

DEFERRED PROSECUTION INTERVIEW FORM

Opioid Diversion Program

(Please fill in all highlighted areas below, and each of the following sections to the best of your ability)

OFFENDER NAME	DATE	DPP COUNSELOR	
COURT CASE #	DATE OF OFFENSE	DOB	Health Insurance
ADDRESS	***PHONE NUMBER (Must have working voicemail)	CELL NUMBER	Work Number
*** EMAIL ADDRESS (Must have working email for receiving documents and future communications with program)			
CHARGE	ADA	DPP NUMBER	BRANCH

EDUCATION

HIGH SCHOOL GRADUATE Yes No YEAR _____ WHERE _____

HSED / GED / ALTERNATIVE Yes No YEAR _____ WHERE _____

ATTENDED COLLEGE Yes No YEAR _____ WHERE / MAJOR _____

COLLEGE GRADUATE Yes No YEAR _____ WHERE / MAJOR _____

TECH SCHOOL Yes No YEAR _____ WHERE / MAJOR _____

LAST GRADE COMPLETED _____ REASON FOR QUITTING SCHOOL _____

SCHOOL EXPERIENCE _____

ADDITIONAL EDUCATIONAL INFORMATION

WERE YOU EVER IN SPECIAL EDUCATION Yes No
IF YES, WHERE AND WHEN _____

WERE YOU EVER SUSPENDED OR EXPELLED FROM SCHOOL Yes No
IF YES, EXPLAIN _____

DID YOU EVER HAVE ANY BEHAVIOR PROBLEMS IN SCHOOL Yes No
IF YES, EXPLAIN _____

WERE YOU INVOLVED IN ANY EXTRA CURRICULAR ACTIVITIES Yes No
IF YES, WHAT _____

FUTURE EDUCATIONAL GOALS _____

DPP-O COUNSELOR COMMENTS

EMPLOYMENT HISTORY

PRESENT EMPLOYER	START DATE	HOURS PER WEEK	SHIFT	WAGE	
TYPE OF WORK/TITLE			SUPERVISOR'S NAME		

IS YOUR EMPLOYER AWARE OF YOUR CHARGE Yes No

LIST ANY ADDITIONAL CURRENT EMPLOYMENT _____

FUTURE EMPLOYMENT PLANS _____

UNEMPLOYED YES NO HOW LONG _____

NAME	LOCATION	LENGTH OF EMPLOYMENT	TYPE OF WORK	REASON FOR LEAVING	TEMP AGENC
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No
					<input type="checkbox"/> Yes <input type="checkbox"/> No

HAVE YOU EVER HAD ANY PROBLEMS WITH YOUR BOSS OR COWORKERS Yes No
IF YES, EXPLAIN _____

HAVE YOU EVER BEEN FIRED Yes No
EXPLAIN _____

DPP-O COUNSELOR COMMENTS

FINANCIAL

PRESENT MONTHLY INCOME _____ DID YOU FILE INCOME TAX PREVIOUS YEAR Yes No
INCOME SOURCES: JOB SSI SSDI UNEMPLOYMENT CHILD SUPPORT WK COMP
OTHER _____
ADDITIONAL HOUSEHOLD INCOME & SOURCE _____
DO YOU RECEIVE GENERAL ASSISTANCE MEDICAL ASSISTANCE FOOD STAMPS

RESIDENTIAL HISTORY

CURRENT RESIDENCE RENT OWN STAYING WITH SOMEONE STAYING WITH PARENT(S)
HOW LONG HAVE YOU LIVED IN MADISON/DANE COUNTY _____ # OF HOUSEHOLD OCCUPANTS _____
DO YOU HAVE ANY SUPPORT SYSTEM IN DANE COUNTY YES NO WHO _____
WHAT SUPPORT DO THEY PROVIDE _____

PRIOR RECORD (ADULT AND JUVENILE)

DATE	LOCATION	OFFENSE	DISPOSITION

HAVE YOU EVER BEEN ON PROBATION/PAROLE Yes No
WAS IT JUVENILE OR ADULT SUPERVISION Juvenile Adult
HAVE YOU EVER BEEN IN JAIL Yes No
IF YES, EXPLAIN _____
HAVE YOU EVER BEEN IN PRISON Yes No
IF YES, EXPLAIN _____

PENDING CHARGES (Any, Including Traffic / Municipal)

CHARGE	COURT DATE	CHARGE	COURT DATE

DPP-O COUNSELOR COMMENTS (Explanation of Record/Client take Responsibility)

FAMILY BACKGROUND INFORMATION

MOTHER (Full Name) _____ OCCUPATION _____ DESCRIBE RELATIONSHIP WITH MOTHER _____
FATHER (Full Name) _____ OCCUPATION _____ DESCRIBE RELATIONSHIP WITH FATHER _____
ARE PARENTS MARRIED SEPARATE DIVORCED - IF DIVORCED, WHEN _____
STEP-PARENT _____ OCCUPATION _____ DESCRIBE RELATIONSHIP WITH STEP-PARENT _____
HOW WOULD YOU DESCRIBE YOUR PARENTS _____

