

**TO ALL REFERRALS FOR PRE SENTENCE INTERVIEW**

You have been referred by the Court to Freeborn County Court Services Office to complete a Pre-Sentence Investigation (PSI). This is as a result of a recent plea or finding of guilt by the Court. A Court Services officer will meet with you to go over the information you have provided and discuss your case. A report will be filed with the Judge with recommendations for your sentencing.

- COMPLETE THE ATTACHED QUESTIONNAIRE WITH AS MUCH DETAIL AS POSSIBLE. IF YOU ARE UNSURE OF AN ANSWER, DO THE BEST YOU CAN AND YOU CAN DISCUSS DURING THE INTERVIEW. YOUR APPOINTMENT MAY BE RESCHEDULED IF YOU APPEAR WITHOUT YOUR QUESTIONNAIRE COMPLETED.
- PLEASE COME ALONE-DO NOT BRING FRIENDS, FAMILY OR CHILDREN UNLESS REQUESTED TO DO SO. IF YOU ARE BRINGING ANOTHER ADULT, THEY MAY WAIT FOR YOU IN THE LOBBY DURING THE PSI.
- PLEASE ARRIVE ON TIME OR IF POSSIBLE A FEW MINTUES EARLY. IF IT IS NOT POSSIBLE FOR YOU TO MAKE THE SCHEDULED APPOINTMENT, CALL **507-377-5138** AHEAD OF TIME. IF YOU DO NOT SHOW UP FOR YOUR PSI INTERVIEW OR CALL TO MAKE OTHER ARRANGEMENTS, A BENCH WARRANT MAY BE ISSUED FOR YOUR ARREST BY THE COURT.
- IF YOUR SENTENCING DATE **IS IN LESS THAN ONE MONTH**, YOU WILL ONLY BE ALLOWED TO RESCHEDULE ONE TIME BEFORE YOU ARE SENT BACK TO THE COURT FOR FURTHER ACTION WHICH COULD INCLUDE BEING HELD IN JAIL UNTIL COMPLETION OF THE PSI INTERVIEW. **IT IS IMPORTANT YOU MAKE THIS APPOINTMENT.**
- WE WILL TRY TO ACCOMMODATE A TIME THAT IS MOST CONVIENT FOR YOU. HOWEVER, WE WILL NOT RESCHEDULE MISSED APPOINTMENTS WHEN YOU DID NOT CALL AHEAD OF TIME MORE THAN TWO TIMES. AFTER YOUR SECOND MISSED APPOINTMENT WE WILL REFER BACK TO COURT WITH THE RECOMMENDATION YOU BE HELD IN JAIL FOR YOUR PSI INTERVIEW.

**YOUR PSI APPOINTMENT IS SCHEDULED ON**

\_\_\_\_\_  
**WITH**  
\_\_\_\_\_

# Pre-Sentence Investigation Questionnaire

## Personal Information

Full Legal Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Alias/Maiden/Nickname: \_\_\_\_\_

Place of Birth: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Are you a United States Citizen: \_\_\_\_\_ If no, what Country: \_\_\_\_\_

What is your primary language: \_\_\_\_\_ other language(s): \_\_\_\_\_

Your Physical Address: \_\_\_\_\_

Mailing Address (if different): \_\_\_\_\_

Years and months you have lived at current address: \_\_\_\_\_

Who do you presently reside with? \_\_\_\_\_

- In the next space, list other locations (City, State and Length of time) for which you have resided over the past five (5) years:

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

Current Phone Number(s): ( ) \_\_\_\_\_ (Home)

( ) \_\_\_\_\_ (Cell)

( ) \_\_\_\_\_ (Work)

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

Drivers License #: \_\_\_\_\_ State: \_\_\_\_\_ Are you valid? \_\_\_\_\_

Eye Color \_\_\_\_\_ Hair Color \_\_\_\_\_ Height \_\_\_\_\_ Weight \_\_\_\_\_

Personal Vehicles for which you own/operate: (list all below—include Make/Model +Year + Color)

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate # \_\_\_\_\_

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate#: \_\_\_\_\_

Year: \_\_\_\_\_ Model: \_\_\_\_\_ Color: \_\_\_\_\_ Plate#: \_\_\_\_\_



**Prior Record (not including this offense)**

As an adult, have you ever been previously arrested:            \_\_\_ Yes    \_\_\_ No

As an adult, have you ever been previously convicted of a crime:    \_\_\_ Yes    \_\_\_ No

List Previous Adult convictions: (if needed, use back of this page for additional space)

1. Date of arrest: \_\_\_\_\_ Convicted offense: \_\_\_\_\_  
County/State \_\_\_\_\_ Probation Officer (if any): \_\_\_\_\_  
Sentence of Court: \_\_\_\_\_

