

**MOHAVE COUNTY ADULT PROBATION DEPARTMENT
PRE-SENTENCE INVESTIGATION QUESTIONNAIRE**

RETURN THIS QUESTIONNAIRE TO OFFICER: _____

NO LATER THAN (DATE): _____

PURPOSE OF THE PRE-SENTENCE INVESTIGATION REPORT (PSI):

To provide the Judge with sufficient information about a crime and your involvement in it so he can decide your appropriate sentencing. It will contain a summary of your offense; any statement(s) you make about it; your social history; and statement(s) provided by any victims, law enforcement officers, or anyone else involved with you or your case. It will also include your prior criminal and traffic records as well as any outstanding warrants found. You are NOT "on probation" just because you are completing this questionnaire. You are participating in the *pre-sentence* investigation process, which occurs in nearly all felony cases regardless of the possible sentence.

Your PSI will be prepared by a Deputy Probation Officer; a professional who has the education, training, and experience to understand and evaluate human behavior and criminal justice issues. The PSI writer is *NOT* an attorney: he/she represents the Court – *NOT* you or your attorney, nor the prosecuting attorney or the police. If your plea or conviction allows for at least the possibility of probation, the PSI writer will give the Judge an evaluation of your ability to successfully complete such a term. You may not agree with the PSI writer's opinions; however, he/she will make every effort to prepare as accurate, complete, and objective a report as possible in your case. Your attorney will review yours with you to determine whether any corrections or additions need to be given to the Judge in court.

Instructions for returning this questionnaire:

- 1) **IF YOU ARE NOW IN JAIL:** Complete the attached questionnaire and give it to a Detention Officer to be forwarded to the Probation Department. Your PSI officer may contact you through the jail telephone afterward to interview you. If you are released from jail before completing this questionnaire, see the paragraph below.
- 2) **IF YOU ARE NOT IN JAIL:** Complete the attached questionnaire and return it IN-PERSON to the probation office nearest to where you live (see locations at the bottom of this page). If you live outside of Mohave County, you may return this questionnaire by E-MAIL to the assigned officer or by FAX to the Kingman probation office.
- 3) **BY MAIL:** Send the questionnaire to ***Mohave County Probation, P.O. Box 7000, Kingman, AZ 86402-7000.*** You will be responsible for the cost of mailing. Be sure to consider the time needed for the postal service to deliver it. Use the above address; do not send any mail to the three office addresses at the bottom of this page.

Your PSI officer may contact you to review or clarify information you provide once he/she receives your questionnaire. If your attorney tells you not to answer any part of the questionnaire, let the PSI writer know that is *why* you did not fill out that portion. The final ruling has yet to occur in your case; **failure by you to cooperate with the probation department in this investigation may weigh against you when the Judge decides your sentence.**

Statements or documents on your behalf may be given to your attorney who can then provide them to the Judge.

<u>Kingman (main office)</u>	<u>Bullhead City</u>	<u>Lake Havasu City</u>
Mohave County Probation Dept. 809 E. Beale Street Kingman, AZ 86402-7000	Mohave County Probation Dept. 967 Hancock Road, Suite 25 Bullhead City, AZ 86442	Mohave County Probation Dept. 2001 College Drive, Suite 129 Lake Havasu City, AZ 86404
Phone: 928-753-0741 Fax: 928-718-5508	Phone: 928-758-0738 Fax: 928-763-8744	Phone: 928-453-0707 Fax: 928-855-1969

** DO NOT MAIL YOUR QUESTIONNAIRE TO THESE OFFICES – SEE ABOVE "RETURNING BY MAIL" **

STAY IN CONTACT WITH YOUR ATTORNEY for any changes to your sentencing date.

I. PERSONAL INFORMATION

YOUR NAME (Last, First, Middle – include prior legal names, married names, birth/adopted name):

DATE OF BIRTH: _____ SEX: M F

PLACE OF BIRTH (city and state, or country):

AGE: _____

SOCIAL SECURITY #: _____

CITIZENSHIP: _____

RACE: WHITE ASIAN/PACIFIC HISPANIC OTHER: _____
 BLACK NATIVE AMERICAN - TRIBAL MEMBERSHIP: _____

EYE COLOR: _____ HAIR COLOR: _____

HEIGHT: _____ WEIGHT: _____

RELIGION: _____

DRIVER'S LICENSE #: _____ STATE: _____

SCARS, MARKS, OR TATTOOS (describe all):

YOUR ADDRESS: _____
Number/street Apartment/Unit/Space #

City State Zip Code

MAILING ADDRESS (IF DIFFERENT):
Number/street Apartment/Unit/Space #

City State Zip Code

HOME PHONE: _____ **CELL PHONE:** _____

EMAIL ADDRESS: _____

**** USE "SECTION XVII" ON PAGE 18 IF YOU NEED MORE SPACE TO WRITE YOUR RESPONSES – BE SURE TO INDICATE WHICH QUESTIONS YOU ARE ANSWERING / CONTINUING.**

