

### PROBATIONER INFORMATION WORKSHEET (PIW)

It is your responsibility to thoroughly complete this attached form, and bring the form with you to your scheduled probation appointment.

True Name: \_\_\_\_\_ Social Security No.: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Alias: \_\_\_\_\_

Address: \_\_\_\_\_  
(Street Number) (Apt #) (City) (State) (Zip) (County)

Home Phone: \_\_\_\_\_ Message phone: \_\_\_\_\_ Cell Phone: \_\_\_\_\_

Residing with: \_\_\_\_\_ Marital Status: \_\_\_\_\_ Number of Dependents: \_\_\_\_\_

Length of time at this address: \_\_\_\_\_ Number of times moved in past year: \_\_\_\_\_

List any weapons in the house: \_\_\_\_\_ List any animals/pets in the house: \_\_\_\_\_

Emergency Contact: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Please list every city and state in which you have lived for the last five (5) years:

- |          |          |
|----------|----------|
| 1. _____ | 4. _____ |
| 2. _____ | 5. _____ |
| 3. _____ | 6. _____ |

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Birthplace: \_\_\_\_\_ Age of First of Arrest/Citation: \_\_\_\_\_

U.S. Citizen: Yes/No Resident Alien: Yes/No If Yes, RA#: \_\_\_\_\_

Race: \_\_\_\_\_ Ethnicity: \_\_\_\_\_ Interpreter needed: Y/N

Sex: \_\_\_\_\_ Height: \_\_\_\_\_ Weight: \_\_\_\_\_ Hair color: \_\_\_\_\_ Eye color: \_\_\_\_\_

Scars/tattoos/piercings/identifying marks: \_\_\_\_\_

E-Mail address: \_\_\_\_\_

#### Education

Highest education level completed: \_\_\_\_\_ Last Date of Attendance: \_\_\_\_\_

Graduation Date: \_\_\_\_\_ GED Completion Date: \_\_\_\_\_

#### Employment

Employed full or part-time: \_\_\_\_\_ Current employment: \_\_\_\_\_ Duty/Job Title: \_\_\_\_\_

Supervisor Name/Contact Information: \_\_\_\_\_

Employer's address: \_\_\_\_\_ Phone: \_\_\_\_\_

Hourly/Monthly Earnings: \_\_\_\_\_ Hours Worked Per Week: \_\_\_\_\_ Start Date: \_\_\_\_\_

If unemployed – are you seeking employment? Yes/No \_\_\_\_\_

#### Transportation

License Status: \_\_\_\_\_ Driver's License/Identification Card #: \_\_\_\_\_ Issued State: \_\_\_\_\_

License Expiration Date: \_\_\_\_\_ If license not currently active, eligibility date: \_\_\_\_\_

License type: \_\_\_\_\_ License Plate #: \_\_\_\_\_

Make: \_\_\_\_\_ Model: \_\_\_\_\_ Vehicle Color: \_\_\_\_\_ Year: \_\_\_\_\_

Vehicle Insurance: Yes/No Insurance Company: \_\_\_\_\_ Expiration: \_\_\_\_\_

If None, what is your mode of transportation (public transportation, carpool, walk, bicycle): \_\_\_\_\_

#### Insurance

Health or Medicaid Insurance: Yes/No

Policy Holder's Name: \_\_\_\_\_ Company Name: \_\_\_\_\_

#### Military

Branch of service: \_\_\_\_\_ Combat Zone service: Yes/No

Dates of service: \_\_\_\_\_ to \_\_\_\_\_ Discharge type: \_\_\_\_\_

**DEFENDANT'S STATEMENT:**

Write a complete description of the events that led to your arrest(s). Include any additional items that you feel are important and that you would like the Judge to know, such as your current physical and/or mental health, any drug/alcohol usage, special attributes, and/or special circumstances that may have led to your involvement in the crime. (This statement may be submitted as a typed document. Use additional paper if necessary. Write on one side only, please.)

I CERTIFY THAT ALL OF THE INFORMATION I HAVE PROVIDED THE PROBATION OFFICE IS TRUE AND CORRECT.