2. Date of arrest: \_\_\_\_\_ Convicted offense: \_\_\_\_\_  
County/State \_\_\_\_\_ Probation Officer (if any): \_\_\_\_\_  
Sentence of Court: \_\_\_\_\_

3. Date of arrest: \_\_\_\_\_ Convicted offense: \_\_\_\_\_  
County/State \_\_\_\_\_ Probation Officer (if any): \_\_\_\_\_  
Sentence of Court: \_\_\_\_\_

4. Date of arrest: \_\_\_\_\_ Convicted offense: \_\_\_\_\_  
County/State \_\_\_\_\_ Probation Officer (if any): \_\_\_\_\_  
Sentence of Court: \_\_\_\_\_

Do you have any prior Juvenile Offenses/Adjudications:    \_\_\_ Yes    \_\_\_ No

If yes, what offense(s): \_\_\_\_\_

Have you ever violated previous terms of probation:    \_\_\_ Yes    \_\_\_ No

If yes, explain the violation(s):

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## Education

Do you have a High School Diploma:  Yes  No if no, highest completed Grade: \_\_\_\_\_

Do you have a GED:  Yes  No; Year Obtained: \_\_\_\_\_ Where Obtained: \_\_\_\_\_

Last High School Attended: \_\_\_\_\_  
(School Name) (City/State) (Year Graduated)

Have you ever attended College, Technical or Vocational School:  Yes  No

If yes, School(s) attended: \_\_\_\_\_  
(School Name) (City/State) (Years Attended)

\_\_\_\_\_  
(School Name) (City/State) (Years Attended)

Do you have any Professional Degrees, Licenses or Certificates  Yes  No

If yes, list here: \_\_\_\_\_

Do you have any immediate plans to further your education:  Yes  No

## Employment Information

Employment Status: (check which would apply to you now)

- Employed:
- Unemployed: How long?: \_\_\_\_\_
- Disabled
- Retired
- Homemaker

List all employment you have had over the past (10) ten years beginning with the most recent (use back of this page to list any additional Employment):

Present/Most recent: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Job title: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Shift Hours: \_\_\_\_\_  
Salary: \_\_\_\_\_ Date hired: \_\_\_\_\_ Date terminated: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

Employer: \_\_\_\_\_ Supervisor: \_\_\_\_\_  
Address: \_\_\_\_\_ Phone #: \_\_\_\_\_  
Job title: \_\_\_\_\_ Hours per week: \_\_\_\_\_ Shift Hours: \_\_\_\_\_  
Salary: \_\_\_\_\_ Date hired: \_\_\_\_\_ Date terminated: \_\_\_\_\_  
Reason for leaving: \_\_\_\_\_

**Military Information:**

Have you ever been enlisted in the Military: \_\_\_ Yes \_\_\_ No

If yes, Date of Enlistment: \_\_\_\_\_ Date of Discharge: \_\_\_\_\_

Branch of Military: \_\_\_\_\_ Last Rank: \_\_\_\_\_

Type of Discharge: \_\_\_\_\_ Special Training: \_\_\_\_\_

**Financial Information**

**Monthly Income (Approximate)**

Regular Employment (+ tips): \$ \_\_\_\_\_  
Part-time Job \$ \_\_\_\_\_  
Spouse Income \$ \_\_\_\_\_  
Unemployment Comp. \$ \_\_\_\_\_  
Workman's Compensation \$ \_\_\_\_\_  
Social Security \$ \_\_\_\_\_  
Child Support/Alimony \$ \_\_\_\_\_  
General Assistance \$ \_\_\_\_\_  
Disability/DVA Pension \$ \_\_\_\_\_  
Military Pension \$ \_\_\_\_\_  
Food Stamps \$ \_\_\_\_\_  
Any Other Income \$ \_\_\_\_\_

**Monthly Expenses (Approximate)**

Rent/House Payment: \$ \_\_\_\_\_  
Utilities: \$ \_\_\_\_\_  
Food/Clothing: \$ \_\_\_\_\_  
Gasoline/Etc \$ \_\_\_\_\_  
Car Payment: \$ \_\_\_\_\_  
Car Insurance: \$ \_\_\_\_\_  
Health Insurance \$ \_\_\_\_\_  
Child Care \$ \_\_\_\_\_  
Child Support/Alimony \$ \_\_\_\_\_  
Medical Bills \$ \_\_\_\_\_  
Credit Cards \$ \_\_\_\_\_  
Loans \$ \_\_\_\_\_  
Court Fine/Fees \$ \_\_\_\_\_  
Cable/Satellite TV \$ \_\_\_\_\_  
Counseling \$ \_\_\_\_\_  
Other Expenses \$ \_\_\_\_\_