IV. RESIDENCE / NEIGHBORHOOD

HOW LONG HAVE YOU LIVED AT YOUR CURRENT ADDRESS? _____

HOW LONG HAVE YOU LIVED IN ARIZONA? _____ NOT AT ALL

HOW MANY TIMES HAVE YOU MOVED OVER THE PAST 6 MONTHS? ONCE OR LESS TWO OR MORE

WHAT CITIES/STATES HAVE YOU LIVED IN OVER THE PAST 10 YEARS? _____

LIST ALL PERSONS – INCLUDING CHILDREN – WITH WHOM YOU PRESENTLY SHARE A RESIDENCE:

FULL NAME *SEX* *AGE* *RELATIONSHIP TO YOU*

**** USE "SECTION XVII" ON PAGE 18 TO LIST ADDITIONAL PERSONS, IF NECESSARY.**

DO YOU PLAN TO MOVE IN THE NEXT 90 DAYS? YES NO

IF "YES", EXPLAIN: _____

DO YOU – OR ANYONE WITH WHOM YOU PLAN TO LIVE – POSSESS OR HAVE ACCESS TO ANY FIREARMS, DEADLY WEAPONS, MARTIAL ARTS WEAPONS, EXPLOSIVES, OR TOXIC SUBSTANCES? YES NO

IF "YES", EXPLAIN: _____

ARE THERE ANY DANGEROUS OR EXOTIC ANIMALS / PETS AT YOUR RESIDENCE? YES NO

IF "YES", EXPLAIN: _____

V. EMPLOYMENT / VOCATIONAL

ARE YOU EMPLOYED NOW? YES NO IF "YES", LIST YOUR CURRENT EMPLOYER – INCLUDE THE ADDRESS, PHONE NUMBER, AND YOUR SUPERVISOR'S NAME:

YOUR JOB TITLE: _____ DATE JOB BEGAN: _____

HOURS PER WEEK: _____ FULL-TIME PART-TIME TEMPORARY

OVER THE PAST 3 YEARS, HOW MANY TIMES HAVE YOU BEEN UNEMPLOYED FOR A PERIOD OF 30 DAYS OR MORE? TWO TIMES OR LESS THREE OR MORE TIMES

OVER THE PAST 3 YEARS, HAVE YOU BEEN FIRED OR ASKED TO RESIGN FROM A JOB? YES NO

IF SELF-EMPLOYED, PROVIDE YOUR BUSINESS LICENSE #, REGISTER OF CONTRACTORS #, OR TAX ID #:

DO YOU PRESENTLY HAVE A SECOND JOB? IF SO, WHERE: _____

HOW DO YOU PLAN TO SUPPORT YOURSELF OVER THE NEXT YEAR? _____

DOES ANYONE ELSE HELP SUPPORT YOU FINANCIALLY? YES NO

IF "YES", WHO / HOW SO: _____

DESCRIBE ANY JOB SKILLS YOU HAVE, OR JOB TRAINING YOU WOULD LIKE TO RECEIVE: _____

VI. EMPLOYMENT / FINANCIAL

PROVIDE DETAILS OF YOUR HOUSEHOLD INCOME AND EXPENSES:

MONTHLY INCOME:

MONTHLY EXPENSES:

MONTHLY INCOME: _____

RENT / MORTGAGE: _____

SPOUSE'S NET INCOME: _____

FOOD / CLOTHING: _____

SOCIAL SECURITY: _____

UTILITIES: _____

GOV'T ASSISTANCE: _____

MEDICAL EXPENSES: _____

RETIREMENT: _____

VEHICLE EXPENSES: _____

CHILD SUPPORT: _____

CREDIT CARDS/LOANS: _____

OTHER (SPECIFY): _____

OTHER (SPECIFY): _____

OTHER (SPECIFY): _____

OTHER (SPECIFY): _____

**TOTAL MONTHLY
INCOME:** _____

**TOTAL MONTHLY
EXPENSES:** _____

DO YOU RECEIVE FOOD STAMPS? YES NO IF "YES", HOW MUCH? _____

ASSETS – LIST ALL OF YOUR MAJOR ASSETS: HOME, VEHICLES, PROPERTY, TOOLS, SAVINGS, ETC.:

ITEM AND ESTIMATED VALUE	FULLY-OWNED?	AMOUNT OWED:
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	
	<input type="checkbox"/> YES <input type="checkbox"/> NO	

DEBTS – LIST ALL MAJOR DEBTS: CREDIT CARDS, LOANS, CHILD SUPPORT, COURT FINES, ETC.

DESCRIPTION OF DEBT	BALANCE REMAINING	PAYING AS REQUIRED?
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU EVER FILED FOR BANKRUPTCY? YES NO WHEN? _____ CHAPTER: _____

HAVE YOU EVER BEEN AWARDED A FINANCIAL SETTLEMENT, INHERITANCE, OR OTHER LARGE SUM OF MONEY? IF SO, EXPLAIN: _____

IF PLACED ON PROBATION, HOW MUCH CAN YOU BUDGET FOR COURT-ORDERED MONIES (RESTITUTION, FINES, ATTORNEY FEES, PROBATION FEES, ETC.)? \$ _____ PER MONTH

