

**5th JUDICIAL DISTRICT DRUG COURT
LSI-R QUESTIONNAIRE / PERSONAL DATA SHEET**

Legal Name: _____

Last Name

First Name

Middle Name

Current Address: _____

House Number & Street Name

City

State

Zip Code

Mailing Address (if different): _____

How long have you lived at this address? _____ Number of people in the residence: _____

Home Phone: _____ Cell: _____ Message: _____

SSN: _____ - _____ - _____ DOB: _____ MALE FEMALE

Height: _____ Weight: _____ Age: _____ Hair Color: _____

Eye Color: _____ Glasses: _____ Contacts: _____ Complexion: _____

Dexterity: Left handed Right Handed Both

Scars or Tattoos? (Describe what & where) _____

Place of Birth (City & State) _____ U. S. Citizenship?: YES NO

Other Citizenship (if any) _____ Primary Language: _____

Marital Status: Single, never married Married Divorced Separated Widowed

Domestic Partner

RACE: Am Indian/ AK Native Asian Black/AFAM Hispanic Nat HI/ pacific Islander

White Not Declared

Ethnicity: Cuban Mexican Non Hispanic Not Declared Other Hispanic Puerto Rican

Criminal History

Any current or pending offenses? _____

How do you feel about your current situation? _____

Co-Defendant(s) (if any): _____

Were you under the influence of Alcohol and/or Drugs when you committed the crime(s)? _____

Age at first arrest: _____

Number of Prior ADULT CONVICTIONS: _____ Misdemeanor _____ Felony

EMPLOYMENT

Are you currently employed? Yes No

Present Employer: _____

Address: _____

Business address City State Zip

Telephone: _____ Title/Position _____ Wage/Salary: _____

Hours per week you work: _____ Date you started job: _____

Is your employer aware of your current legal situation? _____

Do you get along with your boss? _____ Do you like and/or respect him/her? _____ are you willing to follow his/ her orders? _____ seek their opinion on personal matters? _____

How would you score your job performance? _____

Do you get along with your co-workers _____; spend time with them after hours? _____?

Do you like your work? _____ Why? _____

Are you frequently unemployed? _____

How many jobs have you held during the past 10 years? _____

Do you have any problems holding steady employment? Yes No If yes, please explain: _____

During the past year, what is the longest period of time you have ever been unemployed? _____

Have you ever had continuous employment for a year or longer? Yes No ; if no, please explain: _____

Have you ever been fired? Yes No

EDUCATION

Did you graduate from High School? Yes No If yes, what year did you graduate? _____

If no, what was the highest grade you completed? _____ Did you obtain your GED? _____

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

How did you do in school? _____

Did you get along with your teachers? _____ Fellow students? _____

Did you do your homework? _____ What kind of grades did you get? _____

Do you have any problems reading, writing, speaking or understanding English? Yes No

If yes, please explain: _____

FINANCIAL

Have you ever filed bankruptcy? Yes No If yes, when: _____

Do any members of your household ever receive welfare, or other forms of social assistance? If yes, what

Are you worried about having sufficient money to pay debts? Yes No

Have you been denied credit because of a poor credit rating? Yes No

Have your wages ever been garnished? Yes No

With reference to the household in which you are now living (or where you were living at the time before arrest/incarceration), think about the following:

Do you have a long pattern of being able to financially take care of yourself? Yes No

Do you currently have any money problems? Yes No

Are your money problems: substantial / situational / or minor ?

Are your money problems manageable? Yes No

Are you under stress because of your money problems? Yes No

Do you have enough money to cover your monthly obligations? Yes No

FAMILY / PERSONAL

Father: _____ Living: Yes No Age: _____

Mother: _____ Living: Yes No Age: _____

Step Father: _____ Living: Yes No Age: _____

Step Mother: _____ Living: Yes No Age: _____

Were you ever adopted? Yes No

What kind of relationship do you have with your parents? _____

How often do you see them? _____

Are they helpful with problems you may have? _____ Are they aware of your current situation?

How is your relationship with other relatives? (Grandparents, brothers, sisters, cousins, aunts, uncles etc?)

Do any members of your family, including spouse and close relatives, have a criminal record? Yes No

If yes, who and what crime? _____

Have you ever been the victim and/or perpetrator of physical or sexual abuse? Yes No

If yes, please explain: _____

Do you belong to any type of social/fraternal/other organizations? Yes No If yes, name them:

Do you have any gang affiliations? Yes No ; if yes, which one(s)? _____

Do you have a lot of friends? _____

Do you enjoy doing things with your friends or do you prefer to be alone? _____

What percentage of your friends are/or have been involved in criminal activity? _____

What percentage of your friends has never been involved in criminal activity? _____

What percentage of your acquaintances are/or have been involved in criminal activity? _____

What percentages of your acquaintances have never been involved in criminal activity? _____

RESIDENCE

How many addresses have you had in the last year? _____

Do you like your current living situation? _____ Do you plan to move? _____

Do you take pride in your home – do you keep it clean and tidy, do yard work to make it presentable? _____ Do you live in a high crime neighborhood? _____

If yes, describe what happens: _____

Who are the other occupants in the home? _____

Are any members of your residence on probation/parole? Yes No

If yes, who is on probation/parole and who is their supervising officer? _____

Are there any children in the residence? _____

Are you satisfied /dissatisfied with your marital or equivalent situation? (circle one)

Do you have frequent arguments? _____

Do you ever argue about friends _____, leisure time _____, ex-partners _____ ?

