WRIGHT COUNTY
MINNESOTA

Court Services

PDR Questionnaire **Today's Date: _____**

Case Number: _____

Juvenile Information				
Full Name (first, middle, last):			DOB:	
SSN:	DL#:	State:	Gender: ☐M ☐ F ☐Transgender ☐_____	
Height: ____ ft _____in	Weight:	Hair Color:	Eye Color:	U.S. Citizen: ☐Yes ☐No
Tattoos/Marks/Scars:			Birth Country:	
Race/Ethnicity: ☐Amer. Ind/Alaska Native ☐Asian ☐Black ☐Hispanic/Latino ☐Native Hawaiian/Pacific Islander ☐White ☐_____				
Primary Language:	Interpreter Needed: ☐ Yes ☐ No Specify Language: _____			
Physical Address:			City, State, Zip:	
Mailing Address: *(if different than physical address)*			City, State, Zip:	
Home Phone:	Juvenile Cell Phone: Cell Provider: ☐ Verizon ☐ AT&T ☐ Sprint ☐ T-Mobile ☐ _____			
Email Address:				
Education: ☐ Attending ☐ Graduated ☐ Dropped Out ☐ Expelled ☐ GED				
School:			Grade:	
Employer:				
Do you have an open case with Health and Human Services? ☐ Yes ☐ No If yes, name of Social Worker: _____				

Family Information (Include biological/adoptive parents regardless of custody status, and current step-parents)		
Father:	DOB:	SSN:
Address:	City, State, Zip	
Residing With: ☐ Yes ☐ No ☐ _____	Phone:	
Email:		
Employment:		
Mother:	DOB:	SSN:
Address:	City, State, Zip	
Residing With: ☐ Yes ☐ No ☐ _____	Phone:	
Email:		
Employment:		

Step/Foster-Father:	DOB:	SSN:
Address:	City, State, Zip	
Residing With: ☐ Yes ☐ No ☐ _____	Phone:	
Email:		
Employment		
Step/Foster-Mother:	D.O.B.:	SSN:
Address:	City, State, Zip	
Residing With: ☐ Yes ☐ No ☐ _____	Phone:	
Email:		
Employment:		
Parents' marital status? ☐ Married ☐ Divorced ☐ Separated ☐ Not married		

1. Who are you living with now? _____
2. How long have you been there? _____
3. Do your mom and dad work? _____
4. What do they do? _____
   _____
5. How would you describe your financial situation? _____

Siblings (List brothers/sisters, including step-siblings. Include spouses if married.)	
Name:	
Address:	Age:
Name:	
Address:	Age:
Name:	
Address:	Age:
Name:	
Address:	Age:
Name:	
Address:	Age:
Name:	
Address:	Age:

Weapons

Are there any weapons in the home? ☐ Yes ☐ No If yes, indicate type of weapon(s) and locations:

_____

Education/Employment

1. Have you ever been assessed for special education services? ☐ Yes ☐ No If yes, do you know the results?
   _____
2. Have you ever been on an IEP? ☐ Yes ☐ No
3. Tell me about your school attendance: ☐ Truant ☐ Not Truant
4. Where do you work? _____
5. What's your work history? _____

Leisure/Recreation

1. What organized activities (church groups, clubs, organizations or sports teams) do you participate in?
   _____
   _____
2. What do you do in your free time? When was the last time you did that?
   _____
   _____
3. What hobbies do you have?
   _____
4. Do any of your friends engage in criminal activity or use illegal drugs? ☐ Yes ☐ No
5. Are any of your friends presently on probation or incarcerated? ☐ Yes ☐ No If yes, how are they doing presently? _____

How many of your friends have never had legal concerns? _____

Chemical Health

1. Age of first use: _____
2. When was the last time you drank any alcohol? _____
3. When was the last time you used any drugs? _____
   a. If you have quit using drugs, when did you quit? _____
4. 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:_____
Hallucinogenic:	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:_____
Alcohol	Age first used:_____ Date last used:_____ Amount/Frequency of use:_____ Method of use:_____ If quit, when:_____ Number of years of consistent use:_____

Mental Health

Have you ever participated in any of the following?

☐ Anger Management	Where
	Dates
	Diagnosis
☐ Individual Counseling	Where
	Dates
	Diagnosis
☐ Family or Group Counseling	Where
	Dates
	Diagnosis
☐ Psychological Services	Where
	Dates
	Diagnosis

Have you ever:

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

Do you ever feel very anxious or depressed? ☐ Yes ☐ No

Have you ever thought about or attempted suicide? ☐ Yes ☐ No Explain:

_____

_____

_____

What are your presently prescribed medications?