**** USE "SECTION XVII" ON PAGE 18 IF YOU NEED MORE SPACE TO LIST ASSETS OR DEBTS.**

VII. EDUCATION

HIGHEST GRADE COMPLETED: _____ DID YOU GRADUATE HIGH SCHOOL? YES NO

IF "NO", WHY DID YOU LEAVE SCHOOL? _____

WERE YOU EVER SUSPENDED OR EXPELLED FROM SCHOOL? YES NO WHEN? _____

DID YOU EARN A GED? YES NO IF "YES", WHEN? _____

DID YOU ATTEND COLLEGE? YES NO HOW MANY: SEMESTERS _____ YEARS _____

WHERE AND WHEN? _____

DID YOU EARN A DEGREE? YES NO IF "YES": AA/AS BA/BS MASTERS PHD+

HAVE YOU EVER ATTENDED VOCATIONAL TRAINING? YES NO

IF "YES", WHERE, WHEN, AND FOR WHAT SUBJECT(S)? _____

LIST ANY PROFESSIONAL LICENSE(S) YOU HAVE/HAD – INCLUDE LICENSE # AND EXPIRATION DATE:

DESCRIBE ANY PLANS YOU HAVE FOR FURTHERING YOUR EDUCATION / JOB SKILLS (SUCH AS GETTING A G.E.D., GOING TO COLLEGE, OR ATTENDING A TRADE SCHOOL):

VIII. MILITARY SERVICE:

HAVE YOU SERVED IN THE UNITED STATES ARMED FORCES? YES NO *IF "NO", SKIP THIS PAGE

WHICH BRANCH: ARMY NAVY AIR FORCE MARINES COAST GUARD

DATES OF SERVICE: _____ DISCHARGE TYPE: _____

EXPLAIN WHY IF NOT "HONORABLE": _____

HIGHEST RANK ACHIEVED: _____ M.O.S.: _____

DUTY STATION(S): _____

COMBAT SERVICE? YES NO IF "YES", WHERE: _____

LIST ANY AWARDS/COMMENDATIONS YOU RECEIVED, ALONG WITH ANY FORMAL DISCIPLINE OR NON-JUDICIAL PUNISHMENTS: _____

ARE YOU NOW RECEIVING ANY SERVICES THROUGH VETERAN'S AFFAIRS? YES NO

EXPLAIN: _____

X. SOCIAL / PEERS

LIST ONE NON-FAMILY PERSON THAT YOU MAINTAIN A FRIENDSHIP WITH, WHO COULD HELP YOU IN THE FUTURE IF YOU NEEDED IT: _____

IS THAT PERSON A GOOD INFLUENCE? YES NO WHY? _____

CHECK HERE IF YOU DO NOT HAVE ANYONE THAT YOU COULD LIST FOR THE ABOVE QUESTION.

WHO DO YOU SPEND MOST OF YOUR TIME WITH? WHAT DO YOU DO FOR FUN? _____

DESCRIBE YOUR RELATIONSHIP WITH YOUR CURRENT SPOUSE OR ROMANTIC COMPANION. INCLUDE ANY HISTORY OF VIOLENCE OR CRIMINAL BEHAVIORS. IS HE/SHE A GOOD INFLUENCE IN YOUR LIFE? _____

DESCRIBE YOUR RELATIONSHIP WITH YOUR OTHER FAMILY MEMBERS. ARE THEY AWARE OF YOUR OFFENSE?

XI. MARRIAGE / RELATIONSHIP / CHILDREN

YOUR CURRENT STATUS:

SINGLE MARRIED DIVORCED WIDOWED LIVING TOGETHER

<u>CURRENT SPOUSE / ROMANTIC COMPANION</u>	DATE AND PLACE OF MARRIAGE, OR WHEN RELATIONSHIP BEGAN	# OF CHILDREN

<u>FORMER SPOUSE'S NAME (IF APPLICABLE)</u>	DATE MARRIED	DATE DIVORCED	# OF CHILDREN

CHILDREN <u>BORN TO YOU</u> :	SEX	AGE	LIVES WITH YOU?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

**** USE "SECTION XVII" ON PAGE 18 TO LIST ADDITIONAL PERSONS, IF NECESSARY.**

STEP-CHILDREN / ADOPTED CHILDREN	SEX	AGE	LIVES WITH YOU?
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO
			<input type="checkbox"/> YES <input type="checkbox"/> NO

HAVE YOU EVER HAD ANY DCS / CHILD PROTECTIVE SERVICES INVOLVEMENT? YES NO

WHEN? _____ WHO WAS YOUR CASEWORKER? _____

EXPLAIN: _____

XII. SUBSTANCE ABUSE - HISTORY

CHECK HERE IF YOU HAVE NEVER USED ALCOHOL OR ANY ILLEGAL SUBSTANCES AND HAVE NO HISTORY OF TREATMENT FOR ADDICTION.

INDICATE YOUR RATE OF USE OF THE FOLLOWING SUBSTANCES:							
	None	Tried It	Some	Often	Addicted	AGE FIRST USED	AGE LAST USED
MARIJUANA	<input type="checkbox"/>	_____	_____				
METHAMPHETAMINE	<input type="checkbox"/>	_____	_____				
COCAINE	<input type="checkbox"/>	_____	_____				
HEROIN	<input type="checkbox"/>	_____	_____				
PRESCRIPTION <u>ABUSE</u>	<input type="checkbox"/>	_____	_____				
LSD / HALLUCINOGENS	<input type="checkbox"/>	_____	_____				
ECSTASY / MDMA	<input type="checkbox"/>	_____	_____				
OTHER: _____	<input type="checkbox"/>	_____	_____				
ALCOHOL	<input type="checkbox"/>	_____	_____				

