

Date: _____

Agent: _____

WRIGHT COUNTY COURT SERVICES PRE-SENTENCE INVESTIGATION

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.** Please print!

CURRENT DATA											
Full Name:											
Alias (include nicknames):						Phone:		Cell		Home	
Cell Phone Carrier: Verizon AT&T Sprint T-Mobile Other (please list):											
Physical Address:						City, State, Zip:					
Mailing Address:						City, State, Zip:					
County of Residence:				Length of time:			Living with:				
D.O.B.:			Age:		Place of Birth:				U.S. Citizen: Yes No		
Primary Language:						Do you need an interpreter? Yes No					
Race: White Black Asian Am. Ind				Hispanic: Yes No		Gender: M F		Height:			
Weight:		Hair Color:			Eye Color:		Social Security #:				
Are you a Veteran? Yes No			Driver's License #:				Valid: Yes No				
Are you currently on Interlock? Yes No			Interlock Provider:								
Email:											
Are you concerned about the safety in your neighborhood? Yes No											
Tattoo descriptions and location(s):											

PREVIOUS DATA	
Report any changes of residence within the last three years	
Address:	City, State, Zip:
Address:	City, State, Zip:
Address:	City, State, Zip:

FOR OFFICE USE ONLY			
Case Number:		Sentencing Date:	Sentencing Judge:
Arresting Agency:	ICR #:		Offense Date:
Count(s), Statute(s) & Offense(s):			Offense Level(s):
SID #:		FBI:	Prosecutor:

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:

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 No Age of first police contact: _____
 Have you ever had any juvenile convictions? Yes No If yes, what type of offense and what state and/or county?

Have you ever been confined (adult or juvenile) in any type of correctional facility, i.e., Red Wing, St. Cloud, workhouse, etc? Yes No If yes, please list below:

Institution	Date entered	Reason for confinement	Date released

Ever written up/locked down while incarcerated? Yes No If yes, explain: _____

Ever attempted, or succeeded, in an escape from an institution? Yes No Ever charged? Yes No

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

Any history of assaultive behavior? Yes 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 G.E.D.? Yes 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 No Reason: _____

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

Yes No If yes, explain: _____

EMPLOYMENT

1. Describe your job: _____

What do you like best or 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 No

2. Describe your relationship with co-workers: _____

Do they know you're involved with the Court System? Yes No

If they do, what do they think? _____

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

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

Are your co-workers good influences on you? Yes No

Are they people you should/would like to hang around with? Yes No

3. Describe your relationship with your boss: _____

Do you feel your boss does a good job? Yes No

Please list your current and prior employment experience:

Employer (if self-employed, name of business):		Employer Phone:	
Address (city, state, zip):			
Start/Leave dates:	Wage:	Schedule:	Reason for leaving:
Employer (if self-employed, name of business):		Employer Phone:	
Address (city, state, zip):			
Start/Leave dates:	Wage:	Schedule:	Reason for leaving:
Employer (if self-employed, name of business):		Employer Phone:	
Address (city, state, zip):			
Start/Leave dates:	Wage:	Schedule:	Reason for leaving:

Have you ever been fired or left before being fired? Yes No Please explain: _____

FAMILY HISTORY		
Father:	D.O.B:	Phone:
Address:		City, State, Zip
Employment:		
Mother:	D.O.B:	Phone:
Address:		City, State, Zip
Employment:		
Step/Foster-Father:	D.O.B:	Phone:
Address:		City, State, Zip
Employment:		
Step/Foster-Mother:	D.O.B.:	Phone:
Address:		City, State, Zip
Employment:		
Parents' marital status? <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Separated <input type="checkbox"/> Not married		

Describe your childhood living arrangements: _____

Please provide the names and information of any other individuals (e.g.: grandparents) you believe play a vital role in your life and have been a role model: _____

SIBLINGS

List brothers/sisters, including step-siblings. Include spouses if married.
Continue on reverse side if more space is needed.

Name:	Phone:
Address:	Age:
Name:	Phone:
Address:	Age:
Name:	Phone:
Address:	Age:
Name:	Phone:
Address:	Age:
Name:	Phone:
Address:	Age:
Name:	Phone:
Address:	Age:

Any family members been convicted of a crime? Yes No If yes, explain: _____

Does your family have a history of: Chemical dependency Depression Anxiety Abuse
Other mental health concerns Gang Affiliation

If yes, explain: _____

MARITAL

Single Married Widowed Separated Divorced Cohabiting Dependent

Current spouse/significant other: _____ D.O.B.: _____

Phone: _____ If married, list date/place: _____

Ever separated/divorced? Yes No If yes, please list date and reason: _____

Previous spouse's full name: _____ Phone: _____

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:		

Have custody arrangements been handled through the Court? Yes No

Do you have Court-ordered custody/visitation rights with your children? Yes No

If yes, in what county/state was the order issued? _____

Are you presently in arrears regarding child support? Yes No If yes, amount: _____

