



## Iowa Department of Corrections

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BETH SKINNER, PHD, DIRECTOR  
DARIN COX, 5<sup>TH</sup> DISTRICT DIRECTOR

The Court has ordered our department to complete a pre-sentence investigation in your criminal case. Even if you have waived the use of a pre-sentence report for sentencing purposes, state law requires that a pre-sentence investigation be completed.

**If you are out of custody, you have TWO (2) DAYS to contact the Pre-Sentence Investigation Office.** Please call **(515) 242-6602** to schedule your pre-sentence interview. Please THOROUGHLY complete the attached PSI data form **IN BLACK INK**, answering each question completely and to the best of your knowledge. Use **"NA"** for questions that do not apply to you rather than leaving them blank.

There are also **TWO** releases of information attached that require **THREE** signatures from you. This will allow us to verify the information we gather during the PSI interview.

**IF YOU ARE IN JAIL CUSTODY** and have not been sentenced, you are responsible for completing this packet. **PLEASE DO THIS TODAY AND TURN IT INTO JAIL STAFF.**

Thank you for your Cooperation,

*Presentence Investigation Unit*

Mission Statement:

*We protect the public, employees, and offenders from victimization,  
and we seek to help transform offenders into productive and responsible Iowa citizens.*

<https://doc.iowa.gov/>

## PSI BIO FORM (USE BLACK INK)

PSI Writer \_\_\_\_\_ Date \_\_\_\_\_

Full Legal Name \_\_\_\_\_ ☐ Male ☐ Female

Birth name (if different) \_\_\_\_\_

Other Names Used \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth \_\_\_\_\_

Place of Birth \_\_\_\_\_ Date that you entered the US \_\_\_\_\_

Illegal alien ☐ Yes ☐ No Alien Resident ☐ Yes ☐ No

Height \_\_\_\_\_ Weight \_\_\_\_\_ Eyes \_\_\_\_\_ Hair \_\_\_\_\_ Race \_\_\_\_\_

### Tattoos - Locations and Descriptions

1.) \_\_\_\_\_ 4.) \_\_\_\_\_  
2.) \_\_\_\_\_ 5.) \_\_\_\_\_  
3.) \_\_\_\_\_ 6.) \_\_\_\_\_

### Marks and Scars - Locations

1.) \_\_\_\_\_ 3.) \_\_\_\_\_  
2.) \_\_\_\_\_ 4.) \_\_\_\_\_

### Piercing(s) - Locations

1.) \_\_\_\_\_ 2.) \_\_\_\_\_ 3.) \_\_\_\_\_

## CRIMINAL HISTORY

Co-defendant(s) in this case \_\_\_\_\_

Date of Arrest \_\_\_\_\_ Date of Release \_\_\_\_\_

Who posted your bond? \_\_\_\_\_

Were you on probation or parole at the time of this arrest? ☐ Yes ☐ No

If yes, who was your supervising officer? \_\_\_\_\_

Describe your relationship with your probation/parole officer \_\_\_\_\_

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

## **JUVENILE**

List all crimes you were charged with as a juvenile (under the age of 18) \_\_\_\_\_

What county and state? \_\_\_\_\_

Age at the time of first charge? \_\_\_\_\_

Were you ever placed on juvenile probation? ☐ Yes ☐ No

Were you placed in a group home or correctional facility? ☐ Yes ☐ No

If yes, name and location? \_\_\_\_\_

## **ADULT**

Have you ever been arrested OUTSIDE of the state of Iowa? ☐ Yes ☐ No

### **List below**

Charge	Place	Date	Sentence
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

Have you ever been sentenced to jail, prison, or a residential facility outside of the State of Iowa? ☐ Yes ☐ No

If yes, when and where? \_\_\_\_\_

Have you ever escaped or attempted to escape from a youth or adult correctional or residential facility outside of the State of Iowa? ☐ Yes ☐ No

If yes, when and where? \_\_\_\_\_

Are you required to register as a Sex Offender? ☐ Yes ☐ No

What is the status of your driver's license? \_\_\_\_\_

In what state was your last driver's license issued? \_\_\_\_\_

## EMPLOYMENT (Bring a current pay stub, must be verified)

If you are **NOT** employed, which of the following applies?