LAST TIME YOU DRANK ALCOHOL: _____ HOW MUCH? _____

HOW MANY DRINKS PER WEEK DO YOU HAVE ON AVERAGE? _____

LAST TIME YOU USED DRUGS: _____ WHICH: _____

DRUG OF CHOICE: _____ WEEKLY AVG. USE: _____

ANY INTRAVENOUS DRUG USE (NEEDLES)? CURRENTLY YES NOT ANYMORE NEVER

DO YOU HAVE AN ARIZONA MEDICAL MARIJUANA CARD? YES NO EXPIRED

MEDICAL MARIJUANA CARD IN ANOTHER STATE? YES NO STATE: _____

WOULD YOU BE WILLING TO GIVE UP YOUR MEDICAL MARIJUANA CARD TO PARTICIPATE IN A DRUG COURT PROGRAM IF ORDERED BY THE COURT? YES NO

XIII. SUBSTANCE ABUSE - TREATMENT

LIST ALL DRUG OR ALCOHOL PROGRAMS YOU HAVE ATTENDED BEFORE:

PROGRAM	DATE	OUTPATIENT	INPATIENT	COMPLETED?
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/> YES <input type="checkbox"/> NO

ARE YOU NOW ATTENDING ANY TREATMENT OR COUNSELING? YES NO

WHERE/FOR WHAT: _____

HAVE YOU EVER PARTICIPATED IN A DRUG COURT PROGRAM BEFORE? YES NO

WHEN/WHERE: _____

DO YOU THINK YOU NEED TREATMENT OR COUNSELING NOW FOR ANY REASON? YES NO

WHY OR WHY NOT? _____

HOW HAS YOUR USE OF DRUGS / ALCOHOL IMPACTED YOUR RELATIONSHIPS WITH FAMILY MEMBERS, FRIENDS, AND/OR CO-WORKERS? _____

XIV. CRIMINAL RECORD

AS A **JUVENILE**, HOW MANY TIMES WERE YOU:

REFERRED TO JUVENILE COURT? _____

PLACED ON JUVENILE PROBATION? _____

SENT TO JUVENILE DETENTION? _____

SENT TO A JUVENILE PRISON? _____

PROVIDE DETAILS OF WHEN, WHERE, AND WHAT OFFENSE(S) YOU WERE REFERRED FOR AS A JUVENILE:

AS AN **ADULT**, HOW MANY TIMES HAVE YOU BEEN:

IN JAIL? _____

IN PRISON? _____

ON PROBATION? _____

ON PAROLE? _____

CONVICTED OF A MISDEMEANOR? _____

CONVICTED OF A FELONY? _____

ARE YOU CURRENTLY WANTED IN ANY JURISDICTION? YES NO

IF "YES", WHERE? _____

DO YOU HAVE ANY PROTECTIVE OR RESTRAINING ORDERS AGAINST YOU? YES NO

IF "YES", AGAINST WHO? _____

DO YOU HAVE ANY OTHER PENDING CASES BESIDES THIS ONE? YES NO

IF "YES", WHERE AND FOR WHAT? _____

HAVE YOU EVER BEEN REQUIRED TO REGISTER AS A: FELON SEX OFFENDER

IF "YES", WHERE AND WHEN? _____

ARE YOU REGISTERED AS A SEX OFFENDER IN MOHAVE COUNTY NOW? YES NO N/A

XV. OTHER INFORMATION

HAVE YOU EVER ASSOCIATED WITH A GANG? YES NO

IF "YES", WHAT GANG AND WHERE: _____

YOUR STREET NAME _____

AGE/DATE WHEN YOU JOINED _____ AGE/DATE WHEN YOU LEFT _____

DO YOU STILL ASSOCIATE WITH ANY GANG MEMBERS? YES NO

DESCRIBE ALL GANG TATTOOS YOU HAVE: _____

IF BEING SENTENCED ON A PLEA AGREEMENT, DO YOU PLAN TO ASK THE JUDGE TO WITHDRAW YOUR PLEA FOR ANY REASON? YES NO IF "YES", EXPLAIN WHY: _____

**** USE "SECTION XVII" ON PAGE 18 IF YOU NEED MORE SPACE TO WRITE.**

XVI. YOUR VIEWPOINT

HOW DO YOU FEEL ABOUT THIS CASE? DO YOU THINK YOU WERE TREATED FAIRLY? _____

CHECK HERE IF YOUR ATTORNEY ADVISED YOU NOT TO ANSWER THIS QUESTION.

WHAT INFLUENCED YOU TO COMMIT THIS OFFENSE? _____

CHECK HERE IF YOUR ATTORNEY ADVISED YOU NOT TO ANSWER THIS QUESTION.

