

Community Improvement Associates ASSESSMENT QUESTIONNAIRE

PLEASE COMPLETE THIS QUESTIONNAIRE IN FULL PRIOR TO YOUR APPOINTMENT TIME. This will greatly reduce the time required for your interview. Failure to complete the required paperwork may result in your appointment being rescheduled. Please print and thank you for your time.

PERSONAL DATA

INTERVIEW DATE: _____

Full Name: _____

Nickname/Maiden Name/Former name/Other: _____

Gender: Male Female Age: _____ Date of Birth: _____ Place of Birth: _____

Social Security Number: _____ Driver's License #: _____

Height: _____ Weight: _____ Hair: _____ Eyes: _____ Race: _____ Hispanic: Yes No

Telephone #: Home (_____) _____ Cell (_____) _____

Email: _____

Physical Address:

Mailing Address (if different):

Street

Apt./Lot/Unit #

Street

Apt./Lot/Unit #

City

State

Zip

City

State

Zip

How long have you lived at your current residence? _____

Who else resides at this residence? _____

What do you like and dislike about your current residence? _____

How many times have you changed your place of residence in the past 12 months? _____

Describe in detail ALL scars, marks, and tattoos:

I have no scars, marks, or tattoos

Are any of your tattoos gang related? Yes No If yes, explain: _____

MILITARY SERVICE

I have never enlisted or been a member of the military services.

Branch of Service: _____ Rank at time of Discharge: _____

Induction date: _____ Discharge date: _____ Discharge Type: _____

Indicate any current involvement or services you are receiving through the Veterans Administration: _____

CURRENT OFFENSE(s) Describe your side of the incident(s) which brought you into court. Use the space on the back of the last page if needed. **If you are being sentenced on more than one file/case, describe each incident separately.**

Did the offense(s) involve the use or possession of drugs, alcohol, and/or a weapon? Yes No If yes, explain:

Were children present at the time of the offense(s)? Yes No If yes, explain: _____

Looking back at the offense(s), what is your general feeling about it? _____

Who was affected by the offense(s) and how did it affect them? _____

How can you help to repair the harm caused by your offense(s)? _____

CRIMINAL HISTORY

Age of first police contact (including any juvenile contact): _____ Explain: _____

Are you currently on probation/parole? Yes No If yes, where? _____

Have you ever had a pre-trial/probation/parole violation during prior supervision? Yes No If yes, explain:

Have you ever been convicted of an offense in NH? Yes No If yes, list: _____

List all juvenile and adult arrests OUTSIDE the state of NH.

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

Have you ever been in jail, prison or a juvenile facility? Yes No If yes, list below:

Institution	Date Entered	Reason for Confinement	Date Released

Were you ever "written up" or disciplined while in jail or prison? Yes No If yes, how many times? _____

Why? _____

Ever attempted, or succeeded, in an escape from an institution, placement, jail or prison? Yes No

Have any previous offenses involved the use of weapons? Yes No If yes, explain: _____

Have you ever been involved in a physical altercation as an adult or juvenile? Yes No If yes, with a

family member spouse/partner authority figure stranger Other: _____

Have you ever been involved in any of the following behaviors? (Check all that apply.) Threats Hate Crime
 Organized Crime Prostitution/Deviant Sexual Behavior White Collar Crime Stalking Fire Setting
 Terrorist Activity Harassment/Restraining/No Contact Order I have never been involved in any of these.

EMPLOYMENT

Are you presently employed? Yes No If not, how long have you been unemployed: _____

If not employed, reason: _____

Employer: _____ Telephone #: _____

Title/position: _____ Hire Date: _____ Rate of Pay: _____

Typical number of hours you work per week: Less than 20 20-29 hours 30 or more

What do you like best about your job? _____

What do you like least about your job? _____

What has your employer/supervisor said about your performance? _____

Describe your relationship with co-workers: _____

- Do you eat lunch/take breaks with them? Yes No
- Do you spend time outside of work with them? Yes No
- Are your co-workers a good influence on you? Yes No
- Are they people you should/would like to hang around with? Yes No
- Does your employer/co-workers know you're involved with the Court System? Yes No

If they do, what do they think? _____

Describe your relationship with your supervisor: _____

Do you feel your supervisor does a good job? Yes No Explain: _____

Employment in past 2 years: (If in jail/prison during the last 12 months, include employment prior to incarceration.)

