BLUE EARTH COUNTY DEPARTMENT OF COMMUNITY CORRECTIONS
PROBATION QUESTIONNAIRE (Revised 08/10/17)

The purpose of the questionnaire is to gather information about you for supervision purposes. Please be thorough with your answers, print clearly, and answer all questions. If you need extra space to write, please use the back of the page.

Alerts (office use only): £ Contagious Disease £ Gangs £ Mental Health £ Substance Use £ Translator Needed £ Other:

Personal Data

Full Name: (First)_____(Middle) _____(Last) _____
Alias/Nickname/Maiden Name/Preferred Name: _____ DOB: _____
U.S. Citizen? £ Yes £ No If no, country of citizenship:_____ Resident Alien: £ Yes £ No RA#: _____
Phone: (Cell)_____ (Home)_____ Cell Phone Carrier:_____
Email:_____ Reminder Message Preference: Email £ or Text £
Social Security #: _____ Gender Identity: _____ Pronouns: _____
Eye color:_____ Hair color:_____ Height:_____ Weight:_____
Driver's License #:_____ Status (circle one): Valid/Cancelled/Suspended/Revoked
List any weapons/firearms in your residence (type/location): _____
List any pets/animals in your residence: _____-
List any tattoos (description/location):_____
List any marks/scars (description/location):_____
Are you on any of the following social media sights? (circle all that apply):Twitter, Facebook, Instagram, LinkedIn, Snapchat, Tumblr, Instagram, Myspace, Other (explain):

Housing/Residence

Are you currently considered to be homeless (lacks permanent place to live, temporary residence "couch hopping", lives in substandard housing – risk to health, safety or well being of others)? £ Yes £ No
If yes, explain:_____
How many times have you moved in the last year?

Current Address (Street, City, Zip, Apt #):	How Long:	Living With (Full Name and Relationship):
Former Address:	How Long:	Lived With:

Military Experience

Military Branch: _____ Dates of Service: _____ to _____
Type of Discharge: _____ Rank at Discharge: _____
Are you eligilble for VA Hostpial benefits? £ Yes £ No
Did you receive any disciplinary action while serving? £ Yes £ No
If yes, explain:

Legal History

How old were you the first time you were in trouble with the law? _____
Were you ever placed in any out-of-home placements, correctional placements, or foster care as a child? £ Yes £ No
If yes, explain:
Have you ever been incarcerated for any crime (jail/prison): £ Yes £ No
If yes, explain:

Legal History

Have you ever been disciplined (verbal warning, segregation, written up, etc) while incarcerated? £ Yes £ No
If yes, explain:_____
Were you on probation/parole/supervised release at the time of the current offense? £ Yes £ No
If yes, what for? _____ County/Agent:_____
Are you currently on probation/parole/supervised release? £ Yes £ No
If yes, for what?:_____ County/Agent:_____
Have you ever been arrested/convicted of an offense in another state? £ Yes £ No
If yes, explain:_____
Do you currently have any other pending offenses including in any other state? £ Yes £ No
If yes, explain:_____
Have you ever violated probation, parole, or supervised release in the past? £ Yes £ No
If yes, explain:

Education

Highest level of education completed? _____
Are you currently enrolled in any further education? £ Yes £ No If yes, where?_____
Do you have a high school diploma? £ Yes £ No If yes, school: _____ Graduation year: _____
Do you have your General Education Diploma (GED)? £ Yes £ No £ Not applicable
Did you attend college? £ Yes £ No If yes, school: _____ Years completed:_____
Do you have a college degree? £ Yes £ No If yes, type of degree:_____
Do you have any professional licenses or certifications? £ Yes £ No
If yes, explain:_____
Do you have any learning disabilities such as hearing, reading, writing, or comprehension difficulties? £ Yes £ No
If yes, please describe (include any special education programming):_____
Were you ever suspended or expelled from school? £ Yes £ No
If yes, explain: _____
Do you have any plans to return to school? £ Yes £ No
If yes, explain:

Employment

Employer Name and Address:	Start Date:	End Date:	Position/Type of Work:	Salary/ Hourly Wage:	Reason for Leaving:
Current Employer:					
Previous Employer:					
Previous Employer:					

What are your typical work hours?_____
Is your employer aware of the current offense? £ Yes £ No
If yes, what are his or her thoughts on the offense?_____
How would your employer describe your job performance?_____
Describe your relationship with your coworkers:_____
Describe your relationship with your supervisor/boss:_____
What are your future employment goals?_____
What is the longest job youy have ever held (when/where)?

