Steele County Community Corrections
121 East Mill Street
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Phone: (507) 444-7720
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PRE-SENTENCE INVESTIGATION QUESTIONNAIRE

Date: _____

Full name: _____ Male ☐ Female ☐ Other ☐

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

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

_____

_____

Other names you have used (maiden, married and 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: _____ Religious preference: _____

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

_____

_____

_____

Name of attorney: _____ Days spent in jail for this offense: _____

Release conditions: _____

_____

_____

1.1 PRIOR RECORD:

How old were you the first time you were in trouble with the law? (1.1.5)_____

List any juvenile offenses: (1.1.1, 1.1.2, 1.1.3) _____

_____

_____

How many adult convictions do you have? _____ Include the year, type of offense, and location. (1.1.1, 1.1.2, 1.1.3)_____

Have you ever been incarcerated for any crime? (1.1.6) Yes ☐ No ☐ If so, for what: _____

Have you ever been disciplined (verbal warning, sent to segregation, etc.) while being incarcerated? (1.1.7) 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? (1.1.4) Yes ☐ No ☐ If so, please list: _____

Have you ever violated probation, parole, or supervised release? (1.1.8) Yes ☐ No ☐

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:

Employer	*Location*	*Length*	*Wage*	*Reason for Leaving*

In the last 12 months, how many months were you employed full-time? (1.2.10)_____
How many jobs have you held in the last 12 months? (1.2.11)_____
Where is the longest full-time job you ever held? How long? _____

Have you ever been fired from a job? Yes ☐ No ☐
Tell me about your job. _____

What do you like best about your job? (1.2.15) _____

How would you rate your performance? (1.2.15)_____

_____

_____

What would your boss say about your performance? (1.2.15) _____

_____

_____

Describe your relationship with your boss. (1.2.17)_____

_____

_____

Describe your relationship with your co-workers. (1.2.16) _____

_____

_____

Do you spend time outside of work with your co-workers? (1.2.16) Yes ☐ No ☐

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

Income Source	*Monthly Amount Received*

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

Expense	*Amount Paid Monthly*	*Expense*	*Amount Paid Monthly*

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

Debt	*Amount owed*

Are you worried about having enough money to meet your needs? Yes ☐ No ☐

In the past year, have your experienced any financial problems? 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? (1.2.13) Yes ☐ No ☐ Is so, what year? _____
If you did not finish high school, what was the last grade completed? (1.2.12) _____
Did you receive your GED? Yes ☐ No ☐ If yes, what year? _____

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

School Name	*Location*	*Year(s)*	*Diploma/Degree Received*

Did you receive any Special Education Services? Yes ☐ No ☐ If so, for what reason? _____
_____
Do you have any learning disabilities? Yes ☐ No ☐ If yes, please explain: _____
_____
Describe what kind of student you were (grades, activities, sports): _____
_____
_____
Were you ever suspended? (1.2.14) Yes ☐ No ☐ Expelled? Yes ☐ No ☐ If so, for what reasons?
_____
_____
How would you rate your participation in school? (1.2.15)_____
_____
Describe your relationship with other students. (1.2.16)_____
_____
_____
Describe your relationship with your teachers. (1.2.17)_____
_____
_____

1.3, 1.4, 1.5 FAMILY AND FRIENDS:

The following question is optional and will only be used to achieve more specific supervision of your case and cannot be used against you:

Do you identify as: Heterosexual ☐ Homosexual ☐ Bisexual ☐

Marital Status: Single ☐ Married ☐ Divorced ☐ Separated ☐ Widowed ☐

Do you have a significant other? Yes ☐ No ☐ If so, list name: _____ Age:_____

How long have you been in this relationship? _____

Describe your relationship with your spouse. (1.3.18) _____

_____

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.

Child's Name	*Age*	*City & State Living in*	*Bio*	*Step*	*Parent's Name(s)*

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? _____

_____

Father's Name: _____ Age: _____

City & State living in: _____

Frequency of contact with father: _____

Describe current relationship with father: (1.3.19) _____

_____

_____

Describe your relationship with your father as a child. (1.3.19) _____

_____

_____

_____

Mother's Name: _____ Age: _____

City & State living in: _____

Frequency of contact with mother: _____

Describe current relationship with mother: (1.3.19)_____

_____

_____

_____

Describe your relationship with your mother as a child. (1.3.19) _____

_____

_____

Are your parents: Married ☐ Divorced ☐ Separated ☐ Never Married ☐

Are you adopted? Yes ☐ No ☐

Do you have a stepparent(s)? Yes ☐ No ☐ If so, please list name(s).

