

LEGAL STATUS

Client ID # _____

1. Was this admission prompted or suggested by the criminal justice system (judge, probation/parole officer, etc.)

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2. Are you on probation or parole? 0 - No 1 - Yes

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How many times in your life have you been arrested and charged with the following:

- *3. Shoplifting/vandalism
*4. Parole/probation violations
*5. Drug charges
*6. Forgery
*7. Weapons offense
*8. Burglary, larceny, B & E
*9. Robbery
*10. Assault
*11. Arson
*12. Rape
*13. Homicide, manslaughter
*14A. Prostitution
*14B. Contempt of court
*14C. Other

- *15. How many of these charges resulted in convictions?

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How many times in your life have you been charged with the following:

- *16. Disorderly conduct, vagrancy, public intoxication
*17. Driving while intoxicated
*18. Major driving violations (reckless driving, speeding, no license, etc.)

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Comments:

- *19. How many months were you incarcerated in your life?

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Months

20. How long was your last incarceration?

☐

Months

21. What was it for?

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(Use code 3-14, 16-18. If multiple charges, code most severe)

22. Are you presently awaiting charges, trial or sentence?
0 - No 1 - Yes

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23. What for?

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(If multiple charges, use most severe)

24. How many days in the past 30 were you detained or incarcerated?

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25. How many days in the past 30 have you engaged in illegal activities for profit?

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FOR QUESTIONS 26 & 27 PLEASE ASK PATIENT
TO USE THE PATIENT'S RATING SCALE

26. How serious do you feel your present legal problems are? (Exclude civil problems)

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27. How important to you *now* is counseling or referral for these legal problems?

☐INTERVIEWER SEVERITY RATING

28. How would you rate the patient's need for legal legal services or counseling?

☐CONFIDENCE RATINGS

Is the above information significantly distorted by:

29. Patient's misrepresentation? 0 - No 1 - Yes

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30. Patient's inability to understand? 0 - No 1 - Yes

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