

**ADULT INFORMATION WORKSHEET (AIW)**

True Name: Alias: Preferred Name:

Present Address: Prior Addresses:

Residing With: People on Supervision in Home:

For How Long: Weapons in Home:

Home Phone: Cell Phone:

E-mail: Message Phone:

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Age: DOB: Biological Gender: Preferred Gender:

Race: Ht: Wt: Eye Color: Hair Color:

Birthplace: U.S. Citizen: Y/N Immigration Status:

Resident # if applicable: Tribal Affiliation: Ethnicity:

Language: Interpreter Needed: Y/N Age of 1<sup>st</sup> Arrest:

Scars/Tattoos: Social Security Number:

Prior/Current Military Service: Y/N

Branch of Service: Dates of Service: From To

Military Discharge Status/Type:

- Not Discharged
- Honorable Discharge
- General Discharge Under Honorable Conditions
- Other Than Honorable Discharge
- Bad Conduct Discharge
- Dishonorable Discharge
- Dishonorable Entry Level Discharge

Were you ever deployed to a combat zone or hazardous duty station? Y/N

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Education Level: High School Graduate: Y/N GED: Y/N

Last Date of Attendance: Graduation/GED Completion Date:

Last School Attended:

City/State:

List any suspensions/expulsions:

Future Education Plans:

Employer:

Duration at Employment:

Supervisor:

Address:

Phone #:

Salary/Wage:

Days/Hours Worked:

Responsibilities

What is the longest period of time you have held a job?

What is your longest period of unemployment? Why?

Are you receiving disability payments? Y/N Amount:

Have you ever been fired/terminated? Y/N Why?

Briefly describe your relationship with your supervisor and your coworkers:

Are you disabled? Y/N

If receiving compensation, amount?

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

Date

Place

Offense

Disposition

Do you have any other charges pending at this time? Y/N If yes, please explain

Are you a registered sex offender? Y/N

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? Y/N

If yes, Where?

Probation/Parole officer's name and phone number:

Have you ever had a probation term revoked? Y/N How many times? Why?

Have you ever been incarcerated with the NE Department of Corrections? Y/N ID#

Any incarcerations in other states? Y/N Where? ID#

While incarcerated, did you ever escape, attempt to escape, or walk away? Y/N Describe:

While incarcerated did you ever receive an institutional misconduct report? Y/N

Number:

Describe:

Have you ever been in a: Foster Home? Y/N

Group Home? Y/N

Halfway House/Transitional Living? Y/N If yes, when and where?

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Spouse/Significant other:

Age: Occupation:

Address:

Married (date & place):

Divorced /Separated (date & place):

Spouse/Significant other Substance Use:





Have you ever been a gang member or associated with gang members? Y/N

If yes, what gang?

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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?

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Do you currently have Health Insurance/Medicaid? Y/N If Yes, Company:

Date of last substance use (include both alcohol/drugs):

Substances Used:

Age you first started using drugs/alcohol:                      What substance?

Do you have any physical health concerns? Y/N

If, yes describe:

Do you have any mental health concerns/diagnosis? Y/N

If yes, describe:

Have you ever been hospitalized? Y/N

If yes, describe:

Are you prescribed any medication? Y/N

If yes, list:

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Briefly describe how a term of probation would affect your life:

Is there any other information you believe would be valuable for your probation officer to know:

DEFENDANT'S STATEMENT:

DECLARACION DEL ACUSADO:

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:

### 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 ....”

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|---|-----|----|
| 1) Have you <u>ever</u> talked to a psychiatrist, psychologist, therapist, social worker, or counselor about an emotional problem?  | YES | NO |
| 2) Have you <u>ever</u> 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 <u>ever</u> been advised to take medication for anxiety, depression, hearing voices, or for any other emotional problem?  | YES | NO |
| 4) Have you <u>ever</u> been seen in a psychiatric emergency room or been hospitalized for psychiatric reasons?   | YES | NO |
| 5) Have you <u>ever</u> heard voices no one else could hear or seen objects or things which others could not see?   | YES | NO |
| 6) a) Have you <u>ever</u> 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 <u>ever</u> attempt to kill yourself?  | YES | NO |
| 7) Have you <u>ever</u> 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 <u>ever</u> 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 <u>ever</u> 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

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

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

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

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