_____

Describe your relationship with your stepparents. (1.3.19)_____

_____

Who primarily raised you? _____

Did you ever live with anyone other than your parents during your childhood? Yes ☐ No ☐

If you answered "yes," with whom did you live? _____

_____

Please describe your upbringing: _____

_____

_____

_____

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

Name	*Age*	*City & State living in*

Describe relationship with siblings. (1.3.20)_____

_____

Have you ever been a victim of physical abuse? Yes ☐ No ☐ If so, please explain: _____

_____

_____

Have you ever been a victim of sexual abuse? 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, or any other close relative ever been involved in the criminal justice system? (1.3.21) Yes ☐ No ☐ If yes, whom: _____

Name any hobbies or involvement in any organized activities. (1.4.22)_____

_____

Name three people (other than family members) who know you. (1.5.24, 1.5.25)

_____

_____

_____

What types of things do you do with your friends? (1.4.23)_____

_____

What do your friends and family say about your current offense? _____

_____

Have any of your friends been in trouble with the law. Yes ☐ No ☐ (1.5.24, 1.5.25,1.5.26, 1.5.27)
Have any of your friends **not** been in trouble with the law? Yes ☐ No ☐ (1.5.24, 1.5.25,1.5.26, 1.5.27)
Have any of your acquaintances been in trouble with the law? Yes ☐ No ☐ (1.5.24, 1.5.25,1.5.26, 1.5.27)
Have any of your acquaintances **not** been in trouble with the law? Yes ☐ No ☐ (1.5.24, 1.5.25,1.5.26, 1.5.27)

PHYSICAL HEALTH:

Describe your current physical health: _____
Do you have any concerns about your health? Yes ☐ No ☐ If yes, please explain: _____

_____

_____

List any major illnesses or surgeries you have had: _____

_____

Have you ever had any serious falls or accidents in which you received a head injury? Yes ☐ No ☐
Do you have any disabilities or handicaps? Yes ☐ No ☐ If yes, please explain: _____

_____

_____

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:

Have you ever used?	Age of first use:	How often do you use? How much do you use per episode?	Date/age of last use:
☐ Alcohol			
☐ Marijuana/Hashish			
☐ Cocaine/crack			
☐ Meth/Amphetamines			
☐ Heroin			
☐ Other Opiates/synthetics			
☐ Inhalants			
☐ Benzodiazepines			
☐ Hallucinogens			
☐ Barbiturates/sedative/hypnotics			
☐ Over-the-counter drugs			
☐ Other:			
☐ Nicotine			

Do you feel you currently have a problem with alcohol? (1.6.30) Yes ☐ No ☐
Have you ever had a problem with alcohol? (1.6.28) Yes ☐ No ☐
Do you feel you currently have a problem with drugs? (1.6.29) Yes ☐ No ☐
Have you ever had a problem with drugs? (1.6.31) Yes ☐ No ☐
Were you using or in possession of alcohol or drugs during this offense? (1.6.32) Yes ☐ No ☐
In the past year, has your use of drugs or alcohol contributed to law violations? (1.6.32) Yes ☐ No ☐
In the past year, has your family complained about your drinking/drug use? (1.6.33) Yes ☐ No ☐
Is there a history of 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, list all? _____