☐ Unemployed    ☐ Disabled    ☐ Retired    ☐ Laid off    Start Date of this Status \_\_\_\_\_

**Current Employer**    Name and Address \_\_\_\_\_

Occupation \_\_\_\_\_ Start Date \_\_\_\_\_

Rate of Pay \_\_\_\_\_ How many hours a week do you work? \_\_\_\_\_

Supervisor \_\_\_\_\_ Phone \_\_\_\_\_

Is your supervisor aware of these charges and what did they say about them?    ☐ Yes    ☐ No

How would your supervisor rate your performance? \_\_\_\_\_

How well do you like your job and how long do you intend to work there? \_\_\_\_\_

**Previous Employer**    Name and Address \_\_\_\_\_

Occupation \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

**Previous Employer**    Name and Address \_\_\_\_\_

Occupation \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Rate of Pay \_\_\_\_\_ Number of hours worked per week \_\_\_\_\_

Reason for Leaving? \_\_\_\_\_

Have you ever been fired or quit without notice?    ☐ Yes    ☐ No    If so, why? \_\_\_\_\_

Have you ever reported for work high, drunk or hung over?    ☐ Yes    ☐ No

What problems have you had with co-workers or supervisors? \_\_\_\_\_

How do you react when you are given a task on the job? \_\_\_\_\_

Have you ever violated work rules and why? \_\_\_\_\_

What are your career goals and what steps have you taken to achieve these goals? \_\_\_\_\_

## MILITARY RECORDS

Have you ever served in the United States Armed Forces? ☐ Yes ☐ No

Branch of Service \_\_\_\_\_ Type of Discharge \_\_\_\_\_

Occupation \_\_\_\_\_ Start Date \_\_\_\_\_ End Date \_\_\_\_\_

Are you eligible for VA benefits? ☐ Yes ☐ No

Have you experienced trauma as a result of deployment? ☐ Yes ☐ No

## EDUCATION

Last High School Attended and Location \_\_\_\_\_

What year did you graduate? \_\_\_\_\_

If not, what is the highest grade completed? \_\_\_\_\_

Reason for leaving school \_\_\_\_\_

Were you ever suspended? ☐ Yes ☐ No Were you ever expelled? ☐ Yes ☐ No

If yes, why? \_\_\_\_\_

Have you been diagnosed with a learning difficulty in school? ☐ Yes ☐ No

☐ ADD ☐ ADHD ☐ Dyslexia ☐ Other \_\_\_\_\_

Age of Diagnosis \_\_\_\_\_ Medication(s) Prescribed \_\_\_\_\_

Were you placed in Special Education, Resource, or Behavior Disorder classes? ☐ Yes ☐ No

If yes, specify \_\_\_\_\_

Do you have difficulty reading or writing English? ☐ Yes ☐ No

If GED, Issued by \_\_\_\_\_ State and County \_\_\_\_\_ When? \_\_\_\_\_

Colleges attended (include degrees, certifications, and licenses) \_\_\_\_\_

What are your educational goals and what steps are you taking to achieve these goals? \_\_\_\_\_

## FINANCIAL

Including all sources, what was your total income for last year? \$ \_\_\_\_\_

Was any of this income a result of illegal activities (i.e. theft, selling drugs, etc.)? ☐ Yes ☐ No

Do you pay your bills on time? ☐ Yes ☐ No

Do you have an active savings and/or checking account? ☐ Yes ☐ No

Have you ever declared bankruptcy or been advised to do so? ☐ Yes ☐ No  
Do you worry about having enough money to meet your needs? ☐ Yes ☐ No  
Have your wages ever been garnished? ☐ Yes ☐ No

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

Are you ordered to pay child support? ☐ Yes ☐ No What State? \_\_\_\_\_

If yes, how much per month? \$ \_\_\_\_\_ Amount Behind? \_\_\_\_\_

Have you or anyone in your household received any type of financial assistance in the last year? ☐ Yes ☐ No

\*If yes, circle those that apply (Food Stamps, FIP, WIC, Medical Benefits, Unemployment, Disability, Worker's Compensation, Housing Assistance)

How often do you gamble? \_\_\_\_\_

Has gambling ever been a problem for you? ☐ Yes ☐ No

If yes, explain \_\_\_\_\_

### **DEBT INFORMATION**

List your total debts and amount owed for each (exclude court obligations i.e. fines, restitution, court costs)

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

### **ASSET INFORMATION**

List each of your assets and their worth \$ \_\_\_\_\_

\_\_\_\_\_

## **FAMILY**

Are you adopted? ☐ Yes ☐ No

**BIOLOGICAL/ADOPTED FATHER** ☐ Living ☐ Deceased

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Employment \_\_\_\_\_

Does he have a history of alcohol or drug abuse? ☐ Yes ☐ No

Does he have a criminal history? ☐ Yes ☐ No

How often do you have contact? \_\_\_\_\_

Describe your relationship with your father \_\_\_\_\_

\_\_\_\_\_

**STEPFATHER**☐ Living☐ Deceased

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_ Phone Number \_\_\_\_\_

Employment \_\_\_\_\_

Does he have a history of alcohol or drug abuse? ☐ Yes ☐ NoDoes he have a criminal history? ☐ Yes ☐ No