Employer:	Start and Leave Dates: to	Reason for leaving:
Employer:	Start and Leave Dates: to	Reason for leaving:
Employer:	Start and Leave Dates: to	Reason for leaving:

What is the longest period of time you have held a full-time job? _____ Employer: _____

Have you ever been fired or quit a job because you were going to be fired? Yes No If yes, explain: _____

FINANCIAL

Are you currently experiencing any financial problems? Yes No If yes, explain: _____

Do you have any outstanding, past due debts (medical bills, student loans, credit cards)? Yes No If yes, list and provide amounts: _____

Are you behind in court-ordered obligations (fines, restitution, child support, alimony)? Yes No If yes, list and provide amounts: _____

Have you received public assistance or any other forms of compensation or assistance during the last 12 months?

Yes No Check all that apply and note monthly amount received.

MFIP \$ _____ Food Stamps \$ _____ General Assistance \$ _____ Social Security \$ _____

Worker's Compensation \$ _____ Other: _____

What is your current monthly income? _____ What is your household's monthly income? _____

List any cash and property of value and give the estimated value (bank accounts, car, home, motorcycle, etc.):

EDUCATION

Highest grade completed: _____

If you did not graduate from high school, explain: _____

Year of high school graduation: _____ Name of last school attended: _____

Did you obtain a G.E.D.? Yes No If yes, date and place: _____

Do you have a learning disability? Yes No If yes, explain: _____

Were you ever suspended or expelled from school? Yes No If yes, explain: _____

Have you attended a technical, community, or other college? Yes No If yes, provide name and location of school and dates attended: _____

What is/was your area of study: _____

If you attended but did not graduate from college, explain: _____

FAMILY HISTORY

Father:	Age:	City/ State	Phone:
Describe your relationship:			
Mother:	Age:	City/ State	Phone:
Describe your relationship:			
Step/Foster-Father:	Age:	City/ State	Phone:
Describe your relationship:			
Step/Foster-Mother:	Age:	City/ State	Phone:
Describe your relationship:			

Parents' marital status: Married Divorced Separated Not married

Describe your childhood: _____

Were you ever placed in foster care or removed from the family home? Yes No If yes, explain: _____

Provide the names and information of any other individual(s) you believe played an important role in your childhood and has been a role model for you. _____

How were you disciplined at home? _____

Have you ever witnessed/experienced family neglect or emotional physical or sexual abuse? If yes, explain: _____

List brothers and sisters, including half, step, and adopted siblings. Continue on back of packet if more space is needed.

Name:	Age:	Name:	Age:
City/State		City/State	
Name:	Age:	Name:	Age:
City/State		City/State	
Name:	Age:	Name:	Age:
City/State		City/State	
Name:	Age:	Name:	Age:
City/State		City/State	

Describe your relationship with your siblings: _____

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

Does your family have a history of: Chemical Dependency Depression Anxiety
 Other mental health concerns Physical or Emotional Abuse Gang Affiliation None of the above

If yes, explain: _____

RELATIONSHIP STATUS

Single Married Widowed Separated Divorced Living together

Current spouse/significant other: _____ If married, list date: _____

Describe your relationship with your current partner: _____

Has your partner ever been convicted of a crime? Yes No If yes, explain: _____

Have you ever separated/divorced? Yes No Previous spouse's name: _____

If not in a relationship, how do you feel about being single? _____

CHILDREN

List children, including step-children. Continue on back of this packet if more space is needed.

