



**DEPARTMENT OF COMMUNITY CORRECTIONS  
PSI and LS/CMI QUESTIONNAIRE**

The purpose of the pre-sentence investigation is to provide the Judge with as much information about you as possible. This information is private and will assist the Judge in determining a disposition. In order to speed up this investigation, it is essential for you to fill out the following questionnaire. It is very important that you fill the form out accurately and completely. **Please answer all questions.**

**CURRENT DATA**

Full Name:		Alias (include nicknames):	
Address:		City, State, Zip:	
Phone:	Length of time:	Living with:	
D.O.B.:	Place of Birth:	Religion:	
Height:	Weight:	Hair Color:	Eye Color:
Social Security #:		Driver's License #:	
Email:		Driver's License Status:	
Do you have concerns regarding safety in your neighborhood?		Type Yes or No	

Describe your tattoos and location(s):

**PREVIOUS RESIDENT DATA**

**\*\*Report any changes of residence within the last three years\*\***

Address:	City, State, Zip:
Address:	City, State, Zip:
Address:	City, State, Zip:
Address:	City, State, Zip:

**MILITARY SERVICE**

Branch of Service:		Date of Induction:	
Date of Discharge:		Rank:	Type of Discharge:

Disciplinary actions:	
Specialized training:	
Indicate any involvement with 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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**PRIOR RECORD**  
(List all previous arrests including juvenile, traffic, misdemeanor and felonies)

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

Were you ever arrested under the age of 16? Yes or No: If Yes, for what? What state and/or County?	Age of first police contact:
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Have you ever had any juvenile convictions while under the age of 18? Yes or No:	If yes, what type of offense and what state and/or county?
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Have you ever been confined (adult or juvenile) in any type of correctional facility, i.e., Red Wing, St Cloud, workhouse, etc? Yes or No?
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**If you have been confined in an institution, please update below:**

Institution	Date entered	Reason for confinement	Date released

Have you ever been written up/locked down while incarcerated? Yes or No:	If yes, explain:
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Ever attempted, or succeeded, in an escape from an institution? Yes or No:
Ever charged? Yes or No:

Ever had a probation/parole violation during prior supervision? Type Yes or No: If yes, explain:

Do you have any history of assaultive behavior? Yes or No:

**EDUCATION**

Name and address of high school(s) attended:

Name and address of alternative school(s) attended:

Highest grade completed?

What year did you leave?

Explain:

Did you obtain a GED? Yes or No

Date and Place:

**\*\*List any additional college, vocational, or business training you have had\*\***

Place:

Area(s) of study:

Date(s):

Degree/Certificate:

Place:

Area(s) of study:

Date(s):

Degree/Certificate:

Have you ever been suspended or expelled? Yes or No

Reason for being suspended/expelled:

Have you ever been told, or do you believe, you have a hearing, reading, writing, or special learning problem?

Yes or No? Explain:

**EMPLOYMENT**

**Current and prior employment starting with your most recent job:**

Employer	Full Address	Start/End Dates	Pay/Hr	Reason for Leaving


**JOB INFORMATION**

Describe your current job:

What do you like best and 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 or No?

**RELATIONSHIPS – Co-Workers**

Describe your relationship with co-workers:

Do they know you're involved with the court system?

If they do, what do they think?

Do you spend time outside of work with them? Yes or No

Do you eat lunch/take breaks with them? Yes or No

Are your co-workers good influences on you?

Are they people you should/would like to hang around with?

**RELATIONSHIP – BOSS**

Describe your relationship with your boss:

Do you feel your boss does a good job?

**Have you ever been fired from OR left a job before being fired:** Yes or No?

**FAMILY HISTORY**

<b>Father:</b>	D.O.B:	Phone:
Address:	City, State, Zip	
Employment:		
<b>Mother:</b>	D.O.B:	Phone:
Address:	City, State, Zip	

Employment:		
<b>Step/Foster-Father:</b>	D.O.B:	Phone:
Address:	City, State, Zip	
Employment		
<b>Step/Foster-Mother:</b>	D.O.B.:	Phone:
Address:	City, State, Zip	
Employment:		
Parents' marital status? (Married, divorced, separated, not married):		

Describe your childhood living arrangements:

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:

<b>SIBLINGS</b>		
List brothers/sisters, including step-siblings. Include spouses if married. <b>Continue on reverse side if more space is needed.</b>		
Name:	Phone:	
Address:	Age:	
Name:	Phone:	
Address:	Age:	
Name:	Phone:	
Address:	Age:	
Name:	Phone:	
Address:	Age:	
Name:	Phone:	
Address:	Age:	
Name:	Phone:	
Address:	Age:	

<b>Have any family members been convicted of a crime? Yes or No:</b>		
If yes, explain:		
<b>Type "YES" and "Name" below each item if any family members have a history of the following:</b>		
Chemical Dependency	Mental Health	Gang Affiliation

Other concerns? Explain

**MARITAL**

Are you single, married, widowed, separated, divorced, cohabitating, a dependent?

Current spouse/significant other:

DOB:

If married, list date/place:

Ever separated/divorced?

If Yes separated/divorced, list date and reason:

Previous spouse's full name:

Previous spouse's full address:

Years married?

**CHILDREN**

If married, please include their spouse's name.

**Name:** D.O.B.: M/F:

Co-parent: Child Support:

Address:

Custody arrangement:

**Name:** D.O.B.: M/F:

Co-parent: Child Support:

Address:

Custody arrangement:

**Name:** D.O.B.: M/F:

Co-parent: Child Support:

Address:

Custody arrangement:

**Name:** D.O.B.: M/F:

Co-parent: Child Support:

Address:

Custody arrangement:

**Name:** D.O.B.: M/F:

Co-parent: Child Support:

Address:

Custody arrangement:

<b>Name:</b>	D.O.B.:	M/F:
Co-parent:	Child Support:	
Address:		
Custody arrangement:		

Have custody arrangements been handled through Court? Yes or No?	
Do you have Court-ordered custody/visitation rights with your children? Yes or No?	
If yes, in what county/state was the order issued?	
Are you presently in arrears regarding child support? Yes or No?	Amount?

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

<b>THREE PEOPLE WHO KNOW ME</b>		
<b>Name:</b>	Relationship:	M/F:
Cell Phone:	Home Phone:	
Address:		
City, State, Zip:		Age:
<b>Name:</b>	Relationship:	M/F:
Cell Phone:	Home Phone:	
Address:		
City, State, Zip:		Age:
<b>Name:</b>	Relationship:	M/F:
Cell Phone:	Home Phone:	
Address:		
City, State, Zip:		Age:

<b>RECREATION</b>	
What organized activities do you participate in?	
What do you do in your spare time?	

Do any of your friends engage in criminal activity or use illegal drugs? Yes or No?
Are any of your friends presently on probation or incarcerated? Yes or No?
If Yes, how are they doing presently?
How many of your friends have never had legal concerns?
How many of your friends are presently in recovery?
How long have they been clean?

**PHYSICAL HEALTH**

List any serious illnesses, surgeries, or accidents you have suffered in the past:
Do you have any residual difficulties that are a result of the above? Please explain:
How is your current physical health? Please list any special or chronic health concerns you currently have:

**CHEMICAL HEALTH**

Have you ever had an alcohol problem?      Yes or No?
Have you ever had a drug problem?              Yes or No?

**History of Use**

Drug	Age First Used	Date Last Used	Amount and Frequency	Methods of Use	If Quit, When	Number of Years of Consistent Use
Alcohol						
Cocaine/crack						
Marijuana						
Methamphetamine						
Amphetamines						
Hallucinogens						
Inhalants						
Prescription Pills						
Heroin						
Synthetics						

Did this offense involve the use of possession of drugs or alcohol? Yes or No?
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If yes, please explain:

Have you ever been in detox? Yes or No?

If yes, please explain:

**Please list all involvements 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 or medical?

If yes, please explain:

**In the past year, please answer Yes or No to the following:**

**Yes or No**

1. Used drugs or alcohol until you passed out?	
2. Used drugs or alcohol to prevent a hangover?	
3. Drank alcohol first thing in the morning?	
4. Experienced a blackout?	
5. Attempted to limit your usage?	
6. Been violent while using?	
7. Used more or longer than you intended?	
8. Overdosed?	
9. Injected/used intravenously?	
10. Had cravings? Decreased/increased tolerance?	
11. Had muscle aches, tremors/shakes, withdrawal, hallucinations?	
12. Made prior attempts to quit?	
13. Had difficulty remaining abstinent?	