How often do you have contact? \_\_\_\_\_

Describe your relationship with your adopted or stepfather \_\_\_\_\_

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**BIOLOGICAL/ADOPTED MOTHER**☐ Living☐ Deceased

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Maiden Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Employment \_\_\_\_\_

Does she have a history of alcohol or drug abuse? ☐ Yes ☐ NoDoes she have a criminal history? ☐ Yes ☐ No

How often do you have contact? \_\_\_\_\_

Describe your relationship with your mother \_\_\_\_\_

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**STEPMOTHER**☐ Living☐ Deceased

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Maiden Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Address \_\_\_\_\_

Employment \_\_\_\_\_

Does she have a history of alcohol or drug abuse? ☐ Yes ☐ NoDoes she have a criminal history? ☐ Yes ☐ No

How often do you have contact? \_\_\_\_\_

Describe your relationship with your adopted or stepmother \_\_\_\_\_

**BROTHERS AND SISTERS** (Please List All)

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Employment \_\_\_\_\_

Is this sibling? ☐ Full ☐ Half ☐ Step ☐ Adopted

Does your sibling have a history of alcohol or drug abuse? ☐ Yes ☐ No

Does your sibling have a criminal history? ☐ Yes ☐ No

How often do you have contact? \_\_\_\_\_

Describe your relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Employment \_\_\_\_\_

Is this sibling? ☐ Full ☐ Half ☐ Step ☐ Adopted

Does your sibling have a history of alcohol or drug abuse? ☐ Yes ☐ No

Does your sibling have a criminal history? ☐ Yes ☐ No

How often do you have contact? \_\_\_\_\_

Describe your relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Employment \_\_\_\_\_

Is this sibling? ☐ Full ☐ Half ☐ Step ☐ Adopted

Does your sibling have a history of alcohol or drug abuse? ☐ Yes ☐ No

Does your sibling have a criminal history? ☐ Yes ☐ No

How often do you have contact? \_\_\_\_\_

Describe your relationship \_\_\_\_\_

Name \_\_\_\_\_ Date of birth \_\_\_\_\_

Address \_\_\_\_\_

Phone Number \_\_\_\_\_ Occupation \_\_\_\_\_

Is this sibling? ☐ Full ☐ Half ☐ Step ☐ Adopted



Does your sibling have a history of alcohol or drug abuse? ☐ Yes ☐ No

Does your sibling have a criminal history? ☐ Yes ☐ No

How often do you have contact? \_\_\_\_\_

Describe your relationship \_\_\_\_\_

Provide a brief overview of your childhood. (Living conditions, discipline, family life) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Did you have adequate food, clothing, and shelter during your childhood? ☐ Yes ☐ No

If no, explain \_\_\_\_\_

Were you ever physically, emotionally, verbally or sexually abused as a child? ☐ Yes ☐ No

If yes, explain \_\_\_\_\_

Have any of your immediate family members been diagnosed with a mental health ☐ Yes ☐ No

condition? If so, explain \_\_\_\_\_

\_\_\_\_\_

Who makes up your support system and how do they assist you? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

What does your family say to you about your legal trouble and how has it changed your family relationships? \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

## MARITAL

Are you currently in a relationship? ☐ Yes ☐ No Length of this relationship \_\_\_\_\_

Type of Relationship ☐ Marriage ☐ Common Law ☐ Long Term ☐ Dating

Your current partner's name (spouse or significant other) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Partner's Maiden Name \_\_\_\_\_

Address \_\_\_\_\_

Date of Marriage \_\_\_\_\_ Telephone Number \_\_\_\_\_

Occupation \_\_\_\_\_ Employer \_\_\_\_\_

Is your partner involved in this offense? ☐ Yes ☐ No

Does your partner have a criminal history? ☐ Yes ☐ No

Explain \_\_\_\_\_

Has your partner ever abused alcohol or drugs? ☐ Yes ☐ No

Do you feel you are in a good relationship? ☐ Yes ☐ No

Does your partner put you down or make unreasonable demands on you? ☐ Yes ☐ No

How has your legal trouble affected your relationship? \_\_\_\_\_

What would make your relationship better? \_\_\_\_\_

What do you and your partner argue about most? \_\_\_\_\_

How do you solve disagreements in the relationship? \_\_\_\_\_

Have fights with your partner ever gotten physical? ☐ Yes ☐ No

Have you ever been physically, verbally, emotionally, or sexual abused by a partner? ☐ Yes ☐ No