How do/did your parents settle their differences

LIST BROTHER(S) / SISTER(S) (Include Step and Half Brothers and Sisters)

NAME	DOB	LOCATION	CRIMINAL HISTORY / ON SUPERVISION

WHO RAISED YOU _____ OTHER SIGNIFICANT PERSON _____

WERE YOU EVER IN A FOSTER HOME/SHELTER CARE/GROUP HOME Yes No

IF YES, EXPLAIN _____

WAS SOCIAL SERVICES EVER INVOLVED WITH YOUR FAMILY Yes No

IF YES, EXPLAIN _____

WHAT IS YOUR RELATIONSHIP WITH YOUR SIBLINGS _____

WHAT KIND OF ACTIVITIES YOU DO WITH YOUR FAMILY _____

ADDITIONAL FAMILY ISSUES (Parents or Primary Care Givers)

DID YOUR FAMILY MOVE OFTEN Yes No

WAS THERE VIOLENCE IN YOUR HOME Yes No

DID YOU EVER SEE YOUR FATHER HIT YOUR MOTHER Yes No

DID YOU EXPERIENCE OR WITNESS ANY TRAUMATIC CHILDHOOD EVENTS Yes No

DID YOU WITNESS ABUSE TO ANYONE IN YOUR HOME Yes No

DPP-O COUNSELOR COMMENTS

MARITAL / RELATIONSHIPS

CURRENT STATUS SINGLE MARRIED DIVORCED SEPARATED WIDOWED LIVING WITH SOMEONE
 PARTNERED

NAME OF SPOUSE OR LIVE-IN PARTNER _____ HIS/HER DATE OF BIRTH _____

DATE OF MARRIAGE / LENGTH OF RELATIONSHIP _____

ARE YOU CURRENTLY IN A RELATIONSHIP Yes No

IF YES, THEIR NAME _____

IS YOUR SIGNIFICANT OTHER AWARE OF THIS CURRENT OFFENSE Yes No

WHAT IS THEIR OPINION ABOUT THE OFFENSE _____

WHO TYPICALLY MAKES THE DECISION IN YOUR RELATIONSHIP _____

DESCRIBE RELATIONSHIP WITH PARTNER AND ANY PATTERNS OF ARGUMENT _____

ANY HISTORY OF DOMESTIC VIOLENCE IN CURRENT RELATIONSHIP? Yes No

IF YES, EXPLAIN _____

HAS ALCOHOL OR DRUG CONSUMPTION EVER PRECEDED A VIOLENT INCIDENT Yes No

IF YES, EXPLAIN _____

HOW OFTEN HAS AN ARGUMENT ESCALATED TO PHYSICAL CONTACT _____

HAVE YOU EVER BEEN ARRESTED FOR DOMESTIC VIOLENCE Yes No

IF YES, EXPLAIN _____

EVER SUBJECT TO RESTRAINING ORDER Yes No

IF YES, EXPLAIN _____

CHILDREN

NAME	DOB	ADDRESS	OTHER PARENT

HAS SOCIAL SERVICES EVER BEEN INVOLVED WITH YOUR CHILDREN Yes No

IF YES, EXPLAIN _____

ARE THEY CURRENTLY INVOLVED Yes No NAME AND PHONE NUMBER OF SOCIAL WORKER _____

IF YES, EXPLAIN _____

DPP-O COUNSELOR COMMENTS

COMPANIONS / ASSOCIATES

HAVE YOU EVER BEEN AFFILIATED WITH A GANG Yes No

ARE YOU AFFILIATED WITH A GANG CURRENTLY Yes No IF YES WHICH ONE _____

SUBSTANCE USE DISORDER TREATMENT

SUBSTANCE USE DISORDER TREATMENT (Including Halfway Houses, Day Treatment, Hospital (VA), etc.)

TREATMENT FACILITY	LOCATION	DATES OF SERVICE	TYPE OF SERVICE	COMPLETED
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No
				<input type="checkbox"/> Yes <input type="checkbox"/> No

ARE YOU CURRENTLY ON MEDICATION ASSISTED TREATMENT (METHADONE, SUBOXONE, SUBLOCADE, VIVITROL, ETC) IF SO, WHAT: Yes No

IF NOT, ARE YOU OPEN TO CONSIDERING MEDICATION ASSISTED TREATMENTS AT THIS TIME Yes No

DPP-O COUNSELOR COMMENTS: capacity to make sound and responsible decisions regarding alcohol and drugs

PHYSICAL HEALTH HISTORY

DO YOU HAVE ANY SERIOUS ILLNESS OR MEDICAL CONDITIONS (i.e. sickle cell anemia, TB, diabetes, cancer, ETC.) IF YES, EXPLAIN _____ Yes No