TOTAL MONTHLY INCOME \$ \_\_\_\_\_ TOTAL MONTHLY EXPENSES \$ \_\_\_\_\_

Have you received public assistance within the past year: \_\_\_ Yes \_\_\_ No

Checking Account: \_\_\_ Yes \_\_\_ No

Approximate Balance: \$ \_\_\_\_\_

Bank: \_\_\_\_\_

Savings Account: \_\_\_ Yes \_\_\_ No

Approximate Balance: \$ \_\_\_\_\_

Bank: \_\_\_\_\_

If ordered to pay restitution by the Court to reimburse the victim(s) for any financial loss or impact due to your involvement in this crime, what amount per month do you believe you could afford to pay:

\$ \_\_\_\_\_ / month







## Family Information (cont.)

### \*\* Spouse/Significant Other Information:

Full Name: \_\_\_\_\_ Alias/Maiden Name: \_\_\_\_\_

Age: \_\_\_\_\_ Occupation: \_\_\_\_\_

Address (if different than your own) \_\_\_\_\_

### Your Children (Including grown children):

List all your biological and step children in this area. Use back of this page to list additional names.

#### First Child

Child's Full Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth/Age: \_\_\_\_\_ Does this individual reside with you:  Yes  No

If no, where do they live? \_\_\_\_\_

#### Second Child

Child's Full Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth/Age: \_\_\_\_\_ Does this individual reside with you:  Yes  No

If no, where do they live? \_\_\_\_\_

#### Third Child

Child's Full Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth/Age: \_\_\_\_\_ Does this individual reside with you:  Yes  No

If no, where do they live? \_\_\_\_\_

#### Fourth Child

Child's Full Name: \_\_\_\_\_ Gender:  Male  Female

Date of Birth/Age: \_\_\_\_\_ Does this individual reside with you:  Yes  No

If no, where do they live? \_\_\_\_\_

AUDIT - ALCOHOL USE SCREENING

Please circle the answer that is correct for you.

NOTE: For answering these questions, one drink is equal to 12 ounces of beer, or 4 ounces of wine, or 1 ounce of liquor

1. How often do you have a drink containing alcohol?

- NEVER
- MONTHLY OR LESS
- TWO TO FOUR TIMES A MONTH
- TWO TO THREE TIMES A WEEK
- FOUR OR MORE TIMES A WEEK

2. How many drinks containing alcohol do you have on a typical day when you are drinking?

- 1 OR 2
- 2 OR 4
- 5 OR 6
- 7 TO 9
- 10 OR MORE

3. How often do you have six or more drinks on one occasion?

- NEVER
- LESS THAN MONTHLY
- MONTHLY
- WEEKLY
- DAILY OR ALMOST DAILY

4. How often during the last year have you found that you were not able to stop drinking once you had started?

- NEVER
- LESS THAN MONTHLY
- MONTHLY
- WEEKLY
- DAILY OR ALMOST DAILY

5. How often during the last year have you failed to do what was normally expected from you because of drinking?

- NEVER
- LESS THAN MONTHLY
- MONTHLY
- WEEKLY
- DAILY OR ALMOST DAILY

AUDIT - ALCOHOL USE SCREENING

6. How often during the last year have you needed a first drink in the morning to get yourself going after a heavy drinking session?

- NEVER
- LESS THAN MONTHLY
- MONTHLY
- WEEKLY
- DAILY OR ALMOST DAILY

7. How often during the last year have you had a feeling of guilt or remorse after drinking?

- NEVER
- LESS THAN MONTHLY
- MONTHLY
- WEEKLY
- DAILY OR ALMOST DAILY

8. How often during the last year have you been unable to remember what happened the night before because you had been drinking?

- NEVER
- LESS THAN MONTHLY
- MONTHLY
- WEEKLY
- DAILY OR ALMOST DAILY

9. Have you or someone else been injured as a result of your drinking?

- NEVER
- YES, BUT NOT IN THE LAST YEAR
- YES, DURING THE LAST YEAR

10. Has a relative or friend, or a doctor or other health worker been concerned about your drinking or suggested you cut down?

- NEVER
- YES, BUT NOT IN THE LAST YEAR
- YES, DURING THE LAST YEAR

PLEASE LIST THREE PERSONS (NOT RELATED TO YOU) THAT COURT SERVICES MAY SPEAK TO AS COLLATERAL CONTACTS TO VERIFY THE INFORMATION YOU HAVE PROVIDED DURING THIS PRE-SENTENCE INTERVIEW:

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

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

3)

Tennessean Warning Notice

What is a Tennessean warning notice and when is it required?