14. What is the longest you have gone without using drugs or alcohol?
15. 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/Group Counseling:

If yes, please explain:

Answer “Yes” or “No” to the following. If yes, please explain:	Yes or No
1. Been assigned a social worker or case manager (adult/juvenile)?	
2. Been treated by a psychiatrist?	
3. Been treated by your general doctor for mental health?	
4. Been placed on medications for mental health reasons?	
5. Suffered/diagnosed with severe head trauma or brain injuries?	
6. Had a mental health diagnosis?	
7. Were you ever placed in foster care or removed from the family home?	
8. Suffered abuse (physical, sexual, or emotional)?	
9. Witnessed abuse (physical, sexual, or emotional)?	

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

Have you ever thought about or attempted suicide? Yes or No?

If Yes, please explain:

What are your presently prescribed medications:

Select which diagnoses you have:			
Major Depressive Disorder		Borderline Personality	
Anxiety Disorder		ADHA (Attention Deficit Hyperactivity Disorder)	
Bipolar Disorder		PTSD (Post Traumatic Stress Disorder)	
Schizophrenia		Traumatic Brain Disorder	
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 or No?  
 How Often:

Do you believe you have a problem with gambling, or has anyone expressed concerns about your gambling?  
 Yes or No?

List involvement in any prior gambling treatment programs:

PERSONAL REFLECTIONS
1. What is the first thing that comes to mind when you think about the trouble you have been in?
2. In your opinion, what are the most significant reasons for the trouble you have been in?

3. Who was affected by your actions? How?
4. What needs to happen to make things right with those you have harmed?
5. What is your opinion of the law, police and court?
6. Is there ever a good reason to break the law?
7. Do you feel you have been treated fairly by the Criminal Justice System?
8. If you are placed on probation for this offense, what problem areas in your life would you like help working on?
9. Do you think the potential rules of your supervision are appropriate and fair?
10. What obstacles, if any, do you foresee in achieving your goals and successfully completing probation?
11. What strengths do you see in yourself that will help you achieve your goals and successfully complete probation?

<b>GANG AFFILIATION</b>	<b>Yes or No</b>	<b>Explain</b>
1. Have you ever been part of a gang?		
2. Are you presently affiliated?		
3. If no, when did you denounce?		
4. Have you ever been thought to be affiliated?		
5. Have you ever been arrested for gang activity?		
6. Victim of gang violence?		
7. Have you ever been in prison?		
8. Have you ever been in a prison gang?		
9. Are you aware of gang activity/issues in your neighborhood		

**VICTIMIZATION**

<b>Have you ever been the victim of any of the following:</b>	<b>Yes or No</b>
1. Assault	
2. Emotional/verbal abuse	
3. Identity theft	
4. Threat of violence with weapon	
5. Threat of violence without weapon	
6. Bullying	
7. Family violence	
8. Sexual assault	
9. Burglary/theft	
10. Hate crime	
11. Stalking/harassment	
12. Other? If yes, what?	
13. If you have been victimized, were charges filed?	
14. Are you now, or have you ever been, party to a Harassment or Protective Order?	

**Licensing**

<b>Do you have any of the following or hold a professional license?</b>	<b>Yes or No</b>
1. Are you a school bus driver? If yes, for which school district?	
2. Do you have a school bus driver's endorsement on your driver's license?	
3. Acupuncturist professional license?	
4. Board of Marriage and Family Therapy license?	
5. Board of Nursing	
6. Board of Psychology	
7. Board of Teaching	
8. Board of Unlicensed Mental Health Providers	
9. Chiropractors	
10. Crematory Operators	
11. Dentists, Dental Assistants, Dental Hygienists	
12. Funeral Establishment Operators	
13. Liquor Licenses and Employees	
14. Mental Health Workers	
15. Morticians, Mortuary Science Interns	

16. Physician Assistants	
17. Physicians	
18. Podiatrists	
19. School Principals and Superintendents	
20. Social Work Licensing Board	
21. Special Education Directors	
22. Veterinarians	

