PROJECT REMAND, INC.
50 W. Kellogg Blvd., Suite 510A
St. Paul, MN 55102
(651) 266-2992

DIVERSION QUESTIONNAIRE

The purpose of this form is to provide project Remand with information about you. The information you provide is considered private under the MN Gov't Data Practices Ace M.S. 12.01-13.88 and is an aid to Project Remand in arriving at a diversion recommendation. In order to speed up this investigation, it is necessary for you to fill out the following questionnaire. It is very important that you give accurate information and that the entire form, with all questions, be answered! **PLEASE PRINT YOUR ANSWERS.**

PLEASE CALL____ at **651-266 -** _________________
(Court Counselor) (Telephone Number)

NO LATER THAN: _____________________________________TO MAKE AN APPOINTMENT
(Date)

***A failure to contact your counselor by the above date could result in a diversion denial.**

IDENTIFYING DATA

NAME :

____
(Last) (First) (Middle) (Maiden)

TELEPHONE: Home: ____
(Area code, plus number)

Other: (Cell/Work): ____
(Area code, plus number)

None, but this is my contact #: ____
(Area code, plus number)

ADDRESS:

____
(Street) (Apt. No.)

____
(City) (State) (Zip)

DATE OF BIRTH: _______________ AGE: ______ SOCIAL SECURITY #: _____________________
(Month/Day/Year)

EMERGENCY CONTACT:

____
(Name) (Relationship to you)

Address of Contact (Street) (City) (State) (Zip)

Telephone Number of Contact: ____
Does this person know about your offense? ______ Yes ______ No

PRIOR CRIMINAL RECORD

Have you ever been arrested before: __________Yes _________No
(If age 22 or younger, this should also include your juvenile arrests)

If yes, list all arrests and results starting with the most recent:

OFFENSE	DATE	PLACE (City/State)	OFFENSE RESULT (Examples: Fine, Jail, Probation, Dismissal, Charge Still Pending, etc.)

CURRENT OFFENSE

In your own words, write in this space your side of the incident that brought you into court (include all who were involved, where offense occurred, alcohol or chemicals used prior to committing offense, why):

RESIDENCE

Place of Birth (city, state): ____

With whom are you currently living? ____________________________________
(parents/spouse/signicant other/children/roommates,etc.)

How long have you lived at your present address? ________________________

Length of time lived in Ramsey County or Twin Cities Area? _________________

List other places you have lived in the last ten years (if in a city or state different from present address):

Address (city/state only)	Date (From when to when)

FAMILY/MARITAL HISTORY

Are you:				
	Single/Never Married:	__________		
	Engaged:	__________		
	Cohabitating with Partner:	__________	If yes, how many years:	__________
	Married:	__________	If yes, how many years:	__________
	Divorced:	__________	If yes, how many times:	__________
	Widowed:	__________	If yes, how many years:	__________

Do you have any children? _______ Yes ________No

If yes, please list all children below:

Name	Age	With whom do they live/ City of Residence

Describe your relationship with your family members: (How do you get along? What are your areas of concern? Problems/Strengths?): ____
____
____
____
____
____

Do your family members know of your offense? ______Yes ______No

EDUCATION

Did you graduate from high school: ________Yes ________No
Where (School/City/State): ____When: ___________

If not, did you receive your GED: ______ Yes ______ No or
Are you currently working on your GED: ______ Yes ______ No
If yes to either:
Where (City/State): ______________________________ Dates of Attendance: ____________

List any additional educational programs you have participated in (college/technical programs, etc.)

Name of school/program	Dates Attended	Course of study or degree awarded	Completed? Y/N

Are you currently a student: _____Yes _____ No
If yes, where: ______________________________ What is your field of study: ______________

EMPLOYMENT OR MILITARY SERVICE

LIST PLACES OF EMPLOYMENT IN SEQUENCE, BEGINNING WITH YOUR MOST CURRENT EMPLOYMENT:

EMPLOYER: ____
(Name) (City/State) (Phone Number)

Dates: ______________ to ______________ Reason for Leaving: ____________________________
(Month/Yr Hired) (Month/Yr Left)