WHAT DO YOU THINK YOUR PUNISHMENT SHOULD BE? _____

HOW DO YOU FEEL ABOUT AUTHORITY FIGURES SUCH AS POLICE OFFICERS, PROBATION/PAROLE OFFICERS, AND JUDGES? _____

WHAT IS YOUR OPINION OF PROBATION? _____

IMPORTANT THINGS TO CONSIDER

LIVING IN ANOTHER ARIZONA COUNTY:

IF YOU PLAN ON LIVING IN A COUNTY OTHER THAN MOHAVE, YOU WILL BE SUBJECT TO WHAT IS CALLED "COURTESY SUPERVISION". PRIOR TO LEAVING MOHAVE COUNTY, YOU MUST MEET WITH YOUR PROBATION OFFICER, COMPLETE A COURTESY SUPERVISION APPLICATION, AND PAY A **\$150.00** APPLICATION FEE. THE OTHER COUNTY MAY WISH TO INVESTIGATE WHERE YOU PLAN TO LIVE, WORK, ETC PRIOR TO ACCEPTING YOU. IN SUCH CASES, YOU WILL BE REQUIRED TO REMAIN IN MOHAVE COUNTY UNTIL ACCEPTANCE IS RECEIVED.

IF YOU ARE A *RESIDENT* OF THAT COUNTY AT SENTENCING (MEANING YOU HAVE LIVED THERE AT LEAST 180 DAYS AND CAN SHOW PROOF), YOU WILL BE PERMITTED TO RETURN HOME THE DAY OF SENTENCING, BUT YOU MUST STILL MEET WITH A PROBATION OFFICER HERE, COMPLETE THE APPLICATION, AND PAY THE APPLICATION FEE BEFORE LEAVING. THIS CAN USUALLY BE ACCOMPLISHED BY MEETING WITH THE PROBATION OFFICER AT THE SUPERIOR COURTHOUSE, OR YOU MAY REPORT TO THE KINGMAN OFFICE OF THE PROBATION DEPARTMENT AT 809 E. BEALE STREET.

LIVING IN ANOTHER STATE WHILE ON PROBATION: SEE NEXT PAGE.

WHILE ON PROBATION, YOU WILL BE SUBJECT TO THE FOLLOWING:

DRUG TESTING – THIS IS A STANDARD TERM OF PROBATION. THE FREQUENCY OF DRUG TESTING IS UP TO YOUR PROBATION OFFICER. YOU WILL BE RESPONSIBLE FOR THE COST OF THE DRUG TESTING, TYPICALLY BETWEEN \$5 TO \$15 PER TEST.

ALCOHOL RESTRICTIONS – IF THE JUDGE ORDERS NO ALCOHOL, YOU WILL NOT BE PERMITTED TO CONSUME ALCOHOL. FURTHER, YOU MAY NOT HAVE ANY ALCOHOL IN YOUR RESIDENCE. ANY ALCOHOL FOUND WILL BE CONSIDERED YOURS AND YOU MAY BE SUBJECT TO A PROBATION VIOLATION.

TREATMENT – THE JUDGE OR YOUR PROBATION OFFICER MAY DIRECT YOU TO PARTICIPATE IN A TREATMENT PROGRAM. THIS WILL BE AT YOUR OWN EXPENSE, ALTHOUGH HEALTH INSURANCE (INCLUDING AHCCCS) CAN REDUCE THE COST SIGNIFICANTLY.

CONTACT RESTRICTIONS – YOU WILL NOT BE ALLOWED TO ASSOCIATE WITH ANYONE WITH A CRIMINAL RECORD (I.E. CONVICTED FELONS, OTHERS ON PROBATION/PAROLE, CO-DEFENDANTS) WITHOUT YOUR PROBATION OFFICER'S APPROVAL. THIS MAY INCLUDE FAMILY MEMBERS. YOUR PROBATION OFFICER WILL DETERMINE IF CONTACT WILL BE ALLOWED OR NOT.

WEAPONS RESTRICTIONS – WHILE ON PROBATION YOU ARE PROHIBITED FROM POSSESSING FIREARMS, DEADLY WEAPONS, AMMUNITION, STUN GUNS, AND TASERS. EVEN IF THEY DO NOT BELONG TO YOU, THESE ITEMS MAY NOT BE AT YOUR RESIDENCE OR ANYWHERE THAT YOU HAVE ACCESS TO THEM. YOUR PROBATION OFFICER WILL DECIDE IF WEAPONS NOT BELONGING TO YOU CAN REMAIN THERE IF PROPERLY SECURED.

RESIDENCE CHANGES – YOU MAY ONLY CHANGE YOUR ADDRESS WITH YOUR PROBATION OFFICER'S PERMISSION AHEAD OF TIME. IF YOU MOVE AND DO NOT TELL YOUR PROBATION OFFICER, IT IS LIKELY A WARRANT WILL BE ISSUED FOR YOUR ARREST AND YOUR PROBATION MAY BE REVOKED.

FURTHER:

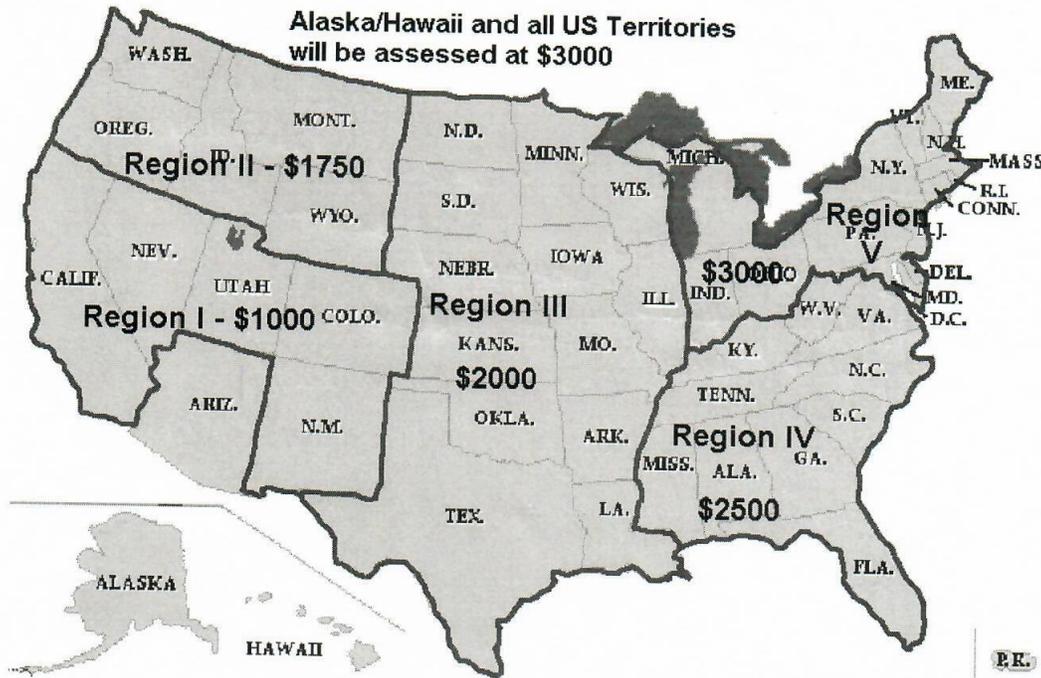
TRANSPORTATION – YOU ARE RESPONSIBLE FOR TRANSPORTATION TO OFFICE MEETINGS WITH YOUR PROBATION OFFICER, AS WELL AS TO TREATMENT, DRUG TESTING, COMMUNITY SERVICE, COURT DATES, ETC.

SEARCH AND SEIZURE – WHILE ON PROBATION YOU WILL NOT BE AFFORDED FULL PROTECTION UNDER THE 4TH AMENDMENT TO THE U.S. CONSTITUTION. PROBATION OFFICERS HAVE THE RIGHT TO SEARCH AND SEIZURE WITHOUT A SEARCH WARRANT. THIS MEANS PROBATION OFFICERS CAN ENTER YOUR RESIDENCE AT ANY TIME EVEN IF YOU ARE NOT AT HOME. PROBATION OFFICERS HAVE AUTHORITY UNDER STATE LAW TO DETAIN EVERYONE IN YOUR HOME FOR THEIR SAFETY WHILE AT YOUR RESIDENCE. EVEN IF YOU DO NOT PERSONALLY OWN THE RESIDENCE WHERE YOU LIVE, IF YOU ARE THERE, IT IS CONSIDERED TO BE YOUR RESIDENCE. ESSENTIALLY, ANYTHING THAT YOU HAVE ACCESS TO, YOUR PROBATION OFFICER HAS ACCESS TO.

REMINDER: YOU MUST REPORT TO THE PROBATION OFFICER AT THE COURTHOUSE OR AT THE KINGMAN OFFICE OF THE PROBATION DEPARTMENT IMMEDIATELY FOLLOWING SENTENCING OR RELEASE.

****IF YOU PLAN ON LIVING IN ANOTHER STATE BESIDES ARIZONA AFTER BEING PLACED ON PROBATION, PLEASE READ BELOW ****

REQUIRED INTERSTATE COMPACT APPLICATION AND EXTRADITION BOND FEES



ALL PROBATIONERS PLANNING TO RESIDE IN ANOTHER STATE SHALL PAY THE \$300.00 APPLICATION FEE AND THE FULL AMOUNT OF THE EXTRADITION BOND (SEE MAP) PRIOR TO REQUESTING TO TRANSFER SUPERVISION UNDER THE INTERSTATE COMPACT FOR ADULT OFFENDER SUPERVISION.

YOU MUST SEE THE PROBATION OFFICER IN THE COURTHOUSE FOLLOWING SENTENCING IF YOU PLAN TO LIVE IN ANOTHER STATE – PLAN TO STAY IN ARIZONA AT LEAST ONE DAY, IN CASE THE PROBATION OFFICER IN THE COURTHOUSE CANNOT MEET WITH YOU IMMEDIATELY.

ADULT SUBSTANCE USE SURVEY (REVISED) ASUS-R

Kenneth W. Wanberg, Author

TO BE COMPLETED BY CLIENT						
NAME:	AGE:	GENDER:	<input type="checkbox"/> Male <input type="checkbox"/> Female	YEARS SCHOOLING:	DATE:	
ETHNICITY:	<input type="checkbox"/> AFRICAN AM.	<input type="checkbox"/> ANGLO-WHITE AM.	<input type="checkbox"/> ASIAN AM.	<input type="checkbox"/> HISPANIC AM.	<input type="checkbox"/> NATIVE AM.	
MARITAL STATUS:	<input type="checkbox"/> SINGLE (NEVER MARRIED)	<input type="checkbox"/> MARRIED	<input type="checkbox"/> SEPARATED	<input type="checkbox"/> DIVORCED	<input type="checkbox"/> WIDOWED	
EMPLOYMENT:	<input type="checkbox"/> EMPLOYED	<input type="checkbox"/> EMPLOYED PART TIME	<input type="checkbox"/> UNEMPLOYED	<input type="checkbox"/> STUDENT	<input type="checkbox"/> RETIRED	<input type="checkbox"/> HOUSE SPOUSE
PRIOR ALCOHOL/DRUG TREATMENT:	<input type="checkbox"/> NONE	<input type="checkbox"/> 1-2 TIMES	<input type="checkbox"/> 3 OR MORE TIMES	TOTAL NUMBER SESSIONS:		
PRIOR ALCOHOL/DRUG INPATIENT TREATMENT:	<input type="checkbox"/> NONE	<input type="checkbox"/> 1-2 TIMES	<input type="checkbox"/> 3 OR MORE TIMES	TOTAL NUMBER DAYS:		