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

### **PRIOR RELATIONSHIP**

Type of relationship ☐ Marriage ☐ Common law ☐ Long term ☐ Dating

Name of partner \_\_\_\_\_ Length of relationship \_\_\_\_\_

When did the relationship end and why? \_\_\_\_\_

Were there domestic incidents? ☐ Yes ☐ No

### **PRIOR RELATIONSHIP**

Type of relationship ☐ Marriage ☐ Common law ☐ Long term ☐ Dating

Name of partner \_\_\_\_\_ Length of relationship \_\_\_\_\_

When did the relationship end and why? \_\_\_\_\_

Were there domestic incidents? ☐ Yes ☐ No

## CHILDREN

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Other parent \_\_\_\_\_

Who does your child live with? \_\_\_\_\_

Describe your relationship and level of contact with your child \_\_\_\_\_

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Other parent \_\_\_\_\_

Who does your child live with? \_\_\_\_\_

Describe your relationship and level of contact with your child \_\_\_\_\_

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Other parent \_\_\_\_\_

Who does your child live with? \_\_\_\_\_

Describe your relationship and level of contact with your child \_\_\_\_\_

Name \_\_\_\_\_ Date Of Birth \_\_\_\_\_ ☐ Male ☐ Female

Address \_\_\_\_\_

Phone number \_\_\_\_\_ Other parent \_\_\_\_\_

Who does your child live with? \_\_\_\_\_

Describe your relationship and level of contact with your child. \_\_\_\_\_

Do you have any issues with child access or custody? ☐ Yes ☐ No

Do you feel overwhelmed with parenting duties? ☐ Yes ☐ No

How do you discipline your children? \_\_\_\_\_

Have any of your children been involved in criminal activity? ☐ Yes ☐ No

Have any of your children ever used drugs or alcohol? ☐ Yes ☐ No

## RESIDENTIAL HISTORY

Current address (**OR** your address at the time of your arrest if you are currently in jail)

Start Date \_\_\_\_\_ Phone \_\_\_\_\_ Email \_\_\_\_\_

Living with? \_\_\_\_\_ Monthly rent or mortgage \$ \_\_\_\_\_

Do you plan to return to this address following sentencing? ☐ Yes ☐ No

If not, where will you live (include street, city, and state)? \_\_\_\_\_

Describe your neighborhood (i.e., quiet, middle class, high police presence, frequent raids, gang activity, drug activity, etc.)

Do you feel safe at this home? ☐ Yes ☐ No

How long do you see yourself living here? \_\_\_\_\_

Is anyone living at this address using drugs and/or alcohol? ☐ Yes ☐ No

Is anyone living at this address on probation or parole? ☐ Yes ☐ No

Previous address \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Who did you live with? \_\_\_\_\_

Previous address \_\_\_\_\_

Start date \_\_\_\_\_ End date \_\_\_\_\_

Who did you live with? \_\_\_\_\_

Other states of residence \_\_\_\_\_

## LEISURE/RECREATION

What community organizations have you participated in over the last year and what is your level of involvement? \_\_\_\_\_

What things do you do in a typical day? \_\_\_\_\_

How have your activities changed since your arrest? \_\_\_\_\_

## COMPANIONS

Describe the people you were associating with prior to your arrest \_\_\_\_\_

Have your peer relationships changed since your arrest? If so, how? \_\_\_\_\_

Do you spend time with friends who have no substance abuse or criminal history? ☐ Yes ☐ No

How do you spend your time together? \_\_\_\_\_

Do you consider yourself a loner? ☐ Yes ☐ No

Do you find it difficult confiding in others? ☐ Yes ☐ No

Do you find it difficult to trust others? ☐ Yes ☐ No

Have you ever been affiliated with or a member of a gang? ☐ Yes ☐ No

If so, which one and for how long? \_\_\_\_\_

## ALCOHOL/DRUG PROBLEMS

Age of first alcohol use \_\_\_\_\_ Date of last alcohol use \_\_\_\_\_

In the last year, how many times a week did you consume alcohol? \_\_\_\_\_

How many drinks did you consume each time? \_\_\_\_\_

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

Do you feel you have had an alcohol problem in the past? ☐ Yes ☐ No

Were you under the influence of alcohol at the time these charges occurred? ☐ Yes ☐ No