Signed: \_\_\_\_\_ Date: \_\_\_\_\_

**\*PRIOR RECORD:** (If more space is needed, list on a separate sheet.)

<u>Date</u>	<u>Place</u>	<u>Offense</u>	<u>Disposition</u>
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\*Do you have any charges pending (other than the present offense) at this time? \_\_\_\_\_

If yes, please explain: \_\_\_\_\_

Are you a registered sex offender? \_\_\_\_\_ If yes, please provide length and state of registry and date of last registration: \_\_\_\_\_

Are you presently on probation or parole in any other jurisdiction? \_\_\_\_\_

Where? \_\_\_\_\_

If yes, list your probation or parole officer's name and their phone number: \_\_\_\_\_

\*Have you ever had a probation term revoked? \_\_\_\_\_ How many times? \_\_\_\_\_

Why? \_\_\_\_\_

\*Have you ever been incarcerated with the NE Department of Corrections? \_\_\_\_\_ ID# \_\_\_\_\_

Any incarcerations in other states? \_\_\_\_\_ Where? \_\_\_\_\_ ID# \_\_\_\_\_

\*While incarcerated, did you ever escape, attempt to escape, or walk away? \_\_\_\_\_

Describe: \_\_\_\_\_

\*While incarcerated did you ever receive an institutional misconduct report? \_\_\_\_\_

How many? \_\_\_\_\_ Describe: \_\_\_\_\_

List any behavior problems during incarceration: \_\_\_\_\_

Have you ever been in a: Foster Home \_\_\_\_\_ Group Home \_\_\_\_\_ Half-way House \_\_\_\_\_

When and where? \_\_\_\_\_

(Officer Comments) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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**EDUCATIONAL BACKGROUND:**

Last School Attended: \_\_\_\_\_ City/State: \_\_\_\_\_

\*Last Grade Completed: \_\_\_\_\_ Beginning date: \_\_\_\_\_

Date Graduated: \_\_\_\_\_ \*Date Quit: \_\_\_\_\_

Reason for Quitting: \_\_\_\_\_

\*List any suspensions or expulsions:

College/Trade School: \_\_\_\_\_ Level: \_\_\_\_\_ Dates: \_\_\_\_\_

Future Educational Plans:

(Officer Comments) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**EMPLOYMENT ANALYSIS: (Past 5 Years)** (If more space is needed, list on a separate sheet.)

<u>*Employer/Address</u>	<u>Type of Work</u> <u>Pay Rate</u>	<u>Employment from/to dates</u> <u>Reason Left</u>
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\*What is the longest period of time you have held a job? \_\_\_\_\_

What is your longest period of unemployment? \_\_\_\_\_ Why? \_\_\_\_\_

\*Are you currently unemployed? Y/N Are you receiving disability payments? Y/N Amount: \_\_\_\_\_

Have you ever been fired/terminated? Yes/No Why? \_\_\_\_\_

\*Briefly describe your relationship with your supervisor and your coworkers: \_\_\_\_\_

\_\_\_\_\_  
(Officer Comments) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FAMILY HISTORY:**

**FATHER** \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Chemical Use \_\_\_\_\_ \*Arrests/Incarceration \_\_\_\_\_  
\*Describe your relationship with your Father \_\_\_\_\_

**MOTHER** \_\_\_\_\_ Age \_\_\_\_\_ Occupation \_\_\_\_\_  
Address \_\_\_\_\_  
Chemical Use \_\_\_\_\_ \*Arrests/Incarceration \_\_\_\_\_  
\*Described your relationship with your Mother \_\_\_\_\_

Parents' Marital Status \_\_\_\_\_ Previous Marriages \_\_\_\_\_  
If divorced, how old were you when it happened? \_\_\_\_\_ Who did you live with? \_\_\_\_\_  
\_\_\_\_\_  
If your parent(s) have remarried, how old were you? \_\_\_\_\_  
\_\_\_\_\_

**SIBLINGS:** (If more space is needed, list on a separate sheet.)

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Occupation</u>
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\*Describe any positive and/or negative relationships with relatives: \_\_\_\_\_  
\_\_\_\_\_

\*List any relatives (other than parents) who have criminal records: \_\_\_\_\_  
\_\_\_\_\_

**MARITAL HISTORY: (Current Status)**

Spouse/Partner: \_\_\_\_\_ Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address: \_\_\_\_\_