Family

Directions: List your biological parents first. If you were raised by anyone other than your biological parents, please add the other parents' names below the space for Father and Mother. After your parents, list all your siblings (living and deceased).

Name:	Relationship:	Age:	Address/Telephone #:	Criminal Record:	Chemical Use Issues:
	Mother			£ Yes £ No	£ Yes £ No
	Father			£ Yes £ No	£ Yes £ No
				£ Yes £ No	£ Yes £ No
				£ Yes £ No	£ Yes £ No
				£ Yes £ No	£ Yes £ No
				£ Yes £ No	£ Yes £ No
				£ Yes £ No	£ Yes £ No
				£ Yes £ No	£ Yes £ No
				£ Yes £ No	£ Yes £ No

Who rasied you?_____
What kind of neighborhood did you grow up in?_____
Was there violence in your home? £ Yes £ No
If yes, explain:_____
Are any of your family members aware of the current offense? £ Yes £ No
If yes, what are their thoughts:_____
Describe your relationship with your parents in the last year:_____
Describe your relationship with any extended family in the last year (aunts, uncles, cousins, etc):_____

Relationship Status

Please indicate your current relationship status: £ Single £Dating £ Married £Separated £Divorced £ Widowed
How do you feel about your relationship status?_____
Directions: List your current/most recent relationship below.

Name:	Length of Relationship:	Age:	Address/Telephone #:	Criminal Record:	Chemical Use Issues:
				£ Yes £ No	£ Yes £ No

Describe your relationship:_____
Have you ever been involved in any prior abusive relationships? £ Yes £ No If yes, explain:_____

Children

Directions: List your biological children.

Name:	Age:	Name of Other Parent:	Who has custody?	Child's Residence (address/phone):	Is child support ordered?
					£ Yes £ No Amount:$_____
					£ Yes £ No Amount:$_____
					£ Yes £ No Amount:$_____
					£ Yes £ No Amount:$_____
					£ Yes £ No Amount:$_____

List any other children who you help raise:_____
Are you behind on child support payments? £ Yes £ No How much? $_____
Describe your relationship with your child/children:_____

Leisure/Recreation

What do you do in your spare time?_____
Do any of the activities you perform involve chemical use? £ Yes £ No If yes, explain:_____
_____
Have you participated in any organized activities in the last year (church, volunteering, clubs, groups, etc): £ Yes £ No
If yes, explain:_____
Do you make good use of your free time? £ Yes £ No
Explain:

Companions

Directions: Name three of your closest friends, their age, how you know them, length of friendship, and if they have criminal records or chemical use concerns (does not include family members or significant others).

Name:	Age:	How you know them:	Length of friendship:	Criminal Record:	Chemical Use Issues:
				£ Yes £ No	£ Yes £ No
				£ Yes £ No	£ Yes £ No
				£ Yes £ No	£ Yes £ No

Do you believe you associate with positive acquaintances (not close friends)? £ Yes £ No
Explain:_____

Gang Activity/Involvement

Do you live in a neighborhood that has gang activity/issues? £ Yes £ No
If yes, explain:_____
Have you ever been in a gang? £ Yes £ No
If yes, name of gang and explanation of involvement (current/prior):_____
_____
Length of involvement in gang-related activity:_____
Do you feel in danger of gang-related violence or retaliation?

Chemical Use History

Directions: List all drugs you have used. Please fill in the "how much" column in terms of either number (i.e. "10 beers,") weight (i.e. "½ gram,") or amount of money spent per occasion (i.e. "$40 per day.")