If yes, how much did you have to drink? \_\_\_\_\_

### List all of the drugs that you have used in your lifetime even if it was only once

1.) \_\_\_\_\_ Age at first use \_\_\_\_\_ Date of last use \_\_\_\_\_

Age at heaviest usage \_\_\_\_\_ How often were you using? \_\_\_\_\_

Pattern of use in the past year (daily, 3x a week, etc.) \_\_\_\_\_

Methods of use \_\_\_\_\_

2.) \_\_\_\_\_ Age at first use \_\_\_\_\_ Date of last use \_\_\_\_\_

Age at heaviest usage \_\_\_\_\_ How often were you using? \_\_\_\_\_

Pattern of use in the past year (daily, 3x a week, etc.) \_\_\_\_\_

Methods of use \_\_\_\_\_

3.) \_\_\_\_\_ Age at first use \_\_\_\_\_ Date of last use \_\_\_\_\_

Age at heaviest usage \_\_\_\_\_ How often were you using? \_\_\_\_\_

Pattern of use in the past year (daily, 3x a week, etc.) \_\_\_\_\_

Methods of use \_\_\_\_\_

4.) \_\_\_\_\_ Age at first use \_\_\_\_\_ Date of last use \_\_\_\_\_

Age at heaviest usage \_\_\_\_\_ How often were you using? \_\_\_\_\_

Pattern of use in the past year (daily, 3x a week, etc.) \_\_\_\_\_

Methods of use \_\_\_\_\_

5.) \_\_\_\_\_ Age at first use \_\_\_\_\_ Date of last use \_\_\_\_\_

Age at heaviest usage \_\_\_\_\_ How often were you using? \_\_\_\_\_

Pattern of use in the past year (daily, 3x a week, etc.) \_\_\_\_\_

Methods of use \_\_\_\_\_

Were you under the influence of any drugs at the time these charges occurred? ☐ Yes ☐ No

If yes, please specify \_\_\_\_\_

Do you have easy access to drugs and/or alcohol? ☐ Yes ☐ No

What triggers you to want to use drugs or alcohol? \_\_\_\_\_

How are you dealing with staying away from drugs and/or alcohol? \_\_\_\_\_

Who or what influences you to stay clean/sober? \_\_\_\_\_

Have you had a substance abuse evaluation since this arrest? ☐ Yes ☐ No

If yes, by whom? \_\_\_\_\_

What was their recommendation? \_\_\_\_\_

### **TREATMENT HISTORY**

Agency \_\_\_\_\_ When? \_\_\_\_\_

☐ Inpatient ☐ Outpatient ☐ Aftercare ☐ Education

Did you complete the treatment? ☐ Yes ☐ No

Agency \_\_\_\_\_ When? \_\_\_\_\_

☐ Inpatient ☐ Outpatient ☐ Aftercare ☐ Education

Did you complete the treatment? ☐ Yes ☐ No

Agency \_\_\_\_\_ When? \_\_\_\_\_

☐ Inpatient ☐ Outpatient ☐ Aftercare ☐ Education

Did you complete the treatment? ☐ Yes ☐ No

## EMOTIONAL PERSONAL HEALTH INFORMATION

Are you currently experiencing any symptoms of depression, anxiety, or insomnia? ☐ Yes ☐ No

Current Diagnosis \_\_\_\_\_ Agency/Doctor \_\_\_\_\_

Current Medications/Therapy \_\_\_\_\_

Date your current treatment started \_\_\_\_\_

Where have you received mental health treatment in the past?

Diagnosis \_\_\_\_\_ Agencies \_\_\_\_\_

Medications/Therapy \_\_\_\_\_

Have you suffered a traumatic experience that continues to affect your day to day life (such as abuse, natural disaster, war, death of a loved one, witness of a violent act, discrimination)? ☐ Yes ☐ No

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

Have you ever had suicidal thoughts or attempted suicide? ☐ Yes ☐ No

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

Do you act out in a physical manner when you get angry? ☐ Yes ☐ No

Do you actively seek revenge on others? ☐ Yes ☐ No

### List any physical health problems

Medical Problem

Medication

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Allergies \_\_\_\_\_

## ORIENTATION

How often do you think about potential consequences before making decisions/acting?

What might help you make better decisions in your life? \_\_\_\_\_

What are the most significant reasons for the trouble you've had with the law? \_\_\_\_\_

What is your overall opinion of the law, police, courts, and corrections systems? \_\_\_\_\_

Do you feel your charge(s) is fair? Explain \_\_\_\_\_

What changes have you made since this offense to have a better life? \_\_\_\_\_

What obstacles will you need to overcome to be successful on probation? \_\_\_\_\_



### DEFENDANT'S VERSION OF THE OFFENSE

In the space below, write out your side of the story of how this crime happened.  
Please sign and date this page when completed

Signature

---

Date

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# Iowa Mental Health Screen<sup>©</sup>