INFORMATION AND INSTRUCTIONS ON THE USE OF THIS SURVEY

THIS BOOKLET CONTAINS QUESTIONS ABOUT HOW YOU SEE YOURSELF. SOME QUESTIONS HAVE TO DO WITH YOUR USE OF ALCOHOL OR OTHER DRUGS. SOME QUESTIONS HAVE TO DO WITH PROBLEMS YOU MAY HAVE HAD IN YOUR COMMUNITY. OTHER QUESTIONS HAVE TO DO WITH YOUR FEELINGS AND EMOTIONS. THIS SURVEY WILL HELP THOSE WORKING WITH YOU TO UNDERSTAND YOUR CONCERNS AND QUESTIONS ABOUT YOURSELF. CAREFULLY READ EACH QUESTION AND EACH POSSIBLE ANSWER BEFORE MAKING YOUR CHOICE. FOR EACH QUESTION, CIRCLE THE LETTER UNDER THE ANSWER THAT BEST FITS YOU. PLEASE ANSWER EVERY QUESTION. GIVE ONLY ONE ANSWER TO EACH QUESTION. NOW YOU MAY BEGIN THE SURVEY.

For the list of drugs below, circle the letter under the answer that best fits you. For alcohol, it is the number of times in your lifetime you have been intoxicated. For all other drugs, it is the number of times in your lifetime that you have used the drug. On the right side of the page opposite the drug, indicate the number of times in the last six months you were in the community that you have been intoxicated on alcohol or the number of times you have used each of the other drugs. Circle "a" if you did not use alcohol or the other drugs in that six month period. Circle "b" if you used the drug from one to 10 times, circle "c" if you used the drug from 11 to 25 times, etc. Then, for each drug that you have used in your lifetime, put your age you last used that drug.

	Total Number of Times in Lifetime					Times in the last six months	Age last used
	Never used	One to 10 times	11-25 times	26-50 times	More than 50 times		
1. Number of times intoxicated or drunk on alcohol (beer, wine, hard liquor, mixed drinks).	a	b	c	d	e	a b c d e	___
2. Marijuana (pot, hashish, hash, THC, dope, etc.)	a	b	c	d	e	a b c d e	___
3. Cocaine (coke, snow, crack, rock, blow, etc.)	a	b	c	d	e	a b c d e	___
4. Amphetamines/methamphetamine/stimulants used for nonmedical reasons (meth, ice, crystal, speed, diet pills, uppers, black beauties, white crosses, bennies, Dexedrine, Desoxyn, Ritalin, Adderall, etc.).	a	b	c	d	e	a b c d e	___
5. Hallucinogens (LSD, acid, peyote, mushrooms, PCP, angel dust, ecstasy, ketamine, etc.).	a	b	c	d	e	a b c d e	___
6. Inhalants (rush, gasoline, paint, glue, nitrous oxide, etc.).	a	b	c	d	e	a b c d e	___
7. Heroin (H, smack, junk, horse, skag, skunk, etc.).	a	b	c	d	e	a b c d e	___
8. Other opiates or pain killers used for nonmedical reasons (codeine, opium, morphine, Percodan, Dilaudid, Demerol, methadone, oxycodone, Oxycontin, Vicodin, Darvon, etc.).	a	b	c	d	e	a b c d e	___
9. Barbiturates/sedatives used for nonmedical reasons (Seconal, Nembutal, Amytal, Phenobarbital, Dalmane, Placidyl, quaaludes, sleeping medicines, blues, reds, yellows, ludes, etc.).	a	b	c	d	e	a b c d e	___
10. Tranquilizers used for nonmedical reasons (Librium, Valium, Ativan, Xanax, Serax, Miltown, Equanil, Halcion, meprobamates).	a	b	c	d	e	a b c d e	___
					1 <input type="checkbox"/>		
	Never smoked	Do not smoke now	Up to half pack a day	Up to a pack a day	Up to two packs a day	More than two packs a day	
11. As to your use of cigarettes (tobacco).	a	b	c	d	e	f	

As a result of using alcohol or any of the other drugs on page 1, indicate how often any of the following have happened to you in your lifetime. Then, for each of the following statements, in the column on the right side of the page, indicate how many times it has happened to you in the last six months in the community. Circle an "a" if it did not happen to you, circle a "b" if it happened to you 1-3 times, circle a "c" if it happened to you 4-6 times, circle a "d" if it happened to you 7-10 times and circle an "e" if it happened more than 10 times.