Married (date &amp; place): \_\_\_\_\_

Divorced /Separated (date &amp; place): \_\_\_\_\_

Spouse /Partner Chemical Use: \_\_\_\_\_

Spouse /Partner Arrests/Incarcerations: \_\_\_\_\_

Partner has Valid Operator's License? Yes/No If Yes, DL number: \_\_\_\_\_

\*Describe your current relationship: \_\_\_\_\_

Have there ever been any instances of domestic violence with your present partner? \_\_\_\_\_

Have there ever been any instances of domestic violence with past partners? \_\_\_\_\_

Please explain: \_\_\_\_\_

**FAMILY HISTORY: continued****Children/Dependents:**

<u>Name</u>	<u>Age</u>	<u>Address</u>	<u>Occupation</u>
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Child Support Ordered? \_\_\_\_\_

Amount: \_\_\_\_\_

Current? \_\_\_\_\_

Where ordered? \_\_\_\_\_

**PRIOR MARITAL HISTORY:****Prior Marriages:**

<u>Name</u>	<u>Date Married</u>	<u>Date Divorced/Deceased</u>
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_____		
_____		
_____		
_____		
_____		

(Officer Comments) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**LEISURE/RECREATION:**

\*List any organizations or clubs in which you currently participate \_\_\_\_\_

List any hobbies or special interests \_\_\_\_\_

\*What do you do for fun in your spare time? \_\_\_\_\_

(Officer Comments) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**COMPANIONS:**

Name your three (3) closest friends, their age, and how you know them:

1) \_\_\_\_\_

Criminal History: \_\_\_\_\_ Yes \_\_\_\_\_ No

2) \_\_\_\_\_

Criminal History: \_\_\_\_\_ Yes \_\_\_\_\_ No

3) \_\_\_\_\_

Criminal History: \_\_\_\_\_ Yes \_\_\_\_\_ No

\*Describe the activities of your closest friends \_\_\_\_\_

Have you ever been a gang member or associated with gang members? \_\_\_\_\_ What gang? \_\_\_\_\_

(Officer Comments) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**CHEMICAL USE:****Alcohol:**

Age you first drank alcohol?

How often do you drink?

How much do you drink on each occasion?

\*Last use of alcohol?

\*Do you feel you have ever had a problem with your alcohol use?

**Marijuana / Chemical Substances:**

When did you first use/experiment with marijuana?

How often, when, where?

Describe your experience:

\*Last use of marijuana?

\*Do you feel you have ever had a problem with your marijuana use?

\*How old were you when you first used/experimented with other drugs?

How often, when, where?

Describe your experience:

\*Last use of other drugs?

\*Do you feel you have ever had a problem with your drug use?

Have you ever completed a drug/alcohol evaluation?

If so, when and where?

Have you ever completed outpatient/inpatient treatment or education classes?

If so when and where?

Have you ever attended AA/NA?

When/How Often?

(Officer Comments) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**FEELINGS TOWARD SUPERVISION:**

\*Briefly describe how a term of probation would affect your life. \_\_\_\_\_  
\_\_\_\_\_

\*If you have been on probation before, how did it affect your life? \_\_\_\_\_

(Officer Comments) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**OTHER CLIENT INFORMATION:**

**HEALTH INFORMATION:**

Physical Status / Hospitalization

Please describe the general condition of your physical health? \_\_\_\_\_

Have you ever been hospitalized? \_\_\_\_\_ Why? \_\_\_\_\_ Where? \_\_\_\_\_

List any prescribed medications and reason they were prescribed \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Mental / Emotional Status / Hospitalization

Please describe the general condition of your mental health? \_\_\_\_\_

Have you ever been hospitalized? \_\_\_\_\_ Why? \_\_\_\_\_ Where? \_\_\_\_\_

Have you ever received any mental health diagnosis? \_\_\_\_\_ If so, what? \_\_\_\_\_

Were medications prescribed as a result of the diagnosis: \_\_\_\_\_ If so, what? \_\_\_\_\_

Doctor \_\_\_\_\_ Agency \_\_\_\_\_ Dates \_\_\_\_\_

Have you ever been the victim of physical or sexual abuse? \_\_\_\_\_ When? \_\_\_\_\_

