOYED: _____ REASON FOR TERMINATION: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____

JOB DESCRIPTION: _____ SALARY _____

DATES EMPLOYED: _____ REASON FOR TERMINATION: _____

PREVIOUS EMPLOYER: _____ ADDRESS: _____

JOB DESCRIPTION: _____ SALARY _____

DATES EMPLOYED: _____ REASON FOR TERMINATION: _____

ECONOMIC STATUS: - UNDER "SOCIAL HISTORY"

ASSETS & _____ [] PER WEEK [] 2 WEEKS [] PER MONTH

INCOME: _____ [] NET [] GROSS [] UNEMPLOYMENT

SPOUSES INCOME: _____ [] NET [] GROSS

CHECKING: _____ SAVINGS: _____ WHERE: _____

LIFE INSURANCE: [] WHOLE [] TERM LOAN VALUE: _____ PENSION: _____

ANNUITY: _____ STOCKS/BONDS: _____

SOCIAL SECURITY: _____ VA DISABILITY: _____

DISABILITY/SSI: _____ CAUSE: _____

TANF: _____ LINK: _____ MEDICAL CARD: _____ WIC: _____

CHILD SUPPORT: _____ MOTOR VEHICLES: _____

HOME FURNISHINGS/DESCRIPTION/ESTIMATED VALUE: _____

LUXURY ITEMS(I.E. BOAT, SNOWMOBILE, ATV, ETC.): _____

LIABILITIES:

RENT/HOUSE PAYMENT: _____ ROOM AND BOARD: _____

TAXES: _____ HOUSE/RENTERS INSURANCE: _____

UTILITIES: _____ WATER: _____ GROCERIES: _____

TELEPHONE: _____ CELL PHONE: _____ INTERNET: _____

CABLE TV: _____ OTHER: _____

CAR PAYMENTS: _____ CAR INSURANCE: _____

GASOLINE (IF APPLICABLE): _____

DOCTOR BILLS: _____ DENTIST BILLS: _____

HEALTH INSURANCE: INDIVIDUAL: _____ FAMILY: _____ LIFE INS: _____

CHARGE CARDS/LOAN PAYMENTS: _____

FINE & COSTS: _____ RESTITUTION: _____ COUNTY: _____

OTHER: _____

CAN YOU PAY BILLS ON TIME? YES NO HAVE YOU EVER FILED BANKRUPTCY? YES NO

EXPLAIN: _____

CAN YOU PAY FOR SEX OFFENDER TREATMENT AND POLYGRAPH TEST? YES NO _____

CAN YOU PAY FOR THE VICTIM'S COUNSELING / RESTITUTION REQUESTED? YES NO

PHYSICAL AND MENTAL HEALTH:

RACE: _____ COMPLEXION: FAIR MEDIUM DARK

BUILD: SMALL MEDIUM LARGE

PRESENT HEALTH: _____ PHYSICAL DISABILITY/DOES IT PREVENT YOU FROM WORKING? _____

ARE YOU UNDER A PHYSICIAN'S CARE? YES NO FOR: _____

NAME OF PHYSICIAN AGENCY LOCATION:

ARE YOU TAKING ANY MEDICATION(S)? YES NO DESCRIBE: _____

MAJOR ILLNESS/INJURY FROM THE PAST:

DO YOU HAVE ANY ALLERGIES? YES NO EXPLAIN _____ DO

YOU HAVE ANY COMMUNICABLE DISEASES? YES NO EXPLAIN _____

MENTAL HEALTH:

SEX OFFENDER EVALUATOR: _____

DATE OF EVALUATION: _____ **PREVIOUS TREATMENT EVALUATION:** _____

PAST/PRESENT MENTAL HEALTH COUNSELING:

INPATIENT OUTPATIENT BOTH SEX OFFENDER NONE

WHEN: _____ WHERE: _____

NAME OF PHYSICIAN/COUNSELOR: _____

REASON: _____

DIAGNOSIS:

INPATIENT OUTPATIENT BOTH SEX OFFENDER NONE

WHEN: _____ WHERE: _____

NAME OF PHYSICIAN/COUNSELOR: _____

REASON: _____

DIAGNOSIS:

ANY LONG TERM DEPRESSION: _____ CIRCUMSTANCES: _____

HAVE YOU EVER CONTEMPLATED/ATTEMPTED SUICIDE? YES NO EXPLAIN:

ANY DIFFICULTY CONTROLLING ANGER: _____ CIRCUMSTANCES: _____

HAVE YOU ATTENDED DOMESTIC VIOLENCE CLASSES? YES NO EXPLAIN: _____

COMMENTS ON MENTAL AND EMOTIONAL APPEARANCE DURING INTERVIEW:

MENTAL: ___ NO OBVIOUS COMMUNICATION DIFFICULTIES; CAN EXPRESS HIMSELF/HERSELF

___ APPROPRIATE USE OF GRAMMAR AND WORDS

___ DIFFICULTY COMPLETING SENTENCES

___ POOR GRAMMATICAL SKILLS

**EMOTIONAL: ___ NERVOUS ___ ANXIOUS ___ AGITATED ___ HOSTILE ___ CRYING
___ OPEN ___ RESERVED ___ QUIET ___ COOPERATIVE**

MISCELLANEOUS INFORMATION FOR TRACKER:

MEDICAL INSURANCE/CO: _____

POLICY NUMBER: _____ HOSPITAL: _____

[] SELF [] FAMILY IF FAMILY, WHO IS THE PRIMARY: _____

ALCOHOL USAGE:

[] CURRENTLY USING [] NOT CURRENTLY USING [] NONE

PREFERRED ALCOHOLIC BEVERAGE: _____

HOW MUCH PER WEEK: _____

HOW OLD WERE YOU WHEN YOU BEGAN DRINKING ON A REGULAR BASIS: _____

LAST USED: _____ COMPARE PAST USE WITH PRESENT CONSUMPTION: _____

HAS ALCOHOL CAUSED YOU TO:

BE ARRESTED LOSE JOB MISS WORK/SCHOOL BE HOSPITALIZED

IF SO, EXPLAIN: _____

OTHER ALCOHOL RELATED PROBLEMS (i.e. FAMILY, HEALTH): _____

MEMORY LOSS OR BLACKOUTS FROM DRINKING: _____ DESCRIBE: _____

DO YOU BELIEVE THAT YOU ARE AN ALCOHOLIC? YES NO

WHY OR WHY NOT: _____

HAD YOU BEEN DRINKING PRIOR TO THE PRESENT OFFENSE: YES NO

WHAT AND HOW MUCH: _____

HAD YOU FURNISHED ALCOHOL FOR THE VICTIM: _____

(ONLY DOCUMENT THE DEFENDANT'S CONNECTION WITH VICTIM HAVING ALCOHOL, NOT WHETHER THE VICTIM WAS FREELY DRINKING OR HAD BEEN DRINKING PRIOR TO PRESENT OFFENSE.)

WAS THE PRESENT OFFENSE COMMITTED TO OBTAIN ALCOHOL? _____

HISTORY OF ALCOHOL TREATMENT:

INPATIENT OUTPATIENT BOTH NONE

AA REMEDIAL EDUCATION OTHER

TREATMENT AGENCY(S)/LOCATION AND DATE ATTENDED: _____

SELF REFERRED COURT ORDERED OTHER, EXPLAIN

REASON: _____

MISCELLANEOUS INFORMATION: _____

DRUG USAGE:

HAVE YOU USED ILLEGAL DRUGS IN THE PAST? YES NO

	Ever Used	Times Used in Past 3 Months	Disrupts Functioning	Contributes to Behavior	Age at First Use	Attempts to Cut Back
Cannabis						
Cocaine/Crack						
Ecstasy/Club Drugs						
Heroin						
Hallucinogens (LSD, Acid)						
Inhalants / Huffing						
Amphetamines						
Prescriptions Drug Misuse						
Other						