Name:	Age:	Name:	Age:
City/State	Other parent's name:	City/State	Other parent's name:
Name:	Age:	Name:	Age:
City/State	Other parent's name:	City/State	Other parent's name:
Name:	Age:	Name:	Age:
City/State	Other parent's name:	City/State	Other parent's name:
Name:	Age:	Name:	Age:
City/State	Other parent's name:	City/State	Other parent's name:

Describe your relationship with your children: _____

Has child protection ever been involved with any of your children? Yes No If yes, explain: _____

COMPANIONS/LEISURE/RECREATION

What organized activities or clubs do you participate in? _____

What do you do in your spare time? _____

How many of your close friends are crime free? Circle one: None 1-2 3-5 6+

How many of your close friends have ever been arrested? Circle one: None 1-2 3-5 6+

How do your friends feel about your offense(s)? _____

Do any of your friends or acquaintances engage in criminal activity or use illegal drugs? Yes No

Are any of your friends or acquaintances presently on probation or incarcerated? Yes No

Have you ever been or thought to have been a member of a gang? Yes No If yes, explain: _____

GAMBLING

Have you ever participated in gambling activities (sports-betting, lottery, pull-tab, bingo, poker, slot machines, casinos)?

Yes No If yes, how often? _____ How much do you typically spend in a month? _____

Have you ever felt the need to bet more and more money? Yes No

Have you ever had to lie to people important to you about how much you gamble? Yes No If yes, explain: _____

CHEMICAL HEALTH

Have you ever had an alcohol problem? Yes No

Have you ever had a drug problem? Yes No

Alcohol	Age first used:	Date last used:	Frequency of use:
	Method of use:		
Marijuana / Hashish / synthetics (K2, Spice)	Age first used:	Date last used:	Frequency of use:
	Method of use:		
Hallucinogens LSD, PCP, psychedelics, mushrooms	Age first used:	Date last used:	Frequency of use:
	Method of use:		
Inhalants (huffing)	Age first used:	Date last used:	Frequency of use:
	Method of use:		
Cocaine / Crack (freebase)	Age first used:	Date last used:	Frequency of use:
	Method of use:		
Heroin	Age first used:	Date last used:	Frequency of use:
	Method of use:		
Street Methadone (non-prescription)	Age first used:	Date last used:	Frequency of use:
	Method of use:		
Other opiates opium, morphine, Demerol	Age first used:	Date last used:	Frequency of use:
	Method of use:		
Prescription Vicodin, Oxycontin, Oxycodone	Age first used:	Date last used:	Frequency of use:
	Method of use:		
Methamphetamine	Age first used:	Date last used:	Frequency of use:
	Method of use:		
Amphetamine / Ecstasy (other uppers)	Age first used:	Date last used:	Frequency of use:
	Method of use:		
Tranquilizers (downers) Barbiturates, Sedatives	Age first used:	Date last used:	Frequency of use:
	Method of use:		

What is your longest period of sobriety? _____ When? _____

Have you ever been in detox? Yes No If so, how many times? _____ Date of last admission: _____

Please list all involvement in chemical dependency treatment:

Date	Program or Agency Name	Inpatient or Outpatient	City/State	Did you complete it?	How long did you remain sober?

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

- Law/Probation Violations If yes, explain: _____
- Marital/Family If yes, explain: _____
- School/Work If yes, explain: _____
- Medical/Health If yes, explain: _____

In the past year have you:

- Had frequent use of drugs or alcohol? Yes No
- Drank to unconsciousness? Yes No
- Had difficulty cutting back your use? Yes No
- Experienced a blackout? Yes No
- Used drugs or alcohol to prevent a hangover/withdrawal? Yes No
- Used drugs or alcohol first thing in the morning? Yes No
- Sneaked drinks or fixes? Yes No
- Injected/used intravenously? Yes No

PHYSICAL HEALTH

Describe your current physical health: _____

Are you now under a doctor's care? Yes No If yes, provide doctor's name and reason for care:

List any physical disabilities, serious illnesses, surgeries, or accidents you have suffered in the past: _____

MENTAL HEALTH

Have you have ever been diagnosed with any of the following by a physician or psychiatrist? (Check all that apply.)