**Click Save Button before moving on to the Financial Assessment below**

## WASHINGTON COUNTY COMMUNITY CORRECTIONS FINANCIAL ASSESSMENT

The purpose of the Financial Assessment is to provide Community Corrections with as much financial information about you as possible. This information is private and will assist Community Corrections in case management and decisions regarding program fees. In order to speed up this process, it is essential for you to fill out the following questionnaire. It is very important that you fill the form out accurately and completely. **Please answer all questions.**

<b>Type Your Full Name:</b>	<b>DOB:</b>
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INCOME	
Currently Employed or Unemployed:	
Current Employers:	How Long:
•	How Long:
•	How Long:
If unemployed, previous employer:	How Long:

Complete Income List	
Income Type	Amount
1. Gross Salary	\$
2. Net Salary	\$
3. Bonuses/tips/commissions	\$
4. Household Income	\$
5. Unemployment income	\$
6. Spouse's yearly income	\$
7. Social Security Income	\$
8. Retirement Income:	\$
9. Disability Income	\$
10. VA benefits	\$
11. Other (rental, interest, dividends)	\$
Are you on or have you within the last 12 months received assistance? Yes or No?	
If yes, what type of assistance?	
Dates when received assistance:	
From what county or counties did you receive assistance:	
Have you ever had your wages garnished?	Yes or No?
Have you ever filed for Bankruptcy?	Yes or No?
Have you ever filed for Worker's Compensation?	Yes or No?
Have you ever had financial problems with Credit Cards?	Yes or No?

<b>ASSETS</b>	
<b>Type</b>	<b>\$ Amount</b>
Checking	\$
Savings	\$
IRA, CDs, Savings Bonds	\$
Stocks	\$
House Value	\$
Mortgage Amount	\$
Other property value (cabin, land, etc.)	\$
Monthly Payments	\$
Other accounts	\$
Cash on hand	\$

<b>Vehicles: Cars, Trucks, Motorcycles, RV's, Boats, Snowmobiles, ATV's, etc.:</b>					
Year	Make	Model	Value	Balance Owed	Monthly Payment
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$
			\$	\$	\$

<b>Any other Capital or Assets which have not been included. (Jewelry, Collectibles, Antiques, etc)</b>	
<b>List Item(s)</b>	<b>Value:</b>
	\$
	\$
	\$
	\$

<b>Expenses/Liabilities</b>	
<b>Item</b>	<b>Monthly Amount</b>
1. Rent	\$
2. Mortgage	\$
3. House Insurance (if not included in mortgage)	\$
4. Taxes (if not included in mortgage)	\$
5. Utilities (gas, electric, trash, sewer, water)	\$
6. Groceries	\$
7. Car payment	\$
8. Car insurance	\$
9. Gas	\$
10. Other transportation (bus, taxi, other)	\$
11. Child support	\$
12. Child care	\$
13. Alcohol products	\$



14. Cable/satellite TV	\$
15. Cell phone Is this your only phone? Yes or No	\$
16. Computer (payments, internet, etc.)	\$
17. Entertainment (movies, concerts, lottery tickets, etc.)	\$
18. Health club/gym membership	\$
19. Magazine/Newspaper subscription	\$
20. Pets (food, vet, etc.)	\$
21. Restitution fines, fees	\$
22. Tobacco products	\$
23. Union dues	\$
24. Other loan payments What for and balance	\$

Other Financial Obligations (credit cards, student loans and any other loans)	Amount Owed	Monthly Payment
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$
	\$	\$

**The above is a true and accurate representation of my financial circumstances to the best of my knowledge.**

*Please sign or type your full name below:*

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**Name:**

**Date:**

**Click Save Button before moving on**

**Please return form and other documentation via US Postal mail, EMAIL or fax within 2 weeks.**

**Via Mail**

Washington County Community Corrections  
PO Box 6  
Stillwater, MN 55082

**Via Fax: (651-430-6999)**

**Via EMAIL** - Save and attach document. Please type exactly what is below along with your name in the subject box if emailing:

**Email to:** [CCdocs-adult@co.washington.mn.us](mailto:CCdocs-adult@co.washington.mn.us)  
**Subject:** PSI Questionnaire and TYPE YOUR NAME

Call 651-430-6900 if you have questions.