Tony Tatman, Ph.D.  
Iowa Department of Corrections, Fifth District

Name: \_\_\_\_\_ Date of Birth: \_\_\_\_\_ Today's Date: \_\_\_\_\_

1. Please list any psychiatric medications you have taken within the last year and what they treat. \_\_\_\_\_

2. Have you ever been in the hospital for emotional or mental health reasons? YES NO  
If "YES", how many times? \_\_\_\_\_ When was the last time? \_\_\_\_\_

3. Have you ever been diagnosed with a mental health diagnosis? YES NO  
If "YES", what? \_\_\_\_\_

**Please circle your answer to each question, or item that best matches how you currently feel, below. Thank you.**

- |  |  |
|--|--|
| 4. 0 I do not feel sad<br>1 I feel sad<br>2 I am sad all the time and I can't snap out of it<br>3 I am so sad and unhappy that I can't stand it  | 11. 0 I really don't seem to worry about too much<br>1 I sometimes worry about things, but it really isn't a problem<br>2 I am worried about things and it's hard to think of much else<br>3 I worry about things all the time   |
| 5. 0 I am not really discouraged about the future<br>1 I feel discouraged about the future<br>2 I feel I have nothing to look forward to<br>3 I feel the future is hopeless and that things cannot improve                                       | 12. 0 I feel fine in public places<br>1 I sometimes feel nervous in public places, but it isn't really a problem<br>2 My nervousness or fear <b>sometimes</b> keeps me from going out in public<br>3 My nervousness or fear <b>usually</b> keeps me from going out in public   |
| 6. 0 I get as much satisfaction out of things as I used to<br>1 I don't enjoy things the way I used to<br>2 I don't get real satisfaction out of anything anymore<br>3 I am dissatisfied with everything   | 13. 0 I have not experienced a traumatic event (e.g., witnessed a death, natural disaster, or abuse).<br>1 I have experienced a traumatic event in my life, but it hasn't really affected me lately<br>2 I routinely think about, and am impacted by, a traumatic event in my life<br>3 Effects of a traumatic event in my life impact me in some way every day or most of the time.   |
| 7. 0 I don't feel disappointed in myself<br>1 I am disappointed in myself<br>2 I am disgusted with myself<br>3 I hate myself   | 14. Have you experienced, or have friends or family told you...<br><b>(circle all that apply)</b><br>1 ... you are sleeping less (e.g., sleeping 3 hours a night and feeling rested)<br>1 ... you are more talkative than usual or an urge to keep talking at times<br>1 ... have racing thoughts<br>1 ... over activity in fun activities that have a potential for negative consequences (shopping, drinking, sex, travel,...) |
| 8. 0 I don't have any thoughts of killing myself<br>1 I have thoughts of killing myself, but I would not act on them<br>2 I would like to kill myself<br>3 I would kill myself if I had a chance   |  |
| 9. 0 I have not lost interest in other people<br>1 I am less interested in other people that I used to be<br>2 I have lost most of my interest in other people<br>3 I have lost all my interest in other people                                  |  |
| 10. 0 I can concentrate about as well as I ever could<br>1 Some days I have problems concentrating, but it really isn't a problem<br>2 I have greater difficulty concentrating now than I used to<br>3 I can't really concentrate at all anymore |  |

Office Use Only

ICON Number: \_\_\_\_\_

4-14 Total \_\_\_\_\_

**Please circle your answer to each question below.**

- |  |                  |                 |
|--|------------------|-----------------|
| 15. Do you think that people are spying on you?                                | YES <sub>1</sub> | NO <sub>0</sub> |
| 16. Can you read other people's minds, or hear what other people are thinking? | YES <sub>1</sub> | NO <sub>0</sub> |
| 17. Do you hear things other people couldn't hear, like voices?                | YES <sub>1</sub> | NO <sub>0</sub> |
| 18. Do you see things other people couldn't see?                               | YES <sub>1</sub> | NO <sub>0</sub> |

Office Use Only

15-18 Total \_\_\_\_\_

**Please answer these items based on your drinking or drug use in the past year.**

19. Have you ever been arrested for an alcohol or drug related charge (e.g., OWI, possession, public intoxic)? YES<sub>5</sub> NO<sub>0</sub>  
 If "YES", how many times? \_\_\_\_\_

