**I. Prior/Current Offenses**

|  |  |  |  |
| --- | --- | --- | --- |
| Previous Probation | Yes  No | Age at first contact with police  \_\_\_\_\_\_\_\_\_\_ | First contact with police, what did you do? |
| Previous Custody | Yes  No |
| Tell me about the circumstances of the incident. *(Who were you with? Was this a planned event?)* | | | |
| How do you feel about the crime(s) you have been charged with? Do you have any feelings about the victim(s) of the crime(s) and how this has impacted them? | | | |

**II. Family**

|  |
| --- |
| Describe your relationship with your mother/father/guardian? |
| Describe your relationship with your siblings? *(if applicable)* |
| What rules do your parents/guardians have in place at home? *(Name)* |
| What are some examples of consequences you are given at home when rules are not followed? |
| What are some examples of rewards you are given at home? |
| How do your parent (s) or guardian (s) try to support or help you? |
| Is there much arguing in the home? |

*\*Remember to ask the parent and child their perspectives*

**III. Education/Employment**

|  |
| --- |
| What subjects do you like at school? |
| What subjects *(if any)* do you dislike and why? |
| What subjects *(if any)* have resulted in failing grades? |
| Have you ever been held back or repeated a grade? If so, when and why? |
| Have you ever been assessed by a school psychologist or special education teacher? What were the results? *(Individual Education Plan)* |
| Have you had trouble in school over the past year or so? (demerits/detentions/suspension or expulsion) If so, why and what for? |
| Do you skip school/skip classes? How many days of school have you missed in the past year? Illegal absences or excessive lateness to school? |
| How well have you been getting along with your teachers and with other students? |
| Have you experienced any major/significant problems between you and your teachers? |
| Have you ever been bullied at school? |
| Do you think students are treated fairly by teachers/administrators at school? |
| Are you working now? If so, where? *(part/full time) Does the parent(s) or guardian(s) expect child to work?* |
| How well do you like your job? |
| How do you get along with your supervisors/managers? Have you ever been fired from a job? |
| If not working or in school, are you looking for work? |
| What efforts have you made to find work? What do you typically do with your day? |

**IV. Peer Relations**

|  |
| --- |
| Who are your best friends at present? |
| During the week (7 days), how often do you spend time with your friends? |
| When you spend time with your friends, are your parents aware of your location and activities? |
| How would you describe the group of friends you have? Do you have individuals who you associate with that are not your close friends (also describe)? |
| Do your parent(s) know your friends? If so, do they like your friends why or why not? |
| Do your friends use drugs/alcohol? |
| Have your friends been in trouble with the police and/or Juvenile Court? |

**V. Substance Abuse**

|  |
| --- |
| Have you used substances for the purpose of getting high? |

*\*If marked no; skip section*

|  |  |  |  |  |
| --- | --- | --- | --- | --- |
| Ever Used | Age of First Use | How Often | Lasted Used | How Much |
|  |  |  |  |  |
| Over the Counter Meds *(purpose of getting high)* |  |  |  |  |
| Tobacco |  |  |  |  |
| Inhalants *(huffing)* |  |  |  |  |
| Alcohol |  |  |  |  |
| Marijuana |  |  |  |  |
| Synthetic Marijuana |  |  |  |  |
| Cocaine/Crack |  |  |  |  |
| Club Drugs (LSD, Ecstasy, MDMA) |  |  |  |  |
| Methamphetamine/Amphetamine |  |  |  |  |
| Prescription Med Abuse (Vicodin, Xanax, Valium, Percocet, Codeine, OxyContin etc. |  |  |  |  |
| Heroin |  |  |  |  |
| Have you ever passed out or blacked out from drinking or drug use? | | | | |
| Do you usually use by yourself or with friends? | | | | |
| Do you think your drinking/drug use is a problem? | | | | |
| Has using substances impacted your life? If yes, explain. | | | | |
| Would you like to get help to stop using substances? | | | | |

**VI. Leisure and Recreation**

|  |
| --- |
| Member of any clubs, organizations, or sports teams at school or in the community? *(Do you enjoy these activities)* |
| What activities do you participate in during your free time? |
| What kinds of things really interest you (sports, hobbies, etc.)? What new things would you like to learn? |

**VII. Personality/Behavior**

|  |
| --- |
| Describe yourself and how your friends would describe you. |
| How do you feel about yourself? Do you get disappointed about yourself *(what things make you disappointed)?* |
| Have you ever really gotten mad? How do you react when you are angry *(break things, tantrums, physical, verbal)*? What events/circumstances/or things make you angry? |
| Do you act without thinking? Give an example; Do you plan things out or just do things without a plan? |
| Do you often complete something you start? Do you ever feel you can’t focus on completing an assignment or task? Do you struggle to concentrate and pay attention? |
| How do you feel when you do something wrong? When you hurt someone, how do you feel? |
| Do you feel your opinion is usually the right one? Do you think everyone has the right to have an opinion? Do you dislike people you disagree with? |
| Do you ever feel very anxious or depressed? How often do you have these feelings? Have you ever thought about suicide? |
| Is anything worrying you at the moment about your friends, your school, or family? |

**VII. Attitudes/Values/Beliefs**

|  |
| --- |
| How do you feel about the crime(s) you have been charged with, and if there is a named victim? |
| Were you treated fairly by the police? |
| In your opinion, are most people treated fairly by the police/courts? |
| Do you believe you are treated fairly by your parents/guardian? |
| In your opinion, should you follow the rules of the house? |
| In your opinion, is it ok to break the rules, as long as you don’t get caught? |
| When thinking about your future, what matters to you? |
| What are your future goals? |
| In your opinion, what does probation or consequences by the Court mean to you? |

Statement of Rights: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Waived: \_\_\_\_\_\_\_\_\_\_\_\_\_

MAYSI II Administered or Waived: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_