Drug	Age at first use:	Most recent rate of use (daily, weekly, monthly)	How much?	Date of last use:	Have you ever had an addiction to this drug?
Alcohol					£ Yes £ No
Marijuana					£ Yes £ No
Cocaine					£ Yes £ No
Heroin					£ Yes £ No
Methamphetamine					£ Yes £ No
Synthetics (K2, Shauman, etc.)					£ Yes £ No
Hallucinogens (LSD, Mushrooms, etc.)					£ Yes £ No
Inhalents (Whip-its, huffing, etc.)					£ Yes £ No
Prescription Medication					£ Yes £ No
Other:					£ Yes £ No

In the last year, which chemicals do you believe have been the most problematic for you and why?_____
_____
Were alcohol/drugs involved in the commission of the current offense? £ Yes £ No
If yes, explain:_____
In the past year have you experienced any of the following? (check all that apply):

Frequent use £	Use to unconsciousness £	Difficulty to cut back £
Placed in detox £	Drug use with needle/syringe £	Family or significant other concern £
Morning use £	Sneaking use £	Used to prevent hangover/withdrawal £
Blackouts £	Other medical concerns related to your chemical use:_____	

What is the longest period of time you have gone without using drugs or alcohol?

Chemical Dependency Treatment History

When was the last time you have completed a chemical dependency assessment/Rule 25?_____
If so, where?_____
Do you maintain contact with a sponsor? £ Yes £ No
In the last year, has your chemical use ever affected any of the following (check all that apply): £ Work £ School £ Health £ Relationships £ Criminal Record If yes, explain:_____

Please list any prior **inpatient** chemical dependency treatment programs you have participated in below:

Provider:	Date Entered:	Completed?	Date Discharged:
		£ Yes £ No	
		£ Yes £ No	
		£ Yes £ No	

Please list any **outpatient** chemical dependency treatment programs you have participated in below:

Provider:	Date Entered:	Completed?	Date Discharged:
		£ Yes £ No	
		£ Yes £ No	
		£ Yes £ No	

***Officer note:** Per M.S. 609.115.8, If a person is convicted of a felony, the probation officer shall determine in the report prepared under subdivision 1 whether or not alcohol or drug use was a contributing factor to the commission of the offense.

Gambling

Do you gamble (lottery, bingo, pulltabs, sports betting, casino, poker)? £ Yes £ No
If yes, on average how much do you spend per month on gambling?_____
Have you ever completed a gambling assessment? £ Yes £ No
If yes, when/where, explain the reason for the assessment:

***Officer note:** Is offense for a theft offense under M.S. 609.52, embezzlement of public funds M.S. 609.54, or forgery 609.625/609.63/609.631? If yes, must complete a gambling assessment/prescreen assessment to determine need for programming per M.S. 609.115.9.

Offense Information (if more space is needed use back of page)

Describe your version of the offense:_____

Why did you participate in the current offense/what influenced your involvement?_____

What could you have done to prevent your involvement in the current offense?_____

How has your involvement in the current offense impacted you?_____

How has your involvement in the current offense impacted the victim/community?_____

If you are granted probation, what is your plan?_____
With whom do you plan to reside?

Offense Information (if more space is needed use back of page)

Do they have any of the following (circle all that apply): criminal record/chemical use issues/mental health concerns
At what address will you reside?_____
What are your goals while on supervision (treatment, programs, schooling)?_____
_____
Who will help you be successful on supervision?_____

Physical Health

Do you have any history of the following? Check all that apply:
£ Chronic illness £ Contagious disease £ Surgery £ Recent hospitalization £ Other medical condition
If yes, explain:_____
_____
_____
Do you currently have medical insurance? £ Yes £ No If yes, who is your provider? _____
Are you currently taking any medications to address any physical health concerns? £ Yes £ No If yes, list below:

Name of medication:	Prescribing doctor:	Dosage/frequency:	Used to treat:

Mental Health

Have you ever been diagnosed with a mental health disorder? £ Yes £ No
If yes, explain:_____
Are you currently under the care of any of the following? £ Case manager £ Therapist £ Psychiatrist
If yes, where?_____ With whom?_____
Have you ever attempted or thought about suicide? £ Yes £ No
If yes, explain:_____
Have you ever been the victim of abuse (as an adult or child)? £ Yes £ No
If yes, explain:_____
Are you currently taking any medications to address any mental health concerns? £ Yes £ No If yes, list below:

Name of medication:	Prescribing doctor:	Dosage/frequency:	Used to treat:

Financial

Please describe your current financial situation:_____
_____
What is your approximate household income per month?_____
Do you have any outstanding debt? £ Yes £ No If yes, how much?_____
Do you feel you are having financial problems at this time? £ Yes £ No
If yes, explain: _____
Please list any assets you have and their estimated value (home, vehicles, land, etc): _____
_____