_____

_____

_____

_____

Have you ever attended AA/NA/Alanon? Yes ☐ No ☐
Have you ever experienced a blackout (inability to remember what happened during a period of time) after drinking alcohol? (1.6.35) Yes ☐ No ☐
Have you ever used chemicals to relieve a hangover? (1.6.35) Yes ☐ No ☐
Have you had problems in school or work because of your use of alcohol/drugs? (1.6.34) Yes ☐ No ☐
Is the amount of money you spend on chemicals a problem? (1.6.35) Yes ☐ No ☐
Have any of your relationships with family or friends been damaged because of your chemical use? (1.6.33) Yes ☐ No ☐
Do you have any health problems that are related to your chemical use? (1.6.35) Yes ☐ No ☐
Have you ever ended up in detox due to chemical use? (1.6.35) Yes ☐ No ☐
Have you ever ended up in the hospital due to your chemical use? (1.6.35) Yes ☐ No ☐
Have you ever experienced shakes, hallucinations, or other withdrawal symptoms after heavy chemical use? (1.6.35) Yes ☐ No ☐
Have you ever experienced any medical problems due to drug or alcohol use? (i.e. hepatitis, sleep loss, memory loss, weight loss, dental, stomach, STD's, suicide attempts, injuries. Yes ☐ No ☐
Have you ever been unable to stop drinking or using drugs when you wanted to? (1.6.35) Yes ☐ No ☐
Has anyone ever told you to quit or cut back on drinking or using? (1.6.35) Yes ☐ No ☐

REASONS FOR USING CHEMICALS		
☐ Like feeling high	☐ Alleviates Boredom	☐ To cope with abusive partner
☐ Like feeling numb	☐ Everyone is social network uses	☐ To cope with family problems
☐ Trying to forget problems	☐ Partner encourages use	☐ Afraid of withdrawal symptoms
☐ To cope with stress	☐ Can't function without it	☐ Make it easier to talk with people
☐ To alleviate physical pain	☐ To relax and unwind	☐ To cope with depression/anxiety

After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, "In the past month" (3), "2-12 months ago" (2), "1 or more years ago" (1), or "Never" (0).

When was the last time…	**Past Month**	**2-3 months ago**	**4 to 12 months ago**	**1+ years ago**	**Never**
You used alcohol or other drugs weekly or more often?	4	3	2	1	0
You spent a lot of time either getting alcohol or other drugs, using alcohol or other drugs, or recovering from the effects of alcohol or other drugs (e.g., feeling sick)?	4	3	2	1	0
You kept using alcohol or other drugs even though it was causing social problems, leading to fights, or getting you into trouble with other people?	4	3	2	1	0
Your use of alcohol or other drugs caused you to give up or reduce your involvement in activities at work, school, home, or social events?	4	3	2	1	0
You had withdrawal problems from alcohol or other drugs like shaky hands, throwing up, having trouble sitting still or sleeping, or you used any alcohol or drugs to stop being sick or avoid withdrawal problems?	4	3	2	1	0

MENTAL HEALTH:

After each of the following questions, please tell us the last time that you had the problem, if ever, by answering, "In the past month" (3), "2-12 months ago" (2), "1 or more years ago" (1), or "Never" (0).

When was the last time you had significant problems with:	**Past Month**	**2-3 months ago**	**4 to 12 months ago**	**1+ years ago**	**Never**
Feeling very 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

When was the last time that you did the following things two or more times?	**Past Month**	**2-3 months ago**	**4 to 12 months ago**	**1+ years ago**	**Never**
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

When was the last time that you…	Past Month	2-3 months ago	4 to 12 months ago	1+ years ago	Never
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? (Please describe)	Yes	No
	1	0

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

Have you ever been diagnosed or treated for a mental illness? Yes ☐ No ☐ If yes, please explain: _____

Have you ever inflicted injury on yourself? (Cutting, burning, etc.) Yes ☐ No ☐
Have you ever been suicidal or attempted suicide? Yes ☐ No ☐
Do you currently feel depressed? Yes ☐ No ☐

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 ☐

1.7 CURRENT OFFENSE:

What is the first thing that comes to your mind when you think about the trouble you have been/are in? (1.7.36)

In your opinion what are the most significant reason for being in trouble with the law.

What is your opinion of the law, police, and the courts? (1.7.37)

Is there ever a good reason to break the law? (1.7.37)

Do you feel your plea agreement was appropriate and fair? (1.7.38)

If you were the judge, what sentence would you give yourself? (1.7.38)

How do you feel about being placed on probation as a part of sentencing? (1.7.39)

If you are currently under supervision, do you feel your supervising probation officer is fair and reasonable? (1.7.39)

YOUR VERSION OF THIS OFFENSE: Please write down your version of this offense and the circumstances leading up to it.