HAVE YOU HAD ANY SERIOUS ILLNESSES/INJURIES/HOSPITALIZATIONS OR PHYSICAL DISABILITIES _____ Yes No

IF YES, EXPLAIN _____
DOED THIS EFFECT YOUR MOBILITY CURRENTLY Yes No

MENTAL HEALTH HISTORY

HAVE YOU EVER BEEN DIAGNOSED WITH A MENTAL HEALTH PROBLEM Yes No
IF YES, WHEN _____
AND BY WHOM _____

EVER BEEN PRESCRIBED PSYCHOTROPIC MEDICATIONS Yes No
IF YES, EXPLAIN _____

HAVE YOU EVER HAD ANY PSYCHIATRIC HOSPITALIZATIONS Yes No
IF YES, EXPLAIN _____

ARE YOU SEEING A DOCTOR REGULARLY FOR ANY MENTAL HEALTH CONDITIONS Yes No
IF YES, EXPLAIN _____

YOUR CURRENT PERCEPTION OF MENTAL HEALTH CONDITION _____

FAMILY MEMBERS PERCEPTIONS OF YOUR MENTAL HEALTH, AND PSYCHIATRIC ISSUES
IF YES, EXPLAIN _____

EMOTIONAL REACTIONS

HOW DO YOU RESPOND TO STRESSFUL SITUATIONS _____

DO YOU FEEL LIKE YOUR BEHAVIORS LEAD TO THERE DESIRED OUTCOMES Yes No

DESCRIBE WHAT YOU ARE LIKE WHEN YOU GET ANGRY _____

ANY ISSUE DEALING WITH ANGER Yes No

IF YES, EXPLAIN _____

EVER USED VIOLENCE TO GET WHAT YOU WANT OR CONTROL SITUATION Yes No
IF YES, EXPLAIN _____

VICTIMIZATION HISTORY

HAVE YOU EVER BEEN VICTIM OF CRIME Yes No IF YES, WHAT AGE _____

HAVE YOU EVER BEEN A VICTIM OF EMOTIONAL OR PHYSICAL ABUSE Yes No
IF YES, EXPLAIN _____

WHAT WAS THE PHYSICAL AND EMOTIONAL IMPACT OF THE ABUSE _____

ARE YOU A VICTIM OF SEXUAL ABUSE Yes No IF YES, WHAT AGE _____

IF YES, WHAT IS YOUR RELATIONSHIP TO THE PERPETRATOR OF THIS ABUSE _____

HAVE YOU EVER BEEN FORCED TO DO SOMETHING AGAINST YOUR WILL Yes No
IF YES, EXPLAIN _____

COUNSELING RECEIVED FOR THE VICTIMIZATION Yes No

DPP-O COUNSELOR COMMENTS : recognition, as well as an understanding of mental illness, and treatment options

MILITARY

ARE YOU REGISTERED WITH SELECTIVE SERVICE Yes No

MILITARY SERVICE Yes No DATE ENTERED _____ BRANCH OF SERVICE _____

HIGHEST RANK _____ TYPE AND DATE OF DISCHARGE _____

WHERE SERVED _____ COMBAT EXPERIENCE Yes No

ANY SPECIALIZED TRAINING Yes No WHAT KIND _____

DO YOU HAVE DD214 Yes No ELIGIBLE FOR VA BENEFIT Yes No RECEIVING VA BENEFITS? Yes No

PERSONALITY & MOTIVATIONS

DESCRIBE YOURSELF AS A PERSON:

WHAT ARE SOME WAYS PEOPLE CLOSE TO YOU WOULD DESCRIBE YOU

DO YOU FEEL LIKE IT IS EASY TO MAKE FRIENDS Yes No

WHAT ARE SOME OF YOUR MOTIVATIONS FOR SOBRIETY

WHAT DO YOU DO DURING YOUR FREE TIME

WHAT ARE YOUR LIFE GOALS AND PLANS FOR ACHIEVING THEM:

CURRENT OFFENSE

Description of Current Offense (Include How Offender was Arrested and Original Charge if Different)

WAS ALCOHOL OR DRUGS USED AT THE TIME OF OFFENSE Yes No

WHAT/HOW MUCH

HOW ARE YOU DEALING WITH THE SITUATION AND GOING TO COURT

WHAT DID YOU THINK WOULD HAPPEN WITH THE CASE AND WHY

HOW DO YOU FEEL ABOUT IT NOW

FAMILY PERCEPTION ABOUT OFFENSE AND LEGAL PROBLEMS

WHAT ADVICE HAVE THEY GIVEN YOU

YOUR EXPLANATORY ACCOUNT OF PROBLEMS

DPP-O COUNSELOR General Impressions: What is his attitude, level of admission of guilt, thought process, desire, ability, motivation and resources to complete contract with Deferred Prosecution?

CONTRACT CONDITIONS

TO BE COMPLETED BY DPP-O STAFF:

- Fee Amount
- DPU Class
- Women Class
- Certified Abuser Counseling
- Parenting classes
- Alcohol and Drug Assessment
- AODA Treatment
- Generalized Aggression Counseling
- Volunteer Community Service
- Restitution Amount
- Letter of Apology
- Essay Questions
- G.E.D/HSED
- Monthly Contact
- No Contact with Victim
- No Threats/Violence of Victim
- Follow Bail Conditions
- Possess No Firearms while in DPP-O
- Others _____
- Others _____