When a government entity collects private/confidential data from an individual about that individual, the entity must give him/her a Tennessean warning notice (see Minnesota Statutes, section 13.04, subdivision 2). The purpose of the notice is to enable an individual to make an informed decision about whether to give data about her/himself to the government entity. A government entity may not collect data on individuals unless the collection is necessary to carry out its duties under a program that is authorized by law (see Minnesota Statutes, section 13.05, subdivision 3).

When does a government entity not have to give the Tennessean warning notice?

- The individual volunteers the data, the entity didn't ask for it
- The data are not about the individual being asked
- The data about the individual are public
- The individual is asked to provide criminal investigative data to a law enforcement officer under Minnesota Statutes, section 13.82

What must a government entity include in the Tennessean warning notice?

- The purpose and intended use of the data, i.e., why the government entity is collecting the data from the individual, and how it plans to use the data within the entity
- Whether the individual is legally required to provide the data, or may refuse to do so
- Any consequences known to the government entity if the individual provides the asked for data
- Any consequences known to the government entity if the individual does not provide the asked-for data
- The identities of other persons or outside entities known to the government entity that are authorized by law to have access to the data. All Tennessean warning notices should include, for example, that data may be shared upon court order or sent to the state auditor, but the warning notice must also list those persons specifically authorized to access the data under state or federal laws.

What are the consequences to a government entity for failing to give a Tennessean warning notice?

With limited exceptions, a government entity may not collect, store, use, or disseminate private or confidential data for any purpose other than those specified in the Tennessean warning notice, or per section 13.05, subdivision 4. (Advisory Opinion 95-028) If an agency fails to give the Tennessean warning notice, the agency may not use or store the information received for any purpose

What is the connection between a Tennessean Warning notice and an informed consent?

After giving a Tennessean warning notice and collecting data from an individual, a government entity may wish to use the data differently than it described, or may wish to release the data to a different entity or person other than it described in the notice. In either of these situations, the government entity would need to obtain informed consent from the data subject.

What else should a government entity consider when creating Tennessean warning notices?

- A government entity should seek legal advice when developing Tennessean warning notices to ensure that they are tailored to meet the entity's specific needs for that data collection.
- A government entity should not try to develop an all-purpose Tennessean warning notice. Most government entities need to develop several Tennessean warnings, each one tailored for the specific program or reason for collecting the data.
- A government entity should consult its legal advisors to identify the specific legal authority to collect the data, which will help determine the specific reasons for which the entity is collecting the data, how it will use the data within the entity, and who outside the entity is authorized to get access to the data.
- The law does not require written Tennessean warning notices, but written documentation is recommended. It's a good idea to ask the individual to sign and date the notice, and give her/him a copy. If the Tennessean warning notice is given in electronic format, an eform should provide a way for the individual to indicate that s/he has read and understands the notice.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Court Services Agent

\_\_\_\_\_  
Date

**FREEBORN COUNTY COURT SERVICES  
AUTHORIZATION FOR RELEASE OF INFORMATION**

I, \_\_\_\_\_, hereby give permission to Freeborn County Court Services Department to obtain from and release to:

- ( ) SCHOOL: \_\_\_\_\_
- ( ) LAW ENFORCEMENT AGENCY: \_\_\_\_\_
- ( ) FREEBORN COUNTY DEPT OF HUMAN SERVICES: \_\_\_\_\_
- ( ) FREEBORN COUNTY MENTAL HEALTH CENTER: \_\_\_\_\_
- ( ) ALBERT LEA MEDICAL CENTER: \_\_\_\_\_
- ( ) FREEBORN COUNTY ATTORNEY OFFICE: \_\_\_\_\_
- ( ) \_\_\_\_\_
- ( ) \_\_\_\_\_

any information concerning or pertaining to the behavior, performance, progress and attendance that will aid and assist Freeborn County Court Services in providing court ordered supervision of the above listed client.

I also permit Freeborn County Court Services Department to have personal/telephone contact with the above-named individuals/agencies at any of the above facilities checked. A photocopy of this authorization is to be given the same force and effect as the original.

I also understand that I may revoke this consent at any time except to the extent that action has been taken in reliance on it.

(EXPIRES UPON TERMINATION OF PROBATION/DIVERSION. THIS AUTHORIZATION MUST BE RENEWED WITHIN ONE YEAR, IF CLIENT REMAINS ON SUPERVISION.)

DATED THIS \_\_\_\_\_ DAY OF \_\_\_\_\_, \_\_\_\_\_.

\_\_\_\_\_  
CLIENT

\_\_\_\_\_  
PARENT (if a juvenile)

\_\_\_\_\_  
PROBATION OFFICER