_____

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: _____

Criminal and Disposition

1. What were you in court for?

   _____

2. 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 (Who were you with? What happened):

   _____

   _____

   _____

   _____

   _____

   _____

3. How old were you when you first got into trouble? _____ What did you do?

   _____

Other times you have been in Court:

Offense	Date	Probation
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No
		☐ Yes ☐ No

If you've been on probation:

1. How did you do on probation? _____
2. What probation violations did you have? _____
3. Have you ever been placed outside of the home? ☐ Yes ☐ No
   a. When: _____How long: _____
   b. Where: _____
   c. Why: _____

Office Use Only

MAYSI-2 Questionnaire

Name _____ **Male** ☐ **Female** ☐

Date of Birth _____ **Today's Date** _____

These are some questions about things that sometime happen to people. For each question, please circle YES or NO to answer whether that question has been true for you IN THE PAST FEW MONTHS. Please answer these questions as well as you can.

	Circle Y (yes) or N (no)		
1. Have you had a lot of trouble falling asleep or staying asleep?	Y	N	1
2. Have you lost your temper easily, or had a "short fuse"?	Y	N	2
3. Have nervous or worried feelings kept you from doing things you want to do?	Y	N	3
4. Have you had a lot of problems concentrating or paying attention?	Y	N	4
5. Have you enjoyed fighting, or been "turned on" by fighting?	Y	N	5
6. Have you been easily upset?	Y	N	6
7. Have you thought a lot about getting back at someone you have been angry at?	Y	N	7
8. Have you been really jumpy or hyper?	Y	N	8
9. Have you seen things other people say are not really there?	Y	N	9
10. Have you done anything you wish you hadn't, when you were drunk or high?	Y	N	10
11. Have you wished you were dead?	Y	N	11
12. Have you been daydreaming too much in school?	Y	N	12
13. Have you had too many bad moods?	Y	N	13
14. Have you had nightmares that are bad enough to make you afraid to go to sleep?	Y	N	14
15. Have you felt too tired to have a good time?	Y	N	15
16. Have you felt like life was not worth living?	Y	N	16
17. Have you felt lonely too much of the time?	Y	N	17
18. Have you felt like hurting yourself?	Y	N	18
19. Have your parents or friends thought you drink too much?	Y	N	19
20. Have you heard voices other people can't hear?	Y	N	20
21. Has it seemed like some part of your body always hurts you?	Y	N	21
22. Have you felt like killing yourself?	Y	N	22
23. Have you gotten in trouble when you've been high or have been drinking?	Y	N	23
24. If yes, is this fighting?	Y	N	24

	Circle Y (yes) or N (no)		
25. Have other people been able to control your brain or your thoughts?	Y	N	25
26. Have you had a bad feeling that things don't seem real, like you're in a dream?	Y	N	26
When you have felt nervous or anxious:			
27. have you felt shaky?	Y	N	27
28. has your heart beat very fast?	Y	N	28
29. have you felt short of breath?	Y	N	29
30. have your hands felt clammy?	Y	N	30
31. has your stomach been upset?	Y	N	31
32. Have you been able to make other people do things just by thinking about it?	Y	N	32
33. Have you used alcohol or drugs to help you feel better?	Y	N	33
34. Have you felt that you don't have fun with your friends anymore?	Y	N	34
35. Have you felt angry a lot?	Y	N	35
36. Have you felt like you don't want to go to school anymore?	Y	N	36
37. Have you been drunk or high at school?	Y	N	37
38. Have you felt that you can't do anything right?	Y	N	38
39. Have you gotten frustrated a lot?	Y	N	39
40. Have you used alcohol and drugs at the same time?	Y	N	40
41. Has it been hard for you to feel close to people outside your family?	Y	N	41
42. When you have been mad, have you stayed mad for a long time?	Y	N	42
43. Have you had bad headaches?	Y	N	43
44. Have you hurt or broken something on purpose, just because you were mad?	Y	N	44
45. Have you been so drunk or high that you couldn't remember what happened?	Y	N	45
46. Have people talked about you a lot when you're not there?	Y	N	46
47. Have you given up hope for your life?	Y	N	47
48. Have you EVER IN YOUR WHOLE LIFE had something very bad or terrifying happen to you?	Y	N	48
49. Have you ever been badly hurt, or been in danger of getting badly hurt or killed?	Y	N	49
50. Have you ever been raped, or been in danger of getting raped?	Y	N	50
51. Have you had a lot of bad thoughts or dreams about a bad or scary event that happened to you?	Y	N	51
52. Have you ever seen someone severely injured or killed (in person – not in movies or on TV)?	Y	N	52

WRIGHT COUNTY
MINNESOTA

COURT SERVICES

AUTHORIZATION FOR RELEASE OF INFORMATION

☒ Juvenile ☐ Adult

NAME: _____ DOB: _____

I hereby consent to the release/or obtaining of information contained in my case file(s) necessary to accomplish the purpose set forth below:

Case Management/Probation Supervision

Agencies maintaining information: Wright County Court Services, and _____

Specific information to be released/obtained: Background Information, School Records (grades, attendance and discipline reports), Progress Reports, Assessments, Evaluations, Recommendations including Court Records and chemical dependency and/or mental health evaluations, recommendations and progress notes.