WEAPONS

Do you own, or have you ever owned a weapon? Yes No If yes, indicate type of weapon(s) and locations:

FOUR PEOPLE WHO KNOW ME (not immediate family)

Name:	Relationship:	M/F:
Cell Phone:	Home Phone:	
Address:		
City, State, Zip:		Age:
Name:	Relationship:	M/F:
Cell Phone:	Home Phone:	
Address:		
City, State, Zip:		Age:
Name:	Relationship:	M/F:
Cell Phone:	Home Phone:	
Address:		
City, State, Zip:		Age:
Name:	Relationship:	M/F:
Cell Phone:	Home Phone:	
Address:		
City, State, Zip:		Age:

RECREATION

1. What organized activities do you participate in? _____
 2. What do you do in your spare time? _____
- _____

3. How many friends do you have that have never been in trouble with the law? _____
4. Are any of your friends presently on probation or incarcerated? Yes No If yes, how are they doing presently?

5. How many of your friends have never had legal concerns? _____
6. How many of your friends are presently in recovery? _____ How long have they been clean? _____

PHYSICAL HEALTH

1. 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: _____

2. How is your current physical health? Please list any special or chronic health concerns you currently have: _____

3. List any prescribed medications you currently take: _____

CHEMICAL HEALTH

1. Have you ever had an alcohol problem? Yes No Age of first use: _____
2. Have you ever had a drug problem? Yes No
3. When was the last time you drank any alcohol? _____
4. When was the last time you used any drugs? _____
 - If you have quit using drugs, when did you quit? _____
 - How many consistent years of drug use? _____
 - What drugs did/do you use? _____

Cocaine/Crack:	Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____
Marijuana:	Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____
Methamphetamine/ Amphetamines:	Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____
Hallucinogenics:	Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____
Inhalants:	Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____
Prescription Pills:	Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____
Synthetics:	Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____
Opiates:	Age first used: _____ Date last used: _____ Amount/Frequency of use: _____ Method of use: _____ If quit, when: _____ Number of years of consistent use: _____

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

6. Have you ever been in detox? Yes No

If yes, please explain: _____

Please list all involvements in chemical dependency treatment:

Date	Program	Inpatient/ outpatient	Location	Did you complete it?

7. Within the past year, has your use of drugs or alcohol contributed or affected any of the following:

Marital/Family School Work Medical If yes, please explain: _____

8. In the past year, have you:

- Used drugs or alcohol until you passed out? Yes No
- Used drugs or alcohol to prevent a hangover? Yes No
- Drank alcohol first thing in the morning? Yes No
- Experienced a blackout? Yes No
- Attempted to limit your usage? Yes No
- Been violent while using? Yes No
- Used more or longer than you intended? Yes No
- Overdosed? Yes No
- Injected/used intravenously? Yes No
- Had cravings? Decreased/increased tolerance? Yes No
- Had muscle aches? Tremors/shakes? Withdrawal? Hallucinations? Yes No
- Made prior attempts to quit? Yes No
- Had difficulty remaining abstinent? Yes No
- What is the longest you have gone without using drugs/alcohol: _____

9. Where are you now with your use? _____

MENTAL HEALTH

1. Describe how you feel on a daily basis: _____

2. Have you ever participated in any of the following:

Anger Management Individual Counseling Family or Group Counseling Please explain: _____

3. Have you ever:
- Been assigned a social worker or case manager (adult/juvenile)? Yes No
 - Been treated by a psychiatrist? Yes No
 - Been treated by your general doctor for mental health? Yes No
 - Been placed on medications for mental health reasons? Yes No
 - Suffered/diagnosed with severe head trauma or brain injuries? Yes No
 - Had a mental health diagnosis? Yes No
 - Were you ever placed in foster care or removed from the family home? Yes No
 - Suffered abuse (physical, sexual, or emotional)? Yes No
 - Witnessed abuse (physical, sexual, or emotional)? Yes No
- If you marked yes to any of the above, please explain: _____
- _____
- _____

4. Have you ever thought about or attempted suicide? Yes No Explain: _____

5. What are your presently prescribed medications? _____

6. Please indicate which of the following you have ever been diagnosed with (check all that apply):
- Major Depressive Disorder Anxiety Disorder Bipolar Disorder Schizophrenia
 - Borderline Personality ADHD PTSD Traumatic Brain Injury
 - Other: _____

Please list any treatment/hospitalizations for mental health:

Date	Doctor/Therapist	Program/Hospital and location	Reason/Diagnosis

7. Have you ever participated in gambling activities (i.e. sports-betting, lottery or pull-tab, BINGO, poker, slot machines, casinos, etc)? Yes No How often? _____
8. Do you believe you have a problem with gambling, or has anyone expressed concerns about your gambling? Yes No
9. List involvement in any prior gambling treatment programs: _____
- _____

PERSONAL REFLECTION

1. What is the first thing that comes to mind when you think about the trouble you have been in? _____
- _____
- _____
- In your opinion, what are the most significant reasons for the trouble you have been in? _____
- _____
- _____
- Who was affected by your actions? How? _____
- _____
- _____

What needs to happen to make things right with those you have harmed? _____

2. What is your opinion of the law, police and court? _____

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

3. Do you feel you have been treated fairly by the Criminal Justice System? _____

If you are placed on probation for this offense, what problem areas in your life would you like help working on?