		0	1	2	3	4
20.	How often do you have a drink of alcohol or use drugs?	Never	Monthly	2-4 times a month	2-3 times a week	4 or more times a week
21.	How many drinks do you have on a typical day when you are drinking?	1 or 2	3 or 4	5 or 6	7 to 9	10 or more
22.	How often do you have six or more drinks on 1 occasion?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
23.	How often during the last year have you found that you were unable to stop drink or using drugs once you started?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
24.	How often during the last year have you failed to do what was normally expected of you because of your drinking or drug use?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
25.	How often during the last year have you needed a drink or use drugs first thing in the morning?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
26.	How often during the last year have you felt guilt or remorse after drinking or using drugs?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
27.	How often during the last year have you been unable to remember what happened the night before because of drinking or drug use?	Never	Less than monthly	Monthly	Weekly	Daily or almost daily
28.	Have you or someone else been injured as a result of your drinking or drug use?	No		Yes, but not in the last year		Yes, during the last year
29.	Has a friend, relative, or doctor or other health worker been concerned about your drinking or drug use or suggest you cut down?	No		Yes, but not in the last year		Yes, during the last year

Office Use Only

19-29 Total \_\_\_\_\_

**Please read each statement carefully and decide if that statement describes you or not. If it describes you, check the word "True"; if not, check the word "False."**

- |   |                   |                    |
|---|-------------------|--------------------|
| 30. I always admit my mistakes openly and face the potential negative consequences.       | True <sub>1</sub> | False <sub>0</sub> |
| 31. In traffic I am always polite and considerate of others.                              | True <sub>1</sub> | False <sub>0</sub> |
| 32. I always accept others' opinions, even when they don't agree with my own.             | True <sub>1</sub> | False <sub>0</sub> |
| 33. In conversations I always listen attentively and let others finish their sentences.   | True <sub>1</sub> | False <sub>0</sub> |
| 34. I never hesitate to help someone in case of emergency.                                | True <sub>1</sub> | False <sub>0</sub> |
| 35. When I have made a promise, I keep it – no ifs, ands or buts.                         | True <sub>1</sub> | False <sub>0</sub> |
| 36. I would never live off other people.  | True <sub>1</sub> | False <sub>0</sub> |
| 37. I always stay friendly and courteous with other people, even when I am stressed out.  | True <sub>1</sub> | False <sub>0</sub> |
| 38. During arguments I always stay objective and matter-of-fact.                          | True <sub>1</sub> | False <sub>0</sub> |
| 39. I always eat a healthy diet.  | True <sub>0</sub> | False <sub>1</sub> |
| 40. Sometimes I only help because I expect something in return.                           | True <sub>0</sub> | False <sub>1</sub> |
| 41. I sometimes litter.   | True <sub>0</sub> | False <sub>1</sub> |
| 42. I take out my bad moods on others now and then.                                       | True <sub>0</sub> | False <sub>1</sub> |
| 43. There has been an occasion when I took advantage of someone else.                     | True <sub>0</sub> | False <sub>1</sub> |
| 44. I occasionally speak badly of others behind their back.                               | True <sub>0</sub> | False <sub>1</sub> |
| 45. There has been at least one occasion when I failed to return an item that I borrowed. | True <sub>0</sub> | False <sub>1</sub> |

Office Use Only

30-45 Total \_\_\_\_\_



# Iowa Department of Corrections

KIM REYNOLDS, GOVERNOR  
CHRIS COURNOYER, LT. GOVERNOR

BETH SKINNER, PHD, DIRECTOR  
DARIN COX, 5<sup>TH</sup> DISTRICT DIRECTOR

## REQUEST/AUTHORIZATION FOR RELEASE OF PATIENT INFORMATION

Patient's Name \_\_\_\_\_ Birth Date: \_\_\_\_\_  
Social Security Number: \_\_\_\_\_ Phone Number: \_\_\_\_\_  
Address: \_\_\_\_\_  
City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I, the undersigned, do authorize and request \_\_\_\_\_  
to release information from my (the patient's) medical records to:

**Fifth District  
Department of Corrections  
1000 Washington Avenue  
Des Moines, IA 50314**

**Requestor:  
Phone:  
Fax:**

I agree that your agency may release information from \_\_\_\_\_ to \_\_\_\_\_ concerning the following medical records:  
date date

I hereby authorize the release and/or disclosure of my individually identifiable health information as described below:

- ☒ Discharge Summary    ☒ History & Physical    ☒ Medications    ☒ Social History  
☒ Evaluation    ☒ Diagnosis    ☒ Progress Summary    ☒ Other

This information is being disclosed and may be used only for the following purpose(s): **Presentence Investigation**

### SPECIFIC AUTHORIZATION FOR RELEASE OF INFORMATION PROTECTED BY STATE OR FEDERAL LAW

I specifically authorize the release of data and information relating to: (check appropriate box(s))

- ☒ Mental Health treatment    ☒ Drug or Alcohol Abuse treatment    ☒ HIV/AIDS test results

**\*X**

**\*In order for this information to be released, you must sign here and below and check the appropriate box(es).**

This authorization is effective for one year from the date on which it is signed. I understand that I may revoke this authorization at any time, except to the extent that action has already been taken in reliance upon it, by giving written notice to the treatment facility. I understand that I have the right to inspect the information to be disclosed upon proper notification to and under appropriate conditions established by your treatment facility.