This information can be released to: _____

I have been instructed as to what information will be released, the purpose and intended use of the released information, who will receive the information, and any known consequences of this release. The information to be released is private, and any subsequent use and release is controlled under the Minnesota Government Data Practices Act (Minnesota Statutes 1982, Chapter 13).

I have been informed of my right to refuse to release this information.

I understand that I may revoke this consent at any time except to the extent that action has already been taken in reliance on said consent. In any event, this consent will automatically expire one (1) year from the date of my signature.

I understand that chemical dependency treatment may not be conditioned upon my agreement to sign this consent.

**** A copy is as valid as an original ****

Information provided or disclosed pursuant to this authorization may, under certain circumstances, be re-disclosed to persons or entities not subject to the same privacy regulations as Wright County Court Services.

_____ _____
Signature of Parent, Guardian, or Witness (If Juvenile) Signature (Name)

_____ _____
Date Date

_____
Signature of Person Informing of Rights

_____
Date

WRIGHT COUNTY
MINNESOTA

Court Services

NOTICE OF PRIVACY PRACTICES

Minnesota Government Data Practices Act (Chapter 13) protects your right to privacy. As a result, you must be told the purpose and intended use of information; whether you may refuse or are legally required to supply data; the consequences for refusing to supply information; and the identity of others who may receive the information.

Purpose and Intended Use of the Data – We may verify the information you provide with other appropriate persons and/or agencies. The information requested is needed for one or more of the following purposes:

- To aid in the completion of court ordered reports and help the Court determine disposition of your case or your child's case;
- To aid in corrections supervision and case planning;
- For case referral, evaluation, placement and/or treatment;
- To plan, audit, and evaluate programming/services.

Are You Legally Required to Supply the Requested Data? - You are legally required to supply the requested data. You do, however, have the right to exercise your Fifth Amendment Right to remain silent in situations where you may have committed a crime.

The Consequences for Refusing to Supply the Requested Information - The Court will be informed and take appropriate action.

Other Agencies or Entities which may Receive the Requested Data – We may give information about you to the following agencies pursuant to court order or as otherwise authorized by law. This does not mean we always share information about you to these people.

- Those within the Criminal Justice System whose work assignment requires it (Corrections, Court, County Attorney, your Attorney, and/or Guardian ad Litem);
- Correctional Institutions and/or Juvenile Out-Of-Home Placement Facilities;
- Court Appointed Evaluators;
- Wright County Social Services;
- Minnesota Monitoring for the purpose of court ordered random UA's/PBT's (referral, results, identification, i.e. photograph);
- Wright County Sheriff Department/law enforcement agencies
- Others as authorized by law.

Privacy Rights of Children - If you are under the age of eighteen, your parents may see data about you and authorize others to see your data, unless you have asked that this information not be shared with your parents. You must make this request in writing and specify what data you want withheld and why. If the Wright County Court Services department agrees with you that withholding the information would be in your best interest, we will not share the data with your parents. If we do not agree with you, the data may be shared with your parents if they ask for it.

The Federal Privacy Act requires that you are informed of the following:

- Providing your social security number is mandatory. If you fail to provide your social security number this matter may be referred back to Court.
- The request for your social security number is based upon the court order placing you on supervision, Minnesota Statute 13.84, and state laws regulating court services.
- The Court Services Department will use your social security number for the following purposes: Court Services Tracking System (CSTS) for identification purposes; Revenue Recapture, Minn. Stat. Chapter 270A, should you fail to pay your correctional fee(s) and/or restitution; to comply with any requirements of a governmental agency for juvenile out-of-home placement services (this includes releasing the social security number to the placement facility); or as required by court order or federal and/or state rule, regulation and/or law.

Complaints - If you need more information or feel that the Wright County Court Services department has violated your privacy rights, you may contact:

Wright County Administrator
10 2nd Street NW
Buffalo, MN 55313-5061
(763) 682-3900 or (800) 362-3667

Acknowledgement of Receipt of Notice of Privacy Practices

The Notice of Privacy Practices informs you how Wright County Court Services may use or disclose private information about you. Not all situations are described. I have been given a copy of the Wright County Court Services Notice of Privacy Practices and have read it or had it reviewed with me.

_____
Defendant/Offender Signature Date

_____
Printed Name

_____
Parent/Guardian (if applicable) Date

_____
Printed Name