- Depressive Disorder
- Schizophrenia
- Bipolar Disorder
- PTSD
- Borderline Personality
- Antisocial Personality
- Anxiety Disorder
- ADHD
- Fetal Alcohol Disorder
- Other(s): _____
- I have never been diagnosed with a mental health issue.

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

List any current mental health concerns that have not been diagnosed (Some examples could be hopelessness, trouble sleeping, anxiousness/nervousness, distress, panic, etc.): _____

Can you hear or see things that others cannot hear or see? Yes No

Have you ever been assigned a social worker/ARMHs/case manager (adult or juvenile)? Yes No If yes, when?

Have you ever participated in any of the following programs? (Check all that apply.)

- Domestic Abuse Program
- DBT / COG / MRT
- Family or Group Counseling
- Anger Management Program
- Individual Counseling
- Other _____
- I have never participated in any of these. If you have, provide the agency and year you last participated: _____

List any treatment/hospitalizations for mental health:

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

Have you ever thought about or attempted suicide? Yes No If yes, explain: _____

List **ALL** medications you are **currently prescribed** and the prescribing doctor's and clinic's name.

List any **prior** prescription medications (not listed above) for mental health concerns.

Have you ever suffered from or been diagnosed with severe head trauma, brain injury, or TBI? Yes No If yes, explain: _____

Have you suffered a head injury due to any of the following? (Check all that apply.)

- a car crash a fall playing sports domestic assault other assault
 child abuse a fight childhood discipline other _____
 I have never suffered a head injury.

Have you lost consciousness due any of the following? (Check all that apply.) I have never lost consciousness.

- a stroke near drowning heart attack victim of strangulation
 concussion a blow to the head other _____

If anything in the last two questions applies to you, after it happened did you notice any changes? Yes No

If yes, check all that apply:

- | | | |
|--|--|--|
| <input type="checkbox"/> nausea | <input type="checkbox"/> ringing in the ear(s) | <input type="checkbox"/> change in taste / smell |
| <input type="checkbox"/> headache | <input type="checkbox"/> feeling unmotivated | <input type="checkbox"/> blurred vision / tired eyes |
| <input type="checkbox"/> feeling tired | <input type="checkbox"/> slowness in thinking | <input type="checkbox"/> mood / personality change |
| <input type="checkbox"/> short temper | <input type="checkbox"/> trouble concentrating | <input type="checkbox"/> doing things without thinking |
| <input type="checkbox"/> loss of balance | <input type="checkbox"/> getting lost or confused | <input type="checkbox"/> hard to finish words, sentences, task |
| <input type="checkbox"/> memory problem | <input type="checkbox"/> difficulty making decisions | <input type="checkbox"/> more sensitive to noise, crowds, lights |
| <input type="checkbox"/> other _____ | | |

ADDITIONAL INFORMATION

Have you ever been a victim of any of the following? Neglect Threats Stalking Hate Crime

- Sexual Assault Emotional/Verbal Abuse Physical Assault Harassment/Restraining Order
 Terrorist Activity Prostitution/Deviant Sexual Behavior I have never been a victim of any of these behaviors.

If yes to any of the above, explain: _____

PERSONAL REFLECTION

What do you think about your plea agreement? _____

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? _____

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

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

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

What do you think about being placed on probation? _____

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

What are your goals? _____

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

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

List anything else about yourself that has not been covered in this packet that you would like the Court to know.
Use the space on the next page if needed.

COLLATERAL CONTACT

The agent may be required to contact others who know you well. These are known as collateral contacts. Please provide the names and information for two adults the agent can contact.

Name: _____

Name: _____

Relationship: _____

Relationship: _____

Daytime Phone Number: _____

Daytime Phone Number: _____

Best time to reach them: _____

Best time to reach them: _____

Your Signature _____

Date _____