	Total Number of Times in Lifetime					Number of times in the last 6 months
	Never	1-3 times	4-6 times	7-10 times	More than 10 times	
12. Had a blackout (forgot what you did but were still awake).	a	b	c	d	e	a b c d e
13. Became physically violent.	a	b	c	d	e	a b c d e
14. Staggered and stumbled around.	a	b	c	d	e	a b c d e
15. Passed out (became unconscious).	a	b	c	d	e	a b c d e
16. Tried to take your own life.	a	b	c	d	e	a b c d e
17. Became physically sick or nauseated.	a	b	c	d	e	a b c d e
18. Saw or heard things not there.	a	b	c	d	e	a b c d e
19. Became mentally confused.	a	b	c	d	e	a b c d e
20. Thought people were out to get you or wanted to cause you harm.	a	b	c	d	e	a b c d e
21. Had physical shakes or tremors.	a	b	c	d	e	a b c d e
22. Had a seizure or a convulsion.	a	b	c	d	e	a b c d e
23. Had rapid or fast heart beat.	a	b	c	d	e	a b c d e
24. Became very anxious, nervous and tense.	a	b	c	d	e	a b c d e
25. Became feverish, hot or sweaty.	a	b	c	d	e	a b c d e
26. Did not eat or sleep.	a	b	c	d	e	a b c d e
27. Were weak, tired and fatigued.	a	b	c	d	e	a b c d e
28. Unable to go to work or school.	a	b	c	d	e	a b c d e
29. Neglected your family.	a	b	c	d	e	a b c d e
30. Broke the law or committed a crime.	a	b	c	d	e	a b c d e
31. Could not pay your bills.	a	b	c	d	e	a b c d e
	16 <input type="checkbox"/>	17 <input type="checkbox"/>	18 <input type="checkbox"/>		2 <input type="checkbox"/>	3 <input type="checkbox"/>

Have you used alcohol or other drugs for any of the following reasons? Circle the letter under the answer that best fits you.

	No	Sometimes	Often	Very often
32. To feel less tense or stressed?	a	b	c	d
33. To feel less depressed?	a	b	c	d
34. To forget your problems?	a	b	c	d
35. To have fun with others?	a	b	c	d
36. To be more mentally alert or sharp?	a	b	c	d
37. To relax and unwind?	a	b	c	d
38. To change your mood or emotions?	a	b	c	d
39. To calm yourself down?	a	b	c	d
40. To get along with others?	a	b	c	d
41. To get the courage to commit a crime?	a	b	c	d
				d 4 <input type="checkbox"/>

Please circle the letter for the answer for each question that best fits you.

- 42. When I was in my teens years, I got into trouble with the law.
- 43. I was suspended or expelled from school when I was a child or a teenager.
- 44. I have been in fights or brawls.
- 45. I have been charged with driving while impaired or under the influence of alcohol or other drugs.
- 46. As an adult, I have been in trouble with the law other than while driving a motor vehicle.

None	1-2 times	3-4 times	5 or more times
a	b	c	d
a	b	c	d
a	b	c	d
a	b	c	d
a	b	c	d

Please circle the letter for the answer for each question that best fits you.

- 47. I have had trouble because I don't follow the rules.
- 48. I don't like police officers.
- 49. There are too many laws in society.
- 50. It is all right to break the law if it doesn't hurt anyone.
- 51. Usually, no one tells me what to do.

Not true	Somewhat true	Usually true	Always True
a	b	c	d
a	b	c	d
a	b	c	d
a	b	c	d
a	b	c	d

During Your Lifetime 5

Please answer these questions as to how they apply to you during your lifetime and during the last six months in the community. Circle the letter for your answer.

- 52. Number of times that I have been arrested and charged with a crime.
- 53. Number of times that I have been convicted of a crime (misdemeanor or felony).
- 54. Number of times I have been arrested for a crime committed against a person (such as robbery, burglary, assault, rape, manslaughter, murder).
- 55. Number of times I have been arrested for a domestic violence related offense.
- 56. Number of times I have been in jail or prison.

None	1-2 times	3-4 times	5 or more times	During the last 6 months
a	b	c	d	a b c d
a	b	c	d	a b c d
a	b	c	d	a b c d
a	b	c	d	a b c d
a	b	c	d	a b c d

During Your Lifetime

Please answer these questions as to how they apply to you during your lifetime and during the last six months. Circle the letter under the answer of your choice.

- 57. Total amount of time I have spent on probation.
- 58. Total amount of time I have spent on parole.
- 59. Total amount of time I have spent in jail or prison.

Never	1-6 months	7-12 months	1-3 years	4 or more years	During the last 6 months
a	b	c	d	e	a b
a	b	c	d	e	a b
a	b	c	d	e	a b

During Your Lifetime

Please answer these questions as to how they apply to you during your lifetime and during the last six months in the community. Circle the letter under the answer to your choice.

- 60. When in the community, I have spent time with people who have been in trouble with the law.
- 61. I have a hard time staying out of trouble with the law.
- 62. I have been violent in my behavior or actions.
- 63. I have planned the crimes that I have committed.
- 64. When I have broken the law, I have been high or under the influence of alcohol or other drugs.

No never	Sometimes	A lot	Most of the time	During the last 6 months
a	b	c	d	a b c d
a	b	c	d	a b c d
a	b	c	d	a b c d
a	b	c	d	a b c d
a	b	c	d	a b c d

6 7