Do you have difficulty with openness _____, warmth _____, intimacy _____, communication _____?

Are you going through a separation or divorce? Yes No

Have you been contemplating divorce? Yes No

Are you able to accept your separation or divorce? Yes No

Have there been problems with child access and/or custody issues? Yes No

Have you ever experienced or are you currently experiencing harassment , physical abuse ,
psychological abuse , sexual abuse from your partner or ex-partner?

If you are single, do you enjoy being single or would you rather be in a relationship? _____

SUBSTANCE ABUSE

Alcohol

How old were you when you first began drinking alcoholic beverages? _____

On average, how often do you become intoxicated? _____

Have you ever attended counseling or a treatment program for alcohol? Yes No

If yes, please explain when and where? _____

In what setting did you receive treatment?

Residential / Intensive Outpatient / outpatient / Aftercare / Detox Facility

Outcome: Completed Did not Complete Non-completion reason: _____

If you completed the program, how soon after completion did you resume drinking? (if at all) _____

Do you feel you currently have an alcohol problem? Yes No Unsure

Do you feel you have ever had a problem with alcohol? Yes No Unsure

Do you drink when you first get up in the morning? Yes No

Do you have a desire to stop drinking? Yes No

Would you like assistance with doing so? Yes No

Drugs

How old were you when you first used illegal drugs or prescription medication not prescribed to you? _____

What illegal drugs or prescription medications not prescribed to you have you used? _____

How often did/do you use drugs? _____

Have you ever had counseling or attended a treatment program for drug abuse issues? Yes No

If yes, please explain when and where: _____

In what setting did you receive treatment?

Residential / Intensive Outpatient / Outpatient / Aftercare / Detox Facility

Outcome: Completed Did not Complete Non-completion reason: _____

If you completed the program, how soon after completion did you resume doing drugs? (if at all)

Do you feel you currently have a problem with drug use? Yes No Unsure

Do you feel you ever had a problem with drug use? Yes No Unsure

Do you have a desire to stop using drugs? Yes No

Would you like assistance with doing so? Yes No

Do you think your use of alcohol and/or drugs has contributed to any law violations? Yes No

If yes, please explain: _____

Has your family commented about your alcohol and/or drug use? _____

Have you had problems in school or work due to alcohol and/or drug use? _____

Have you experienced any medical problems due to alcohol and/or drug use? Yes No if yes, please explain _____

Have you experienced any financial difficulties due to alcohol and/or drug use? Yes No

Have you ever drunk or taken drugs to avoid a hangover or symptoms of withdrawal? Yes No

Do you have any family members with chemical dependency problems? Yes No

What percentage of your friends use alcohol and/or drugs? _____

What percentage of your social activities include alcohol and/or drugs? _____

Drug use histories please complete the following information:

DRUGS

DRUG NAME	AGE OF FIRST USE	DESCRIBE PATTERN OF USE (Frequency and method)	DATE OF LAST USE
Marijuana/hashish			
Methamphetamine (crank, speed, crystal)			
Cocaine/crack			
Heroin/methadone			
Hallucinogens – LSD, PCP, mushrooms, Peyote			
Designer/Club drugs – Ecstasy, MDA, GHB, Vitamin K			
ABUSED prescription meds		List meds:	
ABUSED - over-the-counter medications, antabuse., etc.		List type:	
Inhalants		List type:	

PHYSICAL HEALTH

Are you currently under a doctor’s care? Yes No If yes, please explain _____

Please list any medical conditions and provide names of any prescription medication you are currently taking: _____

MENTAL HEALTH

Have you ever obtained a mental health screening? Yes No If yes, what was the outcome of that screening? _____

Have you ever received psychological counseling? Yes No

If yes, give the name, address and telephone number of the doctor or counselor: _____

How often did you or are you currently attending counseling? _____

Have you ever attempted or considered suicide? If yes explain: _____

Do you think you need counseling now? Yes No If yes, please explain: _____

Were you ever admitted to a mental (psychiatric) institution: Yes No If yes, please explain , why, when and where also include your length of stay: _____

Do you worry too much? _____ Do you sleep well? _____ Are you depressed? _____

ATTITUDES/ORIENTATION

How do you feel about your current legal situation? _____

How do you feel about participating in the 5th Judicial Drug Court? _____

Do you feel you can successfully complete the Drug Court Program? Yes No
If no, please explain: _____

Do you think the conditions of Drug Court are fair and reasonable? Yes No
If no, please explain: _____

The information provided in this questionnaire is true and accurate to the best of my knowledge.

Signature

Date