COSTS (PER WEEK/MONTH): _____

COMPARE PAST USE WITH PRESENT USE:

HAS DRUG USE CAUSED YOU TO:

BE ARRESTED LOSE JOB MISS WORK/SCHOOL BE HOSPITALIZED

IF YES, EXPLAIN: _____

WERE YOU HIGH AT THE TIME OF THE OFFENSE? YES NO _____

DID YOU PROVIDE ILLEGAL OR PRESCRIPTION DRUGS TO THE VICTIM? YES NO

WAS THE PRESENT OFFENSE COMMITTED TO PURCHASE DRUGS? YES NO _____

DO YOU BELIEVE YOU ARE A DRUG ADDICT? YES NO _____

WHY OR WHY NOT: _____

OTHER PROBLEMS DRUG USE HAS CAUSED YOU (FAMILY, FINANCIAL, HEALTH): _____

HISTORY OF TREATMENT FOR DRUG USE:

- INPATIENT OUTPATIENT BOTH NONE
 AA/NA REMEDIAL EDUCATION TASC OTHER

TREATMENT AGENCY(S)/LOCATION AND DATE ATTENDED: _____

- SELF REFERRED COURT ORDERED OTHER, EXPLAIN

REASON: _____

MISCELLANEOUS INFORMATION: _____

PERSONAL HABITS, INTERESTS AND LEISURE TIME ACTIVITIES:

DOES THE DEFENDANT VOLUNTEER AT ANY EVENTS THAT ARE SPECIFICALLY ATTENDED BY MINORS? YES NO EXPLAIN

DO YOU SUBSCRIBE TO OR DOWNLOAD PORNOGRAPHY?

DOES OFFENDER HAVE ACCESS TO THE INTERNET? YES NO

INTERNET PROVIDER:

DO YOU OWN A FIREARM? YES NO IF YES, DESCRIBE_____

RELIGION:

RELIGIOUS AFFILIATION: _____

DO YOU ATTEND CHURCH REGULARLY? YES NO WHERE: _____

ACTIVITIES: DESCRIBE: _____

HAVE DEFENDANT SIGN RELEASE TO CONFIRM DEFENDANT'S PARTICIPATION IN CHURCH ACTIVITIES WHICH MAY INCLUDE MINORS. DOES THE CHURCH HAVE A SAFETY PLAN IN REGARDS TO THE DEFENDANT? YES NO

HAVE THEY SPOKEN WITH HIM/HER ABOUT IT? YES NO SAFETY PLAN:

NAME OF FRIENDS/COMPANIONS

ADDRESS/TELEPHONE

HAVE ANY OF YOUR FRIENDS/COMPANIONS BEEN ARRESTED AND/OR CONVICTED OF A SEX OFFENSE? YES NO EXPLAIN WHO, WHEN, WHERE AND CHARGE

IN THE PAST, WHEN ARRESTED, WERE YOU USUALLY: [] ALONE [] WITH FRIENDS

MISCELLANEOUS: _____

OFFENDER'S FEELINGS ABOUT CURRENT CHARGES: _____

WHAT ARE YOUR GOALS? _____

VICTIM INFORMATION: (NON SEX OFFENSE) SEND VICTIM IMPACT LETTER TO VICTIM. OBTAIN THE NAMES, ADDRESSES AND PHONE NUMBERS OF WHO THE RESTITUTION IS ACTUALLY DUE (i.e. private person, business, or insurance company)

SEX OFFENDER'S STATEMENT AND ATTITUDE REGARDING OFFENSE:

SUPPLY THE DEFENDANT WITH 2-3 BLANK "STATEMENT AND ATTITUDE" FORMS. THEY CAN COMPLETE THIS FORM AWAY FROM THE OFFICE, HOWEVER, IT SHOULD BE COMPLETED IN THEIR OWN HANDWRITING. IF THEY CANNOT WRITE, THEN IT IS PREFERRED THAT THEIR ATTORNEY'S OFFICE TYPE THE STATEMENT AND HAVE DEFENDANT INITIAL EACH LINE, SHOWING THAT THIS IS "HIS/HER" STATEMENT. WE WANT TO MAKE SURE THE DEFENDANT IS TELLING HIS/HER STORY. IF THEY ELECT NOT TO WRITE THEIR VERSION, YOU MUST ASK THE FOLLOWING QUESTIONS:

DO YOU ACCEPT RESPONSIBILITY FOR THE PRESENT OFFENSE: _____

IF RELEVANT, FRIENDS MAY BE BROUGHT UP IN SUMMARY/SENTENCING FIELD.

NAME, ADDRESS, AND PHONE # OF PERSON WHO CAN LOCATE YOU AT ALL TIMES: _____

WHAT IS THE DEFENDANT'S ATTITUDE/FEELINGS FOR THE VICTIM : _____

ANY OTHER STATEMENTS ABOUT THE VICTIM, THE OFFENSE OR THEIR INVOLVEMENT:

FAMILY MEMBERS, OTHER THAN SPOUSE/CHILDREN, INTERVIEWED: LIMIT THIS TO PARENTS (OR GUARDIANS DURING YOUTH) OR SIBLINGS: DO NOT DISCUSS YOUR OPINION OF THE DEFENDANT, THE CASE, THE VICTIM OR THE SENTENCING.

VICTIM(S) INFORMATION: (SEX OFFENSE CASE) SEND VICTIM IMPACT LETTER TO VICTIM/CONTACT VICTIM'S ADVOCATE.

NAME: _____ **DOB:** _____ **AGE AT TIME OF OFFENSE:** _____
NAME: _____ **DOB:** _____ **AGE AT TIME OF OFFENSE:** _____
NAME: _____ **DOB:** _____ **AGE AT TIME OF OFFENSE:** _____
NAME: _____ **DOB:** _____ **AGE AT TIME OF OFFENSE:** _____

SA OR VICTIM'S ADVOCATE SHOULD SUPPLY THE FOLLOWING INFORMATION:

PHYSICAL INJURY: Was the victim hospitalized and if so, will they seek restitution.

MENTAL/EMOTIONAL TRAUMA: If the victim currently or in the near future going to attend counseling? Will restitution be requested?

DOES THE VICTIM(S) HAVE CONTACT WITH DEFENDANT?

RESIDENCE/NEIGHBORHOOD: _____

WORK: _____

SCHOOL: _____

CHURCH: _____

HAS THE VICTIM HAD TO MAKE SIGNIFICANT CHANGES IN THEIR LIFE IN ORDER TO AVOID THE DEFENDANT - i.e. change jobs, move, etc... _____

SENTENCING INFORMATION

PROBATION CD CS DOC COUNTY JAIL OTHER
LENGTH: _____ REPORTING _____ NON-REPORTING _____ N/A _____

JAIL: YES NO NUMBER OF DAYS: _____

WHEN TO BE SERVED: _____

URINALYSIS: YES NO ELECT. MONIT: YES NO HOME CONF: YES NO

PSW: YES NO NUMBER OF HOURS: _____ COMPLETE BY: _____

DUI ASSESSMENT LEVEL: _____

COUNSELING: YES NO DESCRIBE: _____

SPECIAL CONDITIONS: _____

CASE #: _____

CASE #: _____

COSTS: _____ DUE: _____

COSTS: _____ DUE: _____

FINE: _____ DUE: _____

FINE: _____ DUE: _____

PD FEE: _____ DUE: _____

PD FEE: _____ DUE: _____

REST: _____ DUE: _____

REST: _____ DUE: _____

PROB FEE: _____ DUE: _____

PROB FEE: _____ DUE: _____