4. Do you think the potential rules of your supervision are appropriate and fair? _____

What obstacles, if any, do you foresee in achieving your goals and successfully completing probation? _____

What strengths do you see in yourself that will help you achieve your goals and successfully complete probation?

GANG AFFILIATION

1. Have you ever been part of a gang? Yes No If yes, explain: _____

Are you presently affiliated? Yes No If no, when did you denounce? _____

Have you ever been thought to be affiliated? If yes, explain: _____

Have you ever been arrested for gang activity? Yes No Victim of gang violence? Yes No

Have you ever been in prison? Yes No Prison gang? Yes No _____

Are you aware of gang activity/issues in your neighborhood? Yes No Please explain: _____

VICTIMIZATION

1. Have you ever been the victim of:

Assault

Bullying

Burglary/Theft

Emotional/Verbal Abuse

Family Violence

Hate Crime

Identity Theft

Sexual Assault

Stalking/Harassment

Threat of violence (weapon?)

Other: _____

2. If you have been victimized, were charges filed? Yes No

3. Are you now, or have you ever been, party to a Harassment or Protective Order? Yes No

WRIGHT COUNTY COURT SERVICES

Notice of Appeal and Right To Second Assessment

The Pre-Sentence Investigation includes a Chemical Health Assessment.

If you disagree with the level of chemical dependency care proposed by the assessor, you have the right to a second chemical use assessment. You have the right to appeal if you are denied an assessment, denied a second assessment, or disagree with the level of care proposed. Your request must be in writing and received by this agency within five (5) working days of completion of the original assessment or before you enter treatment, whichever occurs first. The second assessment by qualified assessors shall occur within five (5) working days of receipt of the Request for Reassessment. Direct your appeals to the attention of Wright County Social Services, Human Services Director, 10 NW 2nd St., Buffalo, MN 55313-1193.

This notice was discussed with me on _____, and I understand my right to appeal and my right to a second assessment.

Client's signature

Probation Agent's signature

Date

STOP

Pages beyond this are for Office Use Only

**WRIGHT COUNTY COURT SERVICES
MISDEMEANOR/GROSS MISDEMEANOR DIVISION**

PRIVACY ACT STATEMENT

Several State and Federal laws have become effective recently that better protect your rights to privacy and make it easier for you to review information we keep in your file. Under one of these new laws, the Minnesota Government Data Practices Act, Chapter 13, you have the right to:

1. Be told why the information we request is needed.
2. Be told how the information will be used.
3. Be told whether you may refuse or are legally required to supply the requested data.
4. Be told of the consequences of supplying or refusing to supply the requested information.
5. Be told the identity of other persons or entities authorized by State or Federal law to receive the data.

These rights are more fully explained below:

1. **Why is the information needed?** The information requested about you, your household, and family members is needed for one or more of the following reasons:
 - a. aiding the Court in determining appropriate sentences.
 - b. aiding the Probation Officer in his/her rehabilitative efforts with you if you are placed in treatment or under supervision.
 - c. aiding the Probation Officer in assisting you to comply with any Court Orders.
 - d. assisting the Adult Corrections Facility in their classification and treatment programs and release planning.
 - e. providing the Minnesota Department of Public Safety with necessary information concerning driving offenses.
2. **How will the information be used?** The information we collect will be used by Court Services staff and employees of the Criminal Justice System. We may verify the information you provide to us with other appropriate agencies. It may be used for other lawful purposes including law enforcement and litigation. It may also be used in the preparation of summary data to provide treatment, conduct research, compile statistical data, and determine suitability for social services or case assignment.
3. **May you refuse or are you legally required to supply the requested data?** You are legally required to supply the requested data by Court Order.
4. **What are the consequences of your supplying or refusing to supply requested information needed to complete the investigation?** Your cooperation in supplying the Court with requested information will help the Court make informed decisions regarding your case. Refusal to cooperate in supplying requested information may make it difficult for the Court to take appropriate action in your case and/or to recommend appropriate actions to other agencies involved in your case.
5. **Who is authorized to receive the data?** Only the Court and Court Services may receive data. You or your representative, the Court, Court Services, law enforcement, victim (if any), and other entities, as may be provided by law, may have access to the private and confidential data in your file.

I understand that the foregoing one-time privacy act statement will apply to all personal information matters. I furthermore understand that a copy of this form, which I have signed, will be placed in my Court Services file as evidence of this notification. I have received a copy of this statement to retain. In accordance with MS 13.04, I have been informed of and understand my rights as a subject of data.

Date

Signature