Job Title: __________________________ Salary: ____

EMPLOYER: ____
(Name) (Address) (Phone Number)

Dates: ______________ to ______________ Reason for Leaving: ____________________________
(Month/Yr Hired) (Month/Yr Left)

Job Title: __________________________ Salary: ____

EMPLOYER: ____
(Name) (Address) (Phone Number)

Dates: ______________ to ______________ Reason for Leaving: ____________________________
(Month/Yr Hired) (Month/Yr Left)

Job Title: __________________________ Salary: ____

OTHER INCOME

Are you retired? ______ Yes, I receive a pension and/or Social Security
______ Yes, but I do not receive a pension and/or Social Security
______ No

Are you receiving any financial assistance, child support and/or disability payments? _____Yes _____ No

If yes, please identify type and amount received per month:

_________ Unemployment Compensation ____________ Amount
_________ Minnesota Family Investment Program (MFIP) ____________ Amount
_________ General Assistance (GA) ____________ Amount
_________ Child Support ____________ Amount
_________ Social Security Disability ____________ Amount
_________ Medical Assistance
_________ Food Stamps
_________ Other (please identify) ____

If you are not employed, retired or receiving financial assistance how are you fiscally supporting yourself:
____
____
____

MEDICAL HISTORY

List any special health problems or concerns you currently have. Please include both physical and mental health diagnoses and current medications, if any: ____
____
____
____
____

Do you currently have health insurance: ______ Yes ______ No
If yes, what is the name of your provider: ____

Have you ever been treated by a psychiatrist or therapist: ______ Yes _____ No
If yes, please identify:

NAME OF THERAPIST, DOCTOR, OR CLINIC	WHERE	WHEN	REASON

CHEMICAL USE HISTORY

Do you use alcohol: _______ No
_______ No, I am recovering and have been sober since ___/ ___/___
_______ Yes

If yes, please indicate:
Frequency of use: ______ Daily ______ Weekly ______ Monthly ______ Occasional Use Only
Amount consumed per occasion: ______ 1-2 ______ 3-5 ______ 5-10 ______ More than 10
Date of last use: ___/____/_____

Do you now or have you ever used other chemicals/drugs (i.e. marijuana, cocaine, methamphetamine, etc.):
_______ No
_______ Yes, but have not used since ___/___/____ Drug of Choice: __________
_______ Yes, current use

If yes to current use, please indicate:
Chemical/drug used (marijuana, cocaine, etc): If more than one, please list separately_________________
Frequency of use: ______ Daily ______ Weekly ______ Monthly ______ Occasional Use Only
Date of last use: ___/____/_____

Chemical/drug used (marijuana, cocaine, etc): If more than one, please list separately_________________
Frequency of use: ______ Daily ______ Weekly ______ Monthly ______ Occasional Use Only
Date of last use: ___/____/_____

Chemical/Drug used (marijuana, cocaine, etc): If more than one, please list separately_________________
Frequency of use: ______ Daily ______ Weekly ______ Monthly ______ Occasional Use Only
Date of last use: ___/____/_____

Have you ever experienced problems associated with your alcohol or chemical use? (Blackouts, loss of job, marital problems): _______ Yes ______ No
If yes, please describe: ____
____
____
____

Have you ever received treatment for alcohol/ chemical dependency? _______ Yes _______ No

If yes, please list all treatments:

Type (i.e. inpatient, outpatient, aftercare, AA, etc.): ____
Place/Date:____
Did you successfully complete your program: _______ Yes ______ No

Type (i.e. inpatient, outpatient, aftercare, AA, etc.): ____
Place/Date:____
Did you successfully complete your program: _______ Yes ______ No

GAMBLING

Do you gamble? _______ No
_______ No, I am recovering and have not gambled since ___/ ___/___
_______ Yes

Is gambling a concern for you? ____ Yes ____ No

ADDITIONAL CONSIDERATIONS

If placed on diversion, what goals or challenges do you have that the diversion program can assist you with?

Are there any other people currently working with you to accomplish your goals (i.e. Child Protection, GED, Counselors)? _______ Yes ________ No

Of yes, please identify name, agency and what services you are receiving: ___________________________

Signature of Person Completing Questionnaire | Date