I understand that my health care and payment for my health care will not be affected if I do not sign this form.

I understand that if the organization authorized to receive the information is not a health plan or health care provider; the released information may no longer be protected by federal privacy regulations. I understand this authorization is voluntary.

#### Prohibition of Redisclosure

This form does not authorize redisclosure of medical information beyond the limits of this consent. Where information has been disclosed from records protected by Federal law for alcohol/drug abuse records or by state law for mental health records, and HIV/AIDS test results, federal requirements (42C.F.R. Part 2) and state requirements (Iowa Code ch. 228 & ch. 141) prohibit further disclosure without the specific written consent of the patient, or as otherwise permitted by such law and/or regulations. A general authorization for release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may result for unauthorized disclosure of alcohol/drug abuse or mental health related information or HIV/AIDS test results

**Signature of Patient** or Patient's Authorized Representative

Relationship of Authorized Representative

Witness (optional)

Date



# Iowa Department of Corrections

KIM REYNOLDS, GOVERNOR  
CHRIS COURNOYER, LT. GOVERNOR

BETH SKINNER, PHD, DIRECTOR  
DARIN COX, 5<sup>TH</sup> DISTRICT DIRECTOR

## AUTHORIZATION AND CONSENT FOR RELEASE OF CONFIDENTIAL INFORMATION

NAME: \_\_\_\_\_ D.O.B.: \_\_\_\_\_ SSN: \_\_\_\_\_

A.K.A./MAIDEN NAME: \_\_\_\_\_

RACE: \_\_\_\_\_ SEX: \_\_\_\_\_ EYES: \_\_\_\_\_ HGT: \_\_\_\_\_ WGT: \_\_\_\_\_

I, the undersigned, hereby authorize the Fifth District Department of Corrections to release or obtain information regarding myself, either verbally or in writing **to/from**: \_\_\_\_\_

Information disclosed may include my complete case history as listed in my records and any other information relating to my adjustment, treatment, and/or condition. This authorization and consent is not limited to the above, and therefore, it may also include: \_\_\_\_\_

I understand that the information to be released is to be used for my **PRESENTENCE INVESTIGATION**. A photo static copy of this authorization and consent form is considered by me to be as valid as the original.

I further understand that my authorization and consent for release of confidential information can be withdrawn by me at any time by written notice to the **Fifth District, Department of Corrections, 1000 Washington Avenue, Des Moines, Iowa, 50314**. I understand that withdrawing this consent will not apply to disclosures made prior to the receipt of a written notice. This authorization and consent will automatically expire **60 days** after the date it is signed, or to comply with drug and alcohol related programs, it will expire **30 days** after the date it is signed or the date of discharge from treatment.

I acknowledge that the information to be released may include material that is protected by state and/or federal law applicable to either mental health or drug/alcohol abuse or both. My signature authorizes release of all such information as specified above.

I understand that upon proper notification to and under appropriate conditions established by the information source listed above, I have the right to inspect the information to be disclosed.

I acknowledge that upon request I may receive a copy of this completed authorization.

**SIGNED** \_\_\_\_\_ **WITNESS** (optional) \_\_\_\_\_ **DATE** \_\_\_\_\_

## INFORMATION REQUESTED

_____ <b>Psychological:</b> diagnosis, treatment records, prognosis/recommendation, discharge summary	_____ <b>Chemical Dependency:</b> evaluation, treatment records, prognosis/recommendation, discharge summary
_____ <b>Arrests/Dispositions:</b> include conditions of supervision, placements, treatment records	_____ <b>School Records, Transcripts, or GED Records (credit &amp; non-credit)</b>
_____ <b>Child Support Records</b>	_____ <b>Employment History</b>
_____ <b>Medical History</b>	_____ <b>Other</b> (Specify) _____

## PROHIBITION ON REDISCLOSURE

**This form does not authorize redisclosure of medical information beyond the limit of this consent.** Where information has been disclosed from records protected by Federal Law for alcohol/drug abuse records or by State Law for mental health records, Federal Requirements (42 C.F.R. Part 2) and State Requirements (Iowa Code Ch. 228) prohibit further disclosure without the specific written consent of the patient, or as otherwise permitted by such law and/or regulations. A general authorization for the release of medical or other information is not sufficient for these purposes. Civil and/or criminal penalties may attach for unauthorized disclosure of alcohol/drug abuse or mental health information.

Sincerely,

\_\_\_\_\_  
Presentence Investigator  
Phone:  
Fax: (515) 444-2716