Have you ever been the victim of a violent crime (shot, stabbed, etc.)? \_\_\_\_\_

Have you ever attempted to take your own life (suicide attempt)? \_\_\_\_\_

(Officer Comments) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**HEALTH INFORMATION:** continued

Mental / Emotional Status / Hospitalization

\*Please indicate if you have participated in any of the following treatments:

	<u>Date</u>	<u>Agency</u>	<u>Location</u>
Domestic Violence Treatment:	_____	_____	_____

Anger Management:	_____	_____	_____
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Parenting Classes:	_____	_____	_____
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Cognitive Therapy:	_____	_____	_____
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Mediation/Victim Empathy:	_____	_____	_____
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### Mental Health Screening Form III

Instructions: In this program, we help people with all their problems, not just their addictions. This commitment includes helping people with emotional problems. Our staff is ready to help you to deal with any emotional problems you may have, but we can do this only if we are aware of the problems. Any information you provide to us on this form will be kept in strict confidence. It will not be released to any outside person or agency without your permission. If you do not know how to answer these questions, ask the staff member giving you this form for guidance. Please note, each item refers to your entire life history, not just your current situation, this is why each question begins –“Have you ever ....”

1) Have you ever talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?

YES

NO

2) Have you ever felt you needed help with your emotional problems, or have you had people tell you that you should get help for your emotional problems?

YES

NO

3) Have you ever been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem?

YES

NO

4) Have you ever been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?

YES

NO

5) Have you ever heard voices no one else could hear or seen objects or things which others could not see?

YES

NO

6) a) Have you ever been depressed for weeks at a time, lost interest or pleasure in most activities, had trouble concentrating and making decisions, or thought about killing yourself?

YES

NO

b) Did you ever attempt to kill yourself?

YES

NO

7) Have you ever had nightmares or flashbacks as a result of being involved in some traumatic/terrible event? For example, warfare, gang fights, fire, domestic violence, rape, incest, car accident, being shot or stabbed?

YES

NO

8) Have you ever experienced any strong fears? For example, of heights, insects, animals, dirt, attending social events, being in a crowd, being alone, being in places where it may be hard to escape or get help?

YES

NO

9) Have you ever given in to an aggressive urge or impulse, on more than one occasion, that resulted in serious harm to others or led to the destruction of property?

YES

NO

- 10) Have you ever felt that people had something against you, without them necessarily saying so, or that someone or some group may be trying to influence your thoughts or behavior? YES NO
- 
- 11) Have you ever experienced any emotional problems associated with your sexual interests, your sexual activities, or your choice of sexual partner? YES NO
- 12) Was there ever a period in your life when you spent a lot of time thinking and worrying about gaining weight, becoming fat, or controlling your eating? For example, by repeatedly dieting or fasting, engaging in much exercise to compensate for binge eating, taking enemas, or forcing yourself to throw up? YES NO
- 13) Have you ever had a period of time when you were so full of energy and your ideas came very rapidly, when you talked nearly non-stop, when you moved quickly from one activity to another, when you needed little sleep, and believed you could do almost anything? YES NO
- 14) Have you ever had spells or attacks when you suddenly felt anxious, frightened, uneasy to the extent that you began sweating, your heart began to beat rapidly, you were shaking or trembling, your stomach was upset, you felt dizzy or unsteady, as if you would faint? YES NO
- 15) Have you ever had a persistent, lasting thought or impulse to do something over and over that caused you considerable distress and interfered with normal routines, work, or your social relations? Examples would include repeatedly counting things, checking and rechecking on things you had done, washing and rewashing your hands, praying, or maintaining a very rigid schedule of daily activities from which you could not deviate. YES NO
- 16) 1. Have you ever lost considerable sums of money through gambling or had problems at work, in school, with your family and friends as a result of your gambling? YES NO
- 17) Have you ever been told by teachers, guidance counselors, or others that you have a special learning problem? YES NO

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Print Client's Name: \_\_\_\_\_ Program to which client will be assigned: \_\_\_\_\_

Name of Admissions Counselor: \_\_\_\_\_ Date: \_\_\_\_\_

Reviewer's Comments